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Situational and trait determinants of self concept change and change in self presentation following success and failure.

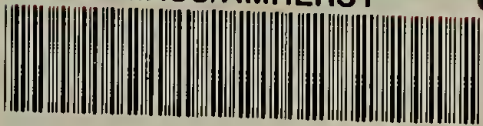
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SITUATIONAL AND TRAIT DETERMINANTS OF SELF CONCEPT CHANGE
AND CHANGE IN SELF PRESENTATION FOLLOWING
SUCCESS AND FAILURE

A Thesis Presented

By

EDWARD JOSEPH O'BRIEN

Submitted to the Graduate School of the
University of Massachusetts in partial
fulfillment of the requirements for the degree of

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Department of Psychology

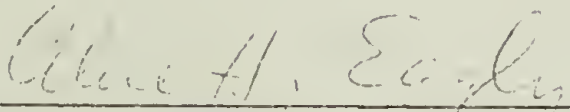
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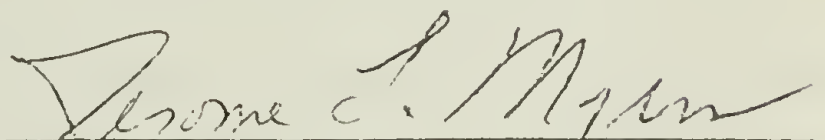
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I owe my parents a debt of gratitude too great to do justice to here. They have been and continue to be two people that I can always count on to stand up for me--even when they don't understand exactly what I am up to. Especially in times of my own uncertainty and confusion, I have been

able to count on them for stability and support.

I would like to dedicate this thesis to two people who represent the future to me: my godchild and niece, Lori Anne Wilson, and my love, Mary Anne Sedney.

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C H A P T E R I

INTRODUCTION

The present thesis focuses on changes in the person's self concept. Thus it will be useful to define this term at the outset. As used here the term self concept refers to a set of abstractions which the person constructs about him/herself as an object. Such abstractions are based on past experience and function to allow the person to represent past experience, interpret new experience, plan and organize future behavior, and present him/herself to others. To locate the present analysis in terms of past analyses of the self concept it will be useful to refer to four distinctions suggested by Gordon and Gergen (1968): the self as fact vs. construct; the self as subject vs. object; the self as structure vs. process; and the self as single vs. multiple.

The distinction between the self as fact vs. construct is made necessary because many analyses of the self concept suggest that it is some physical entity. Here the self concept is viewed as an abstract construction of the person with no tangible physical properties.

The distinction between the self as subject vs. object dates back at least to James (1910), and has more recently been emphasized by Allport (1955) and Epstein (1973). The self concept may refer to the object of knowledge and experience or to the organizer and initiator of experience. The

focus here is upon the self concept as the object of knowledge.

The present analysis deals with the process rather than the structure of the self concept. Rather than focus on the way in which many possible self concepts are organized into structures, the present focus is on the processes by which changes are affected in discrete aspects of the self concept.

Finally, the present analysis deals with but a single dimension of the person's self concept. It is assumed that the person has many concepts of him/herself; however, for purposes of achieving clarity, the present analysis deals with changes in a single dimension of the person's self concept. Future analyses must assess the generality of the present analysis in the context of the many concepts that people have of themselves.

In general, the present approach is to develop a simplified model of changes in limited aspects of the person's self concept. As Wylie (1968, 1974) has cogently argued, past attempts to speculate on a grand scale about the self concept have usually led to a morass of uninterpretable research and/or unverified clinical speculation, whereas the study of "lower-order constructs" has led to more productive research. Once a reliable base of observation has been established it becomes possible to gradually assimilate further complexities.

Definition of the Self Concept

One operational definition of the person's self concept involves simply asking subjects the question: "Who are you?" and having them respond in an open-ended format. Gordon (1968) reported a series of studies where subjects responded with 20 answers to the above question. Subjects' responses were classified as either categorical or attributive. Categorical self concepts refer to those responses where subjects define themselves in terms of membership (or non-membership) in various social groups (e.g. Catholic, male, member of the track team, etc.). Attributive self concepts refer to responses where subjects define themselves in terms of where they stand, relative to some implicit or explicit reference group, on various dimensions (e.g. friendly, honest, athletic, intelligent, etc.). Most responses to the "Who am I?" question are attributive; and, furthermore, categorical self concepts often derive much of their importance from the attributive implications of membership in a particular group (Gordon, 1968). The present thesis deals only with attributive self concepts. This follows from the need to maintain simplicity and from the fact that past research has dealt almost exclusively with attributive self concepts (cf. Jones, Sensenig, and Haley, 1974).

The person's self rating on a given attribute refers to an estimate of his/her average standing relative to others on that attribute. In "computing" such an average it is as-

sumed that the person compares the frequency and degree to which s/he exhibits behavior that is related to the attribute in question with the frequency and degree to which others exhibit similar behavior. In most studies subjects are free to specify which "others" they will compare themselves to (e.g. Gordon, 1968), while other studies have subjects compare themselves with a common group of "others" (e.g. O'Brien, 1971, had subjects compare themselves to "other college freshmen").

The person "knows" where s/he stands on a given attribute because of past experience. The types of experience which determine the person's self rating include: feedback from others, performance on objective tests, social comparison processes, and subjective judgments. Much of Festinger's (1954) analysis of social comparison processes can readily be extrapolated to deal with the person's evaluation of the attributes which comprise part of his/her self concept (Bowerman, 1971; Pettigrew, 1967).

