Writing Lab 1 — PS 306, Spring 2011

Every Page in upper margin
[In Word, you need to know how to use Header and Footer, under View menu]
Upper left (in margin): Running head (all in caps, maximum of 50 characters, including spaces)
Upper right (in margin): page number

Page 1

Title page
Heading: Unlike all the following pages, top left of header says Running head: followed by the running head. All the following pages simply have the running head.
Middle of page 1 (roughly centered vertically): Full title [How would you craft a good title for your paper?]
Skidmore ID number (NO NAMES!) [ordinarily would be name(s) and affiliation(s)]

Page 2
[Would ordinarily be Abstract, but that doesn’t apply to this lab.]
The Abstract would be on a separate page (i.e., Page 2) and your Introduction would typically begin on Page 3. However, unless doing so would create a widow/orphan for a section heading, there are no further page breaks until the References. That is, your Introduction flows directly into your Method, which flows directly into your Results, which flows directly into your Discussion.

Introduction

Typically, you would place your title at the very start of your Introduction, so do so here. {N.B. You don’t begin your introduction with the heading Introduction, but with the title of your paper.} Open with a paragraph about the purpose of the lab—what research questions are driving this study? You would typically write such a paragraph at the very end of the Introduction, after reviewing the literature, but you aren’t writing a complete Introduction for this lab.

Method

There will be three sub-sections to the Method section. Use the subheading labels (as indicated below), but formatted in APA-style, as in the handouts.

Participants
Describe the number of participants, how they were recruited, and any other information about the participants that is relevant (i.e., demographics like gender, if you think it’s relevant).

Materials
You need to tell the reader what scales you used, properly cite the developer(s) of the scale, say what they are generally intended to measure, provide example items, and tell the reader how the scale was scored (scoring procedure, roughly what the scores indicate, minimum/maximum, etc.). There are five subscales to the BFI, so you need to provide a fairly complete description of what was included in the materials. There are two subscales to the ECR-R (Anxiety and Avoidance), so there as well. And then you’d need to describe the other relevant materials.

Procedure
Describe what happened, in sequence, from the participant’s point of view. HOWEVER, the voice in the text should be that of the experimenter (experimenter’s perspective, not participant’s). So, do not write, “we were then given the survey to complete,” instead write, “the researcher gave the participants the survey to complete.” A chronological account of the procedure is most effective.

You do not need to go on at length about what the surveys or testing room looked like (e.g., printed in 10-pt Times font on white 8.5” x 11” paper in a room painted yucky gray). Assume that the reader has a general knowledge of what psychological surveys and classrooms look like. Give an overall sense of the kinds of tasks and the procedure followed so that someone else could repeat what we did.
Overview:
- Informed consent form
- Instructions
- Completed questionnaire containing BFI, ECR-R and other questions
- Participants fully debriefed

You do not need to include information about how you scored your responses in the procedure. When you were scoring the data, you were acting as an experimenter. So, the last part of the study was the debriefing.

Results

Report the correlations (at least 5) that you chose to examine (see below). In reporting each analysis, you may want to describe briefly what you were investigating and what you found (see below for example).

Discussion

Write a brief discussion paragraph (or two) that interprets what you found with your analyses. In other words, you need to make sense of the analyses, not simply restate what you found in your Results section. Why might a correlation been significant/nonsignificant?

References

Here you will include at least references to the BFI and ECR-R scales in APA style (as per the handouts). You’d also likely want to reference at least the Beck and Clark article (note that it’s not quite APA style as seen below):


Data analysis

You must test and report analyses of at least five hypotheses—at least one of which must involve a composite variable that you create by combining responses to two or more of the statements in the questionnaire. (Below you’ll find an example for how one might construct such a variable.)

The first step is to think about the variables you think would correlate with one another. Some of the questions may well have emerged from your discussions in lab. If so, you’d already have a good idea of correlations you’d like to test. Keep in mind that it may well be interesting and/or important to find no evidence of a relationship that you were predicting (i.e., a non-significant correlation may still be interesting). In one’s discussion, it might be fruitful to explore why a correlation emerged or did not emerge.

Next, you’ll see what your data file looks like. You’ll find the data in TLC 206 on a computer within a folder on the right called Course Materials. Within that folder, you’ll find another folder called PS 306. And within that folder you’ll find a file called (imaginatively) Lab1.sav.

A portion of your data file appears below, first in Data View format, then in Variable View.
You’ll note that your variables are given both short, simple names and extended labels (in Label). In addition, some responses are coded to indicate what each response means (in Values).

