The relationship between personality traits and diagnostic or non-diagnostic preferences in social and non-social situations.

2385728

Skidmore College
The relationship between personality traits and diagnostic or non-diagnostic preferences in social and non-social situations.

This experiment examined five different personality dimensions, and investigated whether individuals with certain traits preferred the diagnostic or non-diagnostic option in both social and non-social settings. Diagnostic refers to receiving feedback or making one’s own choice, while non-diagnostic refers to receiving no feedback or having no choice. Beck and Clark (2009) investigated specifically avoidant individuals’ preferences for social diagnostic or non-diagnostic situations, concluding that avoidance was associated with reluctance to enter into socially diagnostic situations. This experiment focused on continuing to explore individuals’ social preferences, but while examining those preferences in relation to aspects of personality rather than avoidance. Furthermore, this experiment included an examination of non-social situations to see whether people with certain traits preferred the same diagnostic/non-diagnostic options across the two settings.

Method

Participants

Participants were 44 college students (9 male, 35 female) who were enrolled across two class sections of Experimental Psychology at Skidmore College.

Materials

The specific questionnaires and rating scales used in this study were the Big Five Inventory (BFI), Experiences in Close Relationships Scale (ECR-R), as well as a social/non-social situation preference questionnaire. The Big Five Inventory (BFI) was developed by John, Donahue, and Kentle (1991) and intended to measure five dimensions
of personality: Openness, conscientiousness, extraversion, agreeableness, and neuroticism. According to John, Naumann, and Soto (2008), openness describes the depth, originality, and complexity of an individual’s mental and experiential life; conscientiousness concerns socially prescribed impulse control that facilitates task and goal directed behavior; extraversion implies an energetic approach towards the world; agreeableness represents a communal and prosocial orientation towards others; and neuroticism involves negative emotionality including feeling anxious and nervous.

The BFI has 18 statements pertaining to openness, and 9 statements pertaining to each of the other personality dimensions, which are all interspersed (54 statements in total). Statements assessing openness included “has a wide range of interests” and “is insightful, sees different possibilities.” Conscientiousness statements included “does a thorough job” and “can be somewhat careless.” Extraversion statements included “is talkative” and “is full of energy.” Examples of agreeableness statements were “tends to find faults with others” and “is helpful and unselfish with others.” Lastly, statements pertaining to neuroticism included “is depressed, blue” and “can be tense.” Responses on each statement were recorded on a five-point scale (1 = disagree strongly, 5 = agree strongly). Openness scores could range from 18-90, with a higher score indicating greater openness. Scores on the conscientiousness, extraversion, and agreeableness dimensions ranged between 9-45, where a greater score indicated a higher amount of that personality dimension (higher score indicated greater conscientiousness, greater extraversion, greater agreeableness). Neuroticism was also scored on a scale between 9-45; however, this dimension was reverse scored, meaning that higher scores correspond with less neuroticism (or more emotional stability).
The Experiences in Close Relationships Scale (ECR) was first developed by Brennan, Clark and Shaver (1998), and was subsequently revised by Fraley, Waller, and Brennan (2000) to become the ECR-R (revised). The ECR-R as used in this study was intended to measure adult anxiety and avoidance as they pertain to feelings about close relationships. An 18-item subscale measured each of the two dimensions. The anxiety subscale included statements such as “I worry a lot about my relationships” and “my romantic partner makes me doubt myself” while the avoidance subscale posed statements such as “I am nervous when partners get too close to me” and “my partner really understands me and my needs.” Responses on each question were recorded on a five-point scale (1 = disagree strongly, 5 = agree strongly). Scores on the ECR-R in this experiment could range from 18-90, with a higher score indicating greater anxiety.

The final questionnaire addressed preferences in social and non-social situations by providing two social and two non-social scenarios (four scenarios in total), each with a diagnostic (having feedback or making one’s own choice) and non-diagnostic (no feedback or no choice) section to answer. One social scenario stated, “you are being interviewed for a graduate program and there is a dinner at which all the interviewees join some faculty and current graduate students.” The accompanying diagnostic section stated, “you will be able to choose to sit at any table with an available seat” while the accompanying non-diagnostic section stated, “the administrators of the program determine seating in advance.” An example of one non-social scenario stated, “you are taking the Graduate Record Exam (GRE).” The accompanying diagnostic section stated, “you can signup in advance to have the computer give you feedback on each question as to whether or not your answer was correct” while the accompanying non-diagnostic
section stated, “you can sign up in advance to have the computer simply record your answers without providing feedback.” The diagnostic and non-diagnostic sections for each scenario were both evaluated on a scale of 1-5 (1 = I strongly dislike this option, 5 = I strongly prefer this option). These questions allowed for the creation of four categories; social diagnostic, social non-diagnostic, non-social diagnostic, and non-social non-diagnostic, each with a higher score representing a stronger preference for that option. Subsequently, composite variables were created for the social and non-social questions in order to make two variables from the four. The “social preference” composite variable was created by taking the difference between the social diagnostic and social non-diagnostic scores, while the “non-social preference” composite variable is the result of the difference between the non-social diagnostic and non-social non-diagnostic scores. A positive score on either variable indicated non-diagnostic preference (no feedback or no choice) and a negative score indicated a diagnostic preference (having feedback or making one’s own choice).