Changes in Self Concepts

With the above considerations in mind it is now possible to discuss changes in the person's self concept. Such changes result from success and failure experiences which will be defined and discussed below.

The person's self concept allows him/her to anticipate future experience. That is, by remembering past events the person comes to anticipate what will happen in the future

(Kelly, 1955). Success and failure in the present analysis refer to cases where the person's actual performance relative to an attribute of his/her self concept deviates markedly from the person's expected performance. Expected performance refers to some range of possible outcomes which the person would interpret as being consistent with his/her average self concept on some dimension.

Faced with a discrepancy between expected and actual performance, the person must explain the causes of his/her performance. Many possible attributions are possible for this discrepancy. On the one hand the person may explain the discrepancy by concluding that s/he is either higher or lower than s/he had previously thought on the attribute in question. On the other hand many attributions are available which do not imply that the person should change his/her self concept. For example, if the discrepancy involves performance on a test, the person can attribute the discrepancy between expected and actual performance to transient emotional states (Averill, in press); luck (Rotter, Chance, and Phares, 1972; Weiner, Frieze, Kukla, Reed, Rest, and Rosenbaum, 1972); characteristics of the test (O'Brien, 1971); characteristics of the person administering the test (Steiner, 1968); or the conditions under which the test was administered (Bowerman, 1971). All of these possibilities were suggested in Heider's (1958) seminal analysis. All of these latter attributions imply that the person will not change his/

her self concept. Thus failure on a test will not lead to self concept change if the person was emotionally upset during the test, if the test was a poor one, if the test scorer was incompetent, or if distracting conditions existed during the test.

The present model distinguishes only between two types of attributions for a discrepancy between expected and actual performance: a) an internal attribution to one's standing on a particular attribute; and b) attributions which are either external to the person or which involve transient emotional states. Attribution to this second set of causes does not lead to any changes in the person's self concept. (For convenience of reference this latter set of attributions will be referred to as "external" attributions.) Thus the present model assumes a clear isomorphism between self concept change and the attribution of responsibility. A close link is also proposed between self concept change, attribution for success and failure, and emotion. To the extent that the person internalizes responsibility for success (thus raising his/her self concept), s/he will report feelings of elation and calmness; and, to the extent that the person accepts responsibility for failure (thus lowering his/her self concept), s/he will report feelings of depression and anxiety.

A final link to be mentioned here suggests that the amount of self concept change following success and failure

is related to the amount of and the quality of the information that the person has about his/her standing on a given attribute. Presumably, people with much reliable information about their standing on a given attribute will change their self concepts following success and failure to a lesser extent than people who have little or no reliable information about their standing. Rotter (1954) reported experimental evidence which is consistent with the above hypothesis. Subjects with little experience on a level of aspiration (LOA) task showed greater changes in their LOA following the presentation of feedback that was highly discrepant from their past performance than did subjects who had had a great deal of prior experience.

The present thesis includes correlational tests of the above-noted links between self concept change, attributions for success and failure, mood, and prior information about one's self concept.

Situational Determinants of Response to Success and Failure

The evidence to be summarized below suggests that a general bias exists in responses to success and failure such that subjects are more likely to accept (i.e. internalize responsibility for and change their self concepts accordingly) success than failure feedback. An important limit to this tendency concerns situations where subjects expect to undergo further public evaluation. In such situations it is hypothesized that subjects are more likely to accept the im-

plications of failure than success feedback. Another issue considered below concerns whether subjects' responses to feedback in situations where they expect further public evaluation are best explained in terms of self concept change or in terms of changes in strategic self presentation.

The self-enhancement hypothesis. The self-enhancement hypothesis suggests that responses to success and failure are in part determined by the hedonic value of these two outcomes. If the person's reaction to success and failure depended only on an objective analysis of the feedback "data" s/he would be as affected by failure as by success feedback. The self-enhancement hypothesis, however, suggests that people are quick to seize upon successes, and equally quick to explain away failures. To the extent that people exhibit such a bias, their self concepts will be somewhat more positive than the concepts that others hold toward them. Bertrand Russell provided an excellent (if somewhat overstated) example of the self-enhancement process:

I am, we will say, a playwright; to every unbiased person it must be obvious that I am the most brilliant playwright of the age. Nevertheless, for some reason, my plays are seldom performed, and when they are, they are not successful. What is the explanation for this strange state of affairs? Obviously, that managers, actors, and critics have combined against me for one reason or another. The reason, of course, is highly creditable to myself: I have refused to kowtow to the great ones of the theatrical world, I have not flattered the critics, my plays contain home truths which are unbearable to those whom they hit.

And so my transcendent merit languishes unrecognized (quoted in Heider, 1958, p. 171).

Empirical support for the self-enhancement hypothesis can be found in social comparison and attribution studies, and these will be discussed below. Several other theories assume the existence of a self-enhancement motive but have yet to demonstrate clear empirical support for such a motive: level of aspiration theory (Lewin et al., 1944; Digory, 1966), cognitive dissonance theory (Rosenberg, 1968; Smith, 1968), and self theory (Epstein, 1973; Sullivan, 1954). These theories will not be elaborated here.

Festinger's social comparison theory (1954) began with the assumption that people are motivated toward self-enhancement. Empirical support for this assumption has been reported by Wheeler, Shaver, Jones, Goethals, Coöper, Robinson, Gruder, and Butzine (1969), and by Wilson and Benner (1971). Social comparison research commonly employs an experimental situation where the subject receives a minimal amount of information about a group of other subjects and is then asked to choose which of these others s/he wants to learn more about. Thus subjects might take a test and receive feedback about their own raw score and rank within a particular reference group. Subjects then are given a chance to learn the score of another member of the group. The dependent variable in such studies is the subject's reference choice.

In support of the self-enhancement hypothesis, Wheeler et al. (1969) found that subjects who expected to actually interact with their referent chose referents with less ability than did subjects who did not expect such interaction. Similarly, Wilson and Benner (1971) found that subjects who expected to publicly compete with their referent chose referents with less ability than did subjects who did not expect such competition. Subjects, then, tend to avoid face-to-face social comparisons with better-off others, especially where competition is involved; but yet engage in "wish fulfilling" comparisons with better-off others when the referent poses no threat to the subject's self-esteem.

Within an attribution theory framework, Bowerman (1971) has argued that people tend to internalize responsibility for successes and externalize responsibility for failures--thus enhancing their self concepts. Several studies have found evidence consistent with such an hypothesis (Eagly, 1967; O'Brien, 1971; Steiner, 1968). Each of these studies held constant the size of the discrepancy between subjects' expected and actual (i.e. manipulated) performance while varying the valence of the feedback. The dependent variables employed in these studies were not explicitly attributional, but are conceptually related to attributional measures.

Eagly (1967) gave half of her male subjects feedback which was better and gave the other half feedback which was worse than their initial self rating of assertiveness. After

receiving the feedback, subjects rated their perceptions of its accuracy, and success feedback was rated as more accurate than failure feedback. In a similar study, subjects estimated how well they would perform on a vocabulary test (O'Brien, 1971). Subjects then took the test, received feedback which was either better or worse than they expected, and evaluated the accuracy and validity of the test. It was found that subjects in the success condition evaluated the test as being more accurate and valid than did subjects in the failure condition.

Steiner (1968) presented subjects with feedback which purportedly reflected their scores on a personality test. Half of the subjects received success and half received failure feedback after which they rated the accuracy of the personality tests and the competency of the person who had scored them. Subjects in the success condition rated the test interpreter as being more competent than did subjects in the failure condition. No difference, however, was found between the experimental groups in their ratings of the accuracy of the personality tests.

Several other similar studies have manipulated valence of feedback without taking into account subjects' initial performance expectancies and have also obtained support for the "internalize the good--externalize the bad" hypothesis (Beckman, 1970; Fitch, 1970; Streufert and Streufert, 1969; and Wortman, Costanzo, and Witt, 1973). These studies must

be interpreted with caution, however, since the failure to control for initial performance expectancies means that the results might be attributable to the fact that subjects' expectancies were simply less discrepant from the success feedback than from the failure feedback, as has been argued by Bem (1972, pp. 40-42). New information which is highly discrepant from past information that the person has about him/herself tends to be rejected (i.e. responsibility is externalized).

The self-enhancement hypothesis led to the following predictions in the present study: a) subjects will change their self concepts more toward success than toward failure feedback; b) subjects will tend to attribute success to internal factors and failure to external factors; c) subjects will evaluate the source of feedback more favorably following success than failure.

An important case where the above hypotheses should not hold is discussed below.

Expectancy of further public evaluation. Two studies suggest an important qualification to the self-enhancement hypothesis--in situations that are relatively public and/or that involve having subjects expect to be evaluated in the near future, subjects tend to respond to feedback in a self-effacing rather than a self-enhancing manner (Eagly and Acksen, 1971; Feather and Simon, 1971).

Feather and Simon (1971) measured subjects' attributions

for their performance on a test after half of them had failed and half had succeeded (feedback was manipulated so that the discrepancy between initial self concept and the feedback was held constant). It was found, unexpectedly, that subjects tended to attribute their own successes to external factors and their own failures to internal factors, whereas they tended to attribute the successes of others to internal factors and the failures of others to external factors.

These data were explained post hoc by reference to the fact that the situation was a very public one and subjects may have felt that their self-evaluative (and other-evaluative) behavior was itself being monitored. Subjects' self-effacing responses may, therefore, have been due to their desire to avoid the appearance of immodesty or unfairness.

The Eagly and Aksen (1971) study dealt with self concept change following success and failure (again, the discrepancy between initial self concept and the feedback was held constant). A second factor in the design placed half of the subjects in the "expectancy of further public evaluation" condition where subjects expected that as soon as they had filled out the post-feedback questionnaire they would be tested again. The other half of the subjects were not informed of the future testing. Subjects who expected to be tested again changed their self concepts more toward failure than toward success feedback, whereas subjects who did not expect to be tested again changed their self concepts

more toward success than toward failure feedback. Eagly and Acksen argued that the self-effacing responses observed in the expectancy of further evaluation conditions were due to the negative social sanctions that occur when people overestimate their ability, but not when they underestimate their ability. A similar analysis was offered by Wortman et al. (1973) who found that subjects who expected public evaluation reported having less of the ability in question than did subjects who did not expect such evaluation.

The present study attempts to replicate the Eagly and Acksen (1971) study by manipulating the valence of feedback and the expectancy of further public evaluation while observing subjects' attributions, and self concept changes following feedback.

Self presentation vs. self concept change. A plausible interpretation of the Eagly and Acksen and the Feather and Simon studies is that subjects' self-effacing responses to feedback may have reflected their strategic self presentations rather than actual self concept change. A useful parallel to the self concept vs. self presentation distinction can be found in the social learning theory distinction between performance and learning (Bandura, 1965, 1969; Mischel, 1968). Bandura (1965) demonstrated that subjects' performances may differ from their enduring performance capabilities (learning), depending on the reinforcement contingencies operating in the situation. Similarly, the person's self con-

cept is presumed to be an enduring characteristic of the person, whereas the person's self presentation is presumed to be more a function of the perceived reinforcement contingencies operating in the situation.

It is argued here that the effects reported by Eagly and Acksen and by Feather and Simon involved changes in subjects' self presentations rather than changes in their self concepts. To support this argument the present study will, first of all, replicate the Eagly and Acksen (1971) study. The expectancy of further public evaluation will then be taken away and subjects will fill out another questionnaire where they will again rate their self concepts. It is predicted that subjects who expect further public evaluation will react to feedback in a self-effacing manner, relative to subjects who do not expect such evaluation, but that when the expectancy of further evaluation is removed, no differences will be found in the self concept ratings of these two groups. Such chameleon-like changes in self rating would suggest that subjects' self presentations are more at issue than their enduring self concepts.

Trait Determinants of Response to Success and Failure

Self-esteem. Several studies suggest that the self-evaluative behaviors of subjects at different levels of self-esteem may be quite different (Eagly, 1967; Fitch, 1973; Stroebe, Stroebe, and Eagly, 1974). These studies suggest that high self-esteem subjects react to feedback in more of

a self-enhancing manner than low self-esteem subjects.

Stroebe et al. (1974) told high and low self-esteem subjects that their personalities had been evaluated by another subject. In fact all the evaluations were written by the experimenters and were either positively or negatively worded. After receiving the feedback subjects indicated whether they thought the evaluation was honest or whether it was due to role-playing instructions which had forced the evaluator to write an unrealistic evaluation. High self-esteem subjects more often than low self-esteem subjects indicated that negative evaluations were due to role-playing instructions and that positive evaluations were honest ones.

Fitch (1970) had high and low self-esteem subjects perform a task where they estimated the number of dots presented tachistoscopically on a screen. Subjects were presented with success or failure feedback and then indicated their attributions for their performance. Low self-esteem subjects more often attributed failure to internal factors (ability, effort) and more often attributed successes to external factors (task easiness, luck) than did high self-esteem subjects, although the latter difference was only marginally significant.

Both of the above studies are open to an important methodological criticism. Each study may have confounded the effects of the size of the discrepancy between self concept and feedback with the effects of the valence (success,

failure) of the feedback by their use of standardized success and failure feedback. If high self-esteem subjects in the above studies had higher performance expectancies than low self-esteem subjects then the differences between these groups may simply have been due to the fact that success feedback was less discrepant from the self concepts of high self-esteem subjects while failure feedback was less discrepant from the self concepts of low self-esteem subjects (this interpretation will be referred to as the "differential expectancy" hypothesis). If the self-esteem groups did not differ in their performance expectancies, this would suggest that these groups differ more fundamentally in the way they process new information about themselves, with high self-esteem subjects biasing new information in a more self-enhancing manner than low self-esteem subjects (this interpretation will be referred to as the "differential interpretation" hypothesis). Evidence for the differential interpretation hypothesis was obtained by Eagly (1967) who observed the self concept changes in high and low self-esteem subjects following success and failure feedback. Eagly tailored the feedback to hold constant the size of the discrepancy between expected performance and the feedback. High self-esteem subjects changed their self concepts toward the success and away from the failure feedback, whereas low self-esteem subjects changed their self concepts toward the failure and away from the success feedback.

The present study attempts to replicate the Eagly (1971) finding. Additional features of the present study include the use of a no-feedback control group, and the measurement of subjects' attributions for their performance and their evaluations of the test.

The above predictions refer only to the conditions where subjects do not expect further public evaluation. Where subjects expect such evaluation no differences are predicted between the self-esteem groups. This prediction is based on analyses of situational vs. trait predictors of behavior (Mischel, 1968; Rotter, 1954). These authors have argued that in highly structured situations in which few of the person's responses can meet with reinforcement, individual differences are less useful as predictors of behavior than situational variables. On the other hand, where the situation is structured such that any response is likely to be appropriate, situational variables are less useful as predictors than individual differences. In the present experiment it is argued that some situations, more than others, impose constraints on self-evaluative behavior. Self-evaluation that occurs in private without any expectancy of further evaluation presents the person with few cues as to appropriate responses, and, therefore, individual difference variables (e.g. self-esteem) should help to predict behavior. Self-evaluation under the expectancy of further public evaluation, it is argued, imposes clear constraints on

the range of appropriate responses. Because of the social norm against immodest self-evaluation, it is predicted that where further public evaluation is imminent, both high and low self-esteem subjects should react to feedback in a self-effacing manner.

Self-monitoring. Recently, Snyder (1974) has developed a personality scale which purports to assess the degree to which a person attends to and modifies his/her behavior so that it is socially acceptable. The end points of this dimension are described as follows:

An "ideal type" self-monitor is a person who, out of a concern for social appropriateness, is particularly sensitive to the expression and self-presentation of others . . . and uses these cues as guidelines for monitoring and managing his own self-presentation and expressive behavior. In contrast, the prototypic non self-monitoring person has little concern for the appropriateness of his presentation and expression, pays less attention to the expression of others, and monitors and controls his presentation to a lesser extent. His presentation and expression appear to be controlled from within . . . rather than by situational and interpersonal specifications of appropriateness. (Snyder, 1972; abstract).

In the present study it is predicted that high self-monitoring subjects will react to feedback in a more self-effacing manner than low self-monitoring subjects in the expectancy of further public evaluation conditions, because of the greater concern on the part of high self-monitoring subjects that their behavior be appropriate. However, the self-monitoring groups should not differ in the no expect-

ancy of further evaluation conditions since in these conditions the question of the appropriateness of self-evaluative behavior is irrelevant.

Once the expectancy of further public evaluation is removed it is predicted that the differences between the self-monitoring groups in the expect further public evaluation conditions will disappear since after the expectancy is removed the issue of appropriateness of self-evaluative behavior is no longer relevant.

C H A P T E R I I

METHOD

Subjects

Subjects were 300 female undergraduates who received credits which counted toward their psychology course grades in return for their participation in the study. The data from 31 subjects are not presented because they failed to return for the second session of the experiment. Another 63 subjects are not considered because their initial self concept ratings were either too high ($n = 62$) or too low ($n = 1$) to allow the presentation of the feedback. Twenty-one subjects who were suspicious of the cover story were also eliminated. Thus 185 subjects were included in the analyses which follow.

Procedure

The experiment involved two one-hour sessions. Subjects met in groups that ranged in size from 2 to 9.

At the beginning of the first session subjects were told that they were not to talk with one another during the experiment and that they were to identify themselves only by birthdate on all questionnaires. Subjects first filled out the "Stanford Self-Assessment Inventory" where they indicated, among other things, their standing on the dimension of clinical and social sensitivity, the amount of information on which this rating was based, and the certainty with

which they had rated their standing. The dimension of sensitivity was chosen as the focal one in the present study because of its ubiquity in self descriptions (Jones et al., 1974), and because during pre-testing subjects indicated that their "ideal self" rating on this dimension was higher than their "real self" rating, $t(51) = 12.21, p < .001$.

Subjects next filled out the "Personal Reaction Inventory" which contained the self-esteem (Eagly, in press) and the self-monitoring (Snyder, 1974) personality scales.

Subjects at this point read a description of the cover story and of the procedures to be followed in the experiment. After subjects had finished reading the description, the experimenter repeated in different words what subjects had read and then answered any questions. Subjects read and were told that the experiment was part of a series of studies concerned with the effects of counseling and testing. While other studies in this series were said to have focused on the long term effects of counseling and testing, the present study was said to focus on the more immediate reactions of subjects to taking an ability test and receiving feedback about their performance. Subjects were told that during the first session of the experiment they would take a test of clinical and social sensitivity and that during the second session they would receive feedback about their performance. Clinical and social sensitivity was defined as the ability to understand and to act effectively in complex social situa-

tions. The test which subjects would take was called the Stanford Clinical and Social Sensitivity Test (SCSST), and was said to have been used in several studies around the country where it had proven to be a "reasonably reliable and valid test." In fact the test was contrived for use in the present study.

After answering any questions about the cover story and the procedures, the experimenter administered the SCSST which consisted of two five-minute segments of videotape followed by two questionnaires where subjects rated various aspects of the tapes (e.g. the anxiety level of the participants, the level of involvement of the participants, etc.). The first tape portrayed a therapy session in which a female therapist interviewed a male alcoholic, and the second tape portrayed two female friends discussing their jobs. The actors on the videotapes were four graduate students.

After completing the SCSST subjects filled out the "Mood Rating Questionnaire" and wrote a brief description of their initial reactions to the test. Subjects were then dismissed from the first session.

At the beginning of the second session subjects read over one of two written forms which described the procedures to be followed and which introduced the expectancy of further evaluation (all subjects in a given session were assigned to the same expectancy condition). The forms explained that most subjects would soon receive feedback about their

performance on the SCSST but that some subjects were in a control group which would not receive any feedback. The form went on to explain that as soon as the feedback had been passed out and subjects had a chance to examine it, all subjects would fill out a questionnaire.

Expectancy of further public evaluation. The expectancy manipulation involved varying the time at which subjects learned that they would undergo further public evaluation. Half of the subjects were told about the further evaluation at the beginning of the second session while the other half were not told until after they had filled out the post-feedback questionnaire. Thus at the time they filled out the post-feedback questionnaire, half of the subjects expected to undergo further public evaluation and half did not expect such evaluation. The expectancy of further evaluation was introduced in writing by the following:

At this (that) point you will be tested again. You will take two of the remaining sections of the Stanford Clinical and Social Sensitivity Test. That is, you will watch and rate two more interaction tapes that are part of the . . . test (the tapes that you observed and rated during the first session were taken from the short form of the test).

After you have completed today's test the experimenter and another graduate student . . . will score your tests by hand. In this way you will receive feedback about how well you have done on today's test very shortly after you have completed the test. The feedback about your performance on today's test will be presented verbally to you by either the experimenter or the other graduate student in the small groups that will meet after you have completed today's test. That is, the present group . . . will be split into two groups for the purposes of receiving feedback about today's test.