**Personality (Big-5)**

(Some from Wikipedia.com)

In psychology, the "Big five" personality traits are **five broad factors or dimensions of personality discovered through empirical research** (Goldberg, 1993). The first public mention of the Five Factor Model was by L. L. Thurstone in his "address of the president before the American Psychological Association," Chicago meeting, September, 1933. This was published in 1934 in *Psychological Review, 41*, 1-32 as *The Vectors of The Mind.*

These factors are often called Openness, Conscientiousness, Extraversion, Agreeableness, and...
Neuroticism (OCEAN); in this form, they are also referred to as the Five Factor Model (FFM). However, some discussion remains about the Openness factor, which is sometimes also referred to as "Intellect". Each factor consists of a number of more specific traits. For example, extraversion includes such related qualities as sociability, excitement seeking, and positive emotions.

The Big Five are a descriptive model of personality, and psychologists have developed theories to account for the Big Five.

**Trait approach to personality:**

- “a manageable set of distinct personality dimensions that can be used to summarize the fundamental psychological differences among individuals” (Gray, 2002, p. 574)
- Generally agreed upon that there are 5 major dimensions that characterize personality – the Big Five. (Mnemonic device – OCEAN)

The Big Five factors and their constituent traits can be summarized as follows:

- **Openness** (culture, intellect) - appreciation for art, emotion, adventure, unusual ideas, imagination, curiosity, and variety of experience.
  - Open: imaginative, witty, original, artistic, preference for variety, independent
  - Non-open: shallow, plain, simple, practical, preference for routine, conforming

- **Conscientiousness** - a tendency to show self-discipline, act dutifully, and aim for achievement; planned rather than spontaneous behavior.
  - Conscientious: cautious, dependable, organized, responsible, careful, disciplined, reliable, persevering, ambitious. (Some call this lack of impulsivity)
  - Undirected (impulsive): disorganized, careless, impulsive, undependable, lax, aimless. (Some call this “lack of impulsiveness”)

- **Extraversion** - energy, positive emotions, surgency, and the tendency to seek stimulation and the company of others.
  - Extroverted: energetic, enthusiastic, dominant, sociable, talkative, fun-loving, affectionate
  - Introverted: shy, retiring, submissive, quiet, reserved, sober

- **Agreeableness** - a tendency to be compassionate and cooperative rather than suspicious and antagonistic towards others.
  - Agreeable: friendly, cooperative, warm, soft-hearted, trusting, helpful, courteous, selfless
  - Antagonistic: cold, quarrelsome, unkind, ruthless, suspicious, uncooperative, rude, selfish

- **Neuroticism (Emotional instability)** - a tendency to experience unpleasant emotions easily, such as anger, anxiety, depression, or vulnerability; sometimes called emotional instability.
  - Neurotic: nervous, high-strung, tense, worrying, anxious, insecure, self-pitying, impatient
  - Emotional stability: calm, contented, secure, self-satisfied, patient

Some scholarly works refer to the Big Five as the Five-Factor Model. These factors are also referred to as the OCEAN or CANOE models of personality. When scored for individual feedback, they are frequently presented as percentile scores, with the median at 50%. For example, a Conscientiousness rating in the 80th percentile indicates a relatively strong sense of responsibility and orderliness,
whereas an Extraversion rating in the fifth percentile indicates an exceptional need for solitude and quiet.

It is important to note that these trait clusters are statistical aggregates. Exceptions may exist on individual personality profiles. On average, people who register high in Openness are intellectually curious, open to emotion, interested in art, and willing to try new things. A particular individual, however, may have a high overall Openness score and be interested in learning and exploring new cultures. Yet he might have no great interest in art or poetry. Situational influences also exist, as even extroverts may occasionally need time away from people.

**Adult Attachment: Experiences in Close Relationships Scale (ECR-R)**

The Experiences in Close Relationships scale was originally developed by Brennan, Clark, and Shaver (1998). However, it was later revised by Fraley, Waller, and Brennan (2000). In our lab, we’re using the revised scale (ECR-R), which was used by Beck and Clark (2009) in their research. We use the two subscales that they use: anxiety and avoidance. That is, one subscale measures the extent to which people are anxious about their close relationships and the other subscale measures the extent to which people avoid close relationships. One difference that may be important is that the scale is typically administered with a 7-pt scale (1 = Strongly Disagree and 7 = Strongly Agree). In our case, to keep responses consistent with the BFI responses, we used only a 5-pt scale.