**Procedure**

Participants gathered in a classroom and were given an informed consent form to read and sign. The researcher then gave instructions to participants on how to respond to a series of questionnaires using specific rating scales, which participants were then provided with. The questionnaires were then distributed and answered using the rating scales provided, which included the Big Five Inventory (BFI), Experiences in Close Relationships Revised (ECR-R), and social/non social situation preference questionnaire respectively. Participants were not timed during the experiment. Participants were debriefed together upon completion of the questionnaires.
Results

The correlation analysis was focused on each BFI personality trait (openness, conscientiousness, extraversion, agreeableness, and neuroticism) compared separately with social preference as well as with non-social preference (the composite variables created from taking the difference between social diagnostic and social non-diagnostic, and non-social diagnostic and non-social non-diagnostic respectively) using linear regression analysis. All p values were assessed at the $\alpha = .05$ level. There was no significant linear relationship between openness and non-social preference $r(42) = .007, p = .963$, nor between openness and social preference $r(42) = .273, p = .073$. Similarly, there was no significant linear relationship between conscientiousness and social preference $r(42) = .113, p = .465$, nor between conscientiousness and non-social preference $r(42) = .203, p = .186$. There was a significant negative linear relationship between extraversion and non-social preference $r(42) = .423, p = .004$, but this was not so between extraversion and social preference $r(42) = .283, p = .062$. Participants who reported themselves as being more extraverted were more likely to prefer the diagnostic option in a non-social setting (want feedback or make their own choice) but not in a social setting. There was a significant negative linear relationship between agreeableness non-social preference $r(42) = .326, p = .031$ as well as between agreeableness and social preference $r(42) = .414, p = .005$. Participants who rated themselves as more agreeable were more likely to prefer the diagnostic option (want feedback or make their own choice) in both a non-social and social setting. The last BFI personality trait tested, neuroticism, displayed no significant linear relationship when compared with non-social preference $r(42) = .079, p = .064$, but displayed a significant negative linear relationship
when compared with social preference $r(42) = .471, p = .001$. It is important to recall that unlike the other personality dimensions, the neuroticism scale is reverse scored; that is, a greater score on the BFI for neuroticism indicates less neuroticism (more emotional stability) and visa versa. Participants who rated themselves as less neurotic (with a higher score on the BFI for neuroticism) were more likely to prefer the diagnostic option (want feedback or make their own choice) in a social setting, but not a non-social setting.

**Discussion**

Individuals who are more open may not be particularly concerned in either situation with either preference to warrant any strong opinions one way or the other. Similarly, more conscientious individuals may focus primarily on their behavior towards others, and therefore not carry strong feelings concerning personal choice or feedback in either setting. Individuals who are more extraverted may be more energetic and outgoing, and may want the opportunity to make their own choice about who to sit next to at a dinner party or other social event; others with that same trait may realize that because of their extraversion, they can be comfortable in a situation where they do not have that same choice. This simple matter of social personal preference could contribute to the non-significant effect. In a non-social situation, individuals who are more extraverted may want feedback because it is more interactive than just a simple right or wrong, yes or no response.

Individuals who rate themselves as more agreeable may want choice in social situations because their prosocial friendly nature may incline them to want to reach out and interact on their own terms in a social setting. In a non-social setting, feedback could allow agreeable individuals to learn more about themselves, which in turn may help them
feel comfortable interacting with others. Individuals who characterize themselves as less neurotic and more emotionally stable may feel comfortable making choices in a social setting, where those with more neuroticism may be too anxious and overwhelmed by the choices. In a non-social setting, individuals with high neuroticism may have anxiety that prevents them from caring about getting feedback one way or the other, which may explain the nonsignificant results. These results broadly indicate that individuals who have certain personality traits do not necessarily make the same choices in terms of diagnostic and non-diagnostic options in social and non-social settings. There are many aspects to people and to their personalities, and it is interesting to see how certain characteristics correlate with preferences in two different settings.
References