After you have received feedback about today's test you will be interviewed (in the small groups) concerning your reactions to today's test and to the feedback that you received.

After subjects had read the above description the experimenter repeated the description in slightly different words.

Valence of feedback. After subjects had been told of the procedures to be followed they were presented with feedback from the test that they had taken during the first session of the experiment (the SCSST). Subjects had been randomly assigned to receive success, failure, or no feedback with about one-third of the subjects assigned to each condition. The experimenter was blind as to the valence of the feedback presented to subjects. Each subject in the success and failure conditions received one of eleven paragraph-long evaluations. Each evaluation had been rated during pre-testing by Thurstone's equal intervals technique (Green, 1954) in terms of its implications about the person's clinical and social sensitivity. Subjects in the success and failure conditions received feedback which was 15 points higher or 15 points lower, respectively, than their initial self ratings of sensitivity (which had been made on a 90-point scale). Samples of each of the computer-written feedback messages are presented in Appendix A along with information about their Thurstone ratings.

Subjects had two minutes to examine their feedback (control subjects received sample feedback forms on which the

feedback message had been blotted out). After examining their feedback (or sample feedback form) subjects filled out the "Post-Feedback Form" where they indicated, among other things, their attributions for their test performance and their second self rating of clinical and social sensitivity. As the experimenter passed out the Post-Feedback Form he re-instituted the expectancy manipulation by reminding subjects in the "expect further public evaluation" conditions that they would soon be tested again and receive further feedback about their sensitivity.

After subjects in the "no expectancy . . ." conditions had completed the Post-Feedback Form they were informed of the further evaluation and feedback about their sensitivity, as was noted above.

At this point the experimenter passed out test booklets and introduced the second half of the clinical and social sensitivity test. He then began to play the next videotape which portrayed two clinical psychologist trainees discussing their supervisor.

Removal of the expectancy of further public evaluation. The videotape had been recorded such that the picture and sound on the machine began to "act up" after about 30 seconds of tape. The experimenter, feigning consternation, began to adjust various knobs on the machine. The machine "broke down" completely after another 30 seconds had passed (i.e. the picture and sound were both unintelligible). The experimenter

acted rather upset that "this stupid machine seems to be acting up again." Subjects were told that the same problem had come up two weeks earlier and that, apparently, the machine hadn't been correctly repaired. After appearing at a loss for a moment about what could be done, the experimenter announced that: "I guess we will just have to call off the experiment." Subjects were told to remain seated while their credit forms were prepared. A few seconds later the experimenter feigned a sudden burst of insight. That is, he "remembered" that there were some questionnaires left over from an earlier experiment and "concluded" that the subjects' data could be used in that experiment. The experimenter then retrieved these questionnaires (called the "Post-Experiment Questionnaire") from an adjoining room and apologized that parts of the questionnaire would be redundant with others that subjects had filled out. Subjects were nevertheless asked to "bear with us" and answer all of the questions on the questionnaire. Subjects were told that as soon as they finished the questionnaire the experiment would be completed and they were to then place all of the forms they had filled out into a box at the side of the room. The Post-Experiment Questionnaire included items where subjects rated their clinical and social sensitivity, their evaluations of the test, their mood state, and their suspiciousness about the cover story.

Finally, subjects were debriefed. The experimenter de-

monstrated that the tape machine was still in working order, and explained that the Stanford Clinical and Social Sensitivity Test was bogus and that therefore subjects should make nothing out of the feedback they received. The hypotheses of the experiment were then explained. To reinforce the debriefing message, a videotape segment was presented where one of the actors in the first set of tapes appeared again and repeated the debriefing that the experimenter had presented. Debriefing appeared to be extremely compelling in disabusing subjects of the deceptions employed in the study.¹

Measuring Instruments

The format of each of the five questionnaires which subjects filled out is described below.

1) The Stanford Self-Assessment Inventory was composed of 33 items which asked subjects to rate themselves on 10 different dimensions (e.g. knowledge of chemistry, law; intelligence, athletic ability, clinical and social sensitivity), and to indicate their certainty of and the amount of information upon which each of the self ratings was based. The only data reported here concerns subjects' ratings of their clinical and social sensitivity. After reading a paragraph-long definition of clinical and social sensitivity subjects rated their standing on this dimension on a 90-point graphic rating scale. Five anchors were included on the scale: average grade school student (13 points); average high school student (30 points); average college student

(55 points); average social caseworker (68 points); average professional psychiatrist or clinical psychologist (81 points). After rating their average sensitivity subjects responded to three 9-point bipolar rating scales on which they indicated: a) the certainty associated with their self rating of sensitivity; b) the importance of sensitivity; c) the amount of information they had about their level of sensitivity.

2) The Personal Reaction Inventory was a 66-item personality scale composed of 20 items comprising the self-esteem scale (Eagly, in press), 25 items comprising the self-monitoring scale (Snyder, 1974), and 21 filler items. Subjects were dichotomized on the basis of their responses to the self-esteem and the self-monitoring scales. The correlation between these two measures was quite small ($r = -.05$, $n = 185$, n.s.). The internal consistency of the self-esteem scale was somewhat higher than that of the self-monitoring scale (split-half reliabilities were .822 and .479, respectively).

3) The "Mood Rating Form" consisted of fifteen 30-point graphic rating scales. Only the data from the 7 scales relevant to the hypotheses were analyzed. Six of the 7 scales were combined to yield an overall index of elation-depression. The end-points of the scales were defined by the following adjective pairs: elated vs. depressed, gloomy vs. cheerful, happy vs. sad, pessimistic vs. optimistic, bad vs. good, and pleased-with-self vs. displeased-with-self.

The internal consistency for this index was quite high (coefficient alpha = .898). Coefficient alpha values were computed according to the formula discussed by Bohrnstedt (1972). On the seventh scale subjects rated their calmness vs. anxiousness (the end points of this scale were defined by two clusters of adjectives: calm, relaxed, at-ease vs. jittery, nervous, tense).

4) The "Post-Feedback Form" was composed of 5 items, 4 of which will be discussed here. The first item was a 70-point graphic rating scale where subjects rated their clinical and social sensitivity. This scale included the same anchors as described in (1) above except that the numerical values of each anchor were adjusted to take into account the fact that the present scale had 70, not 90 points. The reason for not having the present scale be identical to that used for the first self rating was to minimize the salience of the fact that subjects were rating themselves again on the same dimension. The second item was a 40-point graphic rating scale on which subjects indicated their attributions for their test performance. The end points of this measure were defined as: "I was completely responsible--that is: my ability and motivation were the only factors which contributed to my performance" vs. "Factors which lie outside of myself were completely responsible--that is: luck, characteristics of the test, and/or characteristics of the testing situation were the only factors which contributed to my perform-

ance." The third and fourth items were manipulation checks where subjects indicated their expectancies concerning the possibility of further evaluation and their ratings of the valence of the feedback, respectively. The former rating was made on a dichotomous scale where subjects indicated whether they thought they would undergo further evaluation or whether they were unsure about what to expect during the remainder of the experiment. The latter rating was made on a 5-point bi-polar rating scale.

5) The "Post-Experiment Questionnaire" will be described in four parts. The first part consisted of six 20-point graphic rating scales on which subjects evaluated the test. Only the data from three of these scales were analyzed as the other three scales were filler items. The three scales were combined into an index of the positivity vs. negativity of subjects' evaluations of the test. The scales combined were: confusing vs. straightfoward, valid vs. invalid, and unfair vs. fair. The internal consistency of this index was reasonably high (coefficient alpha = .652).

The second part of the questionnaire was in all but one respect identical to the questionnaire described in (1) above, the only difference being that on the present questionnaire the "average college student" anchor had been removed from the scales where subjects rated their standing on the various dimensions. These anchors were removed so as to allow subjects to more easily change their self ratings of

clinical and social sensitivity between the self rating immediately following feedback and the final self rating. It was felt that the many subjects who rated themselves at or near this anchor would be unwilling to change their self rating between these two measurements unless the salience of such a change was minimized by removing the anchor.

The third part of the questionnaire was identical to the "Mood Rating Form" described in (3) above.

The final part of the questionnaire consisted of two open-ended questions where subjects described their perceptions of the purposes of the experiment and any questions or doubts they had about the cover story. Subjects' responses to these two items were content analyzed by two independent judges who were blind to the subjects' experimental condition. Subjects' responses were rated by the judges as: "not at all suspicious", "somewhat suspicious", or "very suspicious." Inter-judge reliability was high ($\underline{r} = .83$, $\underline{n} = 206$, $\underline{p} < .001$); and, where the two judges disagreed, a third independent judge determined the suspiciousness rating.

C H A P T E R I I I

RESULTS

All analyses of variance and covariance were performed by a multivariate computer program (Finn, 1972). Due to the slight inequality of cell size (the largest of the six cells contained 34 subjects, the smallest contained 29 subjects), tests of effects were computed so as to adjust each effect for all others at an equal or lower level of design complexity (cf. Chaiken and Well, 1974; Overall and Spiegel, 1969).

Manipulation Checks

The success of the valence manipulation is suggested by the significant valence main effect for subjects' ratings of the valence of the feedback, $F(1,179) = 316.97$, $p < .001$. Subjects who received success feedback rated it as being more positive than did subjects who received failure feedback ($M_s = 1.40, 3.95$, respectively, where 1 = feedback was very positive and 5 = feedback was very negative). Also, subjects who received success feedback reported a higher level of clinical and social sensitivity immediately following feedback than did subjects who received failure feedback, $F(1,178) = 86.42$, $p < .001$; $M_s = 57.54, 47.54$, respectively, where 0 = very little sensitivity and 90 = a great deal of sensitivity.

Subjects in the "expectancy of further public evaluation" conditions reported on the "Post-Feedback Form" that they expected further public evaluation to a greater degree

than did subjects in the "no expectancy . . ." conditions, $F(1,179) = 468.23$, $p < .001$; $M_s = 1.03, 1.92$, respectively, where 1 = expect further public evaluation and 2 = do not know what to expect.

Self-Enhancement and the Expectancy of Further Public Evaluation

Self concept change. The self-enhancement and the expectancy of further public evaluation hypotheses, taken together, led to the prediction of a valence by expectancy interaction on subjects' self ratings of clinical and social sensitivity immediately following feedback. The inclusion of no feedback control groups made it possible to answer the question: "Did subjects in the success conditions change their self concepts more toward the feedback message than did subjects in the failure groups?" This answer was obtained by generating the following special contrast: "Success -(minus) Control" vs. "Control - Failure". The contrast compared the difference between the success and control groups' self ratings with the difference between the failure and the control groups' self rating. The contrast weights (Myers, 1972; Myers, personal communication) used to compute this contrast and its interaction with the expectancy independent variable are presented in Table 1. A more thorough discussion of the rationale for the weighted analysis of variance is presented in Appendix B.

The predicted valence of feedback by expectancy inter-

TABLE 1

Contrast Weights Used for Analysis of Covariance of
Self Concept Ratings Immediately Following Feedback

Group	Valence of feedback		
	Success	Failure	Control
Valence main effect			
Expect further public evaluation plus the do not expect further public evaluation groups	+1	+1	-2
Expectancy main effect			
Expect further public evaluation+1 ^a		
Do not expect further public evaluation-1.....		
Valence by expectancy interaction			
Expect further public evaluation	+1	+1	-2
Do not expect further public evaluation	-1	-1	+2

^aThe expectancy main effect was computed by ignoring (summing across) the valence factor--this is indicated by the dotted lines.

action for subjects' self ratings of clinical and social sensitivity immediately following feedback was marginally significant, $F(1,178) = 2.90$, $p < .10$. Neither the valence nor the expectancy main effects approached significance ($F < 1$ in both cases). In this analysis subjects' initial self rating of their sensitivity served as a covariate. Table 2 presents the means for the valence by expectancy interaction (note that the means presented correspond to the logic of the contrast weights noted in Table 1). As can be seen in Table 2, the means are in the predicted directions. Single degree of freedom contrasts (Myers, 1972, pp. 352-356) revealed that where subjects did not expect further public evaluation they raised their self concepts more following success than they lowered their self concepts following failure, $F(1,178) = 3.72$, $p < .10$. Where they expected further public evaluation subjects lowered their self concepts following failure slightly more than they raised their self concepts following success, $F(1,178) < 1$, n.s.

Attributions. Predictions parallel to those made for self concept change were made for subjects' attributions for their test performance--i.e. a valence by expectancy interaction was predicted. However, no special weighted contrasts were employed since no predictions were made concerning the extent to which the success and failure groups would differ from the control groups. Thus the design of the analysis was simply a 2 x 3 factorial. No significant differences were

TABLE 2

Mean Adjusted Self Ratings of Clinical and
Social Sensitivity Immediately Following Feedback

Group	Valence of feedback	
	Success- Control	Control- Failure
Expectancy		
Expect further public evaluation	+3.92	+5.48
Do not expect further public evaluation	+7.81	+2.86

Note. Means are adjusted for covariance on initial self rating of clinical and social sensitivity. Positive numbers refer to self concept change toward the feedback, adjusted for changes in the control groups.

were obtained for either of the main effects or for the valence by expectancy interaction, $\underline{F}(1,179) < 1$ in each case.

Evaluation of the test. A third prediction involved only the self-enhancement hypothesis. It was predicted that subjects' evaluations of the validity, etc., of the test would produce a main effect for valence of feedback. No predictions were made as to the size of the differences between the success and the failure groups relative to the control groups, and therefore no special contrasts were employed. Thus the design of the analysis was a 2 x 3 factorial.

The analysis of variance revealed the predicted main effect for valence of feedback, $\underline{F}(2,179) = 10.33$, $p < .001$. Neither the expectancy main effect nor the valence by expectancy interaction approached significance, $\underline{F}(1,179) = 1.57$; $\underline{F}(2,179) = 1.06$, respectively. Subjects in the success condition evaluated the test most positively ($\underline{M} = 20.27$), and subjects in the failure condition evaluated the test most negatively ($\underline{M} = 12.89$), with control subjects intermediate in their evaluation ($\underline{M} = 19.07$). The range of possible scores on the evaluation index was from -20 (very negative evaluation) to +40 (very positive evaluation). Single degree of freedom contrasts revealed significant differences between the success and the failure groups, $\underline{F}(1,179) = 18.08$, $p < .001$; and between the failure and the control groups, $\underline{F}(1,179) = 12.29$, $p < .001$; but no significant

difference between the success and the control groups, $F(1, 179) < 1$, n.s. The data suggest, then, that while subjects defensively devalued the test following failure there was no corresponding tendency for them to evaluate the test in a self-enhancing manner following success.

Other measures. Subjects' responses to three other questionnaire items yielded unpredicted main effects for the valence of feedback: subjects' final ratings of the amount of information they had about their level of clinical and social sensitivity, their certainty rating for their final self ratings of sensitivity, and their rating of the amount of feedback they had received, $F(2, 178) = 10.77$, $p < .001$; $F(2, 178) = 4.96$, $p < .01$; $F(1, 179) = 15.39$, $p < .001$, respectively. Neither the expectancy main effect nor the valence by expectancy interaction approached significance on these three items. None of these analyses employed special contrasts and they were thus of a 2 x 3 factorial design. The analyses of the amount of information and the certainty items employed as covariates subjects' initial self ratings of the amount of information and the certainty with which they rated their clinical and social sensitivity, respectively. The analysis of subjects' ratings of the amount of feedback they had received employed no covariate.

Inspection of Table 3 reveals that subjects who received success feedback were most certain of, and claimed to have the most information about, their level of clinical and so-

TABLE 3

Mean Ratings of Certainty and Information Concerning
Final Self Rating of Sensitivity
and of the Amount of Feedback

Questionnaire