**Four Situations**

Beck and Clark (2009) had participants choose from two options for six social and four nonsocial situations (Study 1). One option was considered *diagnostic* (participant gets to choose the social composition or receives feedback) and the other was *nondiagnostic* (someone else makes the choice or there is no feedback). However, in our study, we used only two social (choosing conversation partner and dinner seating at grad school interview) and two nonsocial (GRE feedback and taste experiment feedback) situations.

Generally speaking, participants in our study (roughly consistent with Beck and Clark’s *Study 2*) produced negative relationships between the two options for all four situations (e.g., mean $r = -0.693$ over all four situations, and $r = -0.672$ for the social situations and $r = -0.71$ for the nonsocial situations). That is, if they preferred the diagnostic option (choice/info), they didn’t prefer the nondiagnostic option (no choice/no info). For our purposes, then, it makes sense to average across the two social and the two nonsocial situations to create two new variables.

In order to construct variables that are combinations of the simple responses to each statement, below you see the procedure to combine the two social nondiagnostic responses (*partass* and *gradseat*).
Note that from the **Transform** menu, I’ve chosen **Compute Variable**… That produces the window seen on the right, where I’ve defined the new variable, called the Target Variable (SocNDiag) and then defined it as the mean (chosen from among the Statistical Functions) of partass and gradseat. Next, I computed the mean of the socially diagnostic responses (called SocDiag), as the mean of partchos and gradfree. Finally, to gain a sense of the relative preference between the socially diagnostic and the socially nondiagnostic responses, I created a new variable (SocPref) by subtracting SocDiag from SocNDiag. Thus, a positive score indicates a preference for the socially nondiagnostic choice (someone else chooses for you) and a negative score indicates a preference for the socially diagnostic choice (you freely choose). And, of course, the higher the value of SocPref, the greater your preference for one or the other of the two options, with a score of 0 indicating ambivalence between the two options. For example:

Participant X chooses 4 and 3 for partass and gradseat, resulting in a SocNDiag score of 3.5. Participant X also chooses 2 and 2 for partchos and gradfree, resulting in a SocDiag score of 2. Thus, Participant X has a slight preference for the nondiagnostic option (others make the choice). One way to reflect that preference is to subtract SocDiag from SocNDiag (3.5 – 2 = 1.5). In this case, Participant X’s preference results in a positive score, which indicates a preference for the nondiagnostic option.

Participant Y chooses 1 and 2 for partass and gradseat, resulting in a SocNDiag score of 1.5. Participant Y also chooses 4 and 5 for partchos and gradfree, resulting in a SocDiag score of 4.5. Thus, Participant Y has a preference for the diagnostic option (makes own choice). One way to reflect that preference is to subtract SocDiag from SocNDiag (1.5 – 4.5 = -3). In this case, Participant Y’s preference is reflected in a negative score, which indicates a preference for the diagnostic option.

Next, you’d want to follow the above procedure to compute the mean of the nonsocial nondiagnostic responses (maybe called NScNDiag), and the mean of the nonsocial diagnostic responses (maybe called NScDiag). Then create a new variable (maybe called NSocPref) that is the difference between the two computed variables.

Generally speaking, Beck and Clark found that attachment avoidance (ECR-R Avoidance) predicted a preference for the nondiagnostic social situation. That is, there would be a positive correlation between ECR-R Avoidance and SocPref. So that you can see what the SPSS output should look like, below left is what you would find if you computed a linear regression of SocPref with Avoidance. Below right is the scattergram you’d get from Regression->Curve Estimation.

As you can see, there is no linear relationship between these two variables. You wouldn’t reproduce any of the tables above, but you might report the correlation as seen below:
There was no significant linear relationship between a person’s score on the ECR-R Avoidance subscale and a person’s preference for a nondiagnostic social choice, $r(42) = -.027, p = .862$.

You may want to report this nonsignificant outcome, so that you could then consider reasons that your results may differ from those of Beck and Clark.

To give you a sense of how you might report a significant relationship, consider the results below:

First, note that Neuroticism is scored such that higher scores indicate less neuroticism. Thus, it may make more sense to think of the scale as Emotional Stability, which is negatively related to the Social Preference score. That is, people with greater emotional stability tend to choose the socially diagnostic option (prefer to make their own choices) and people with lower emotional stability tend to choose the socially nondiagnostic option (prefer to have others make the choices). You might report these results as follows:

There was a significant negative linear relationship between a person’s choice of the diagnostic or nondiagnostic option in a social setting and that person’s emotional stability score, $r(42) = -.471, p = .001$. That is, people who scored lower on the emotional stability scale were more likely to prefer the socially nondiagnostic option (prefer to have others make the choices) and people who scored higher on the emotional stability scale were more likely to prefer the socially diagnostic option (prefer to make their own choices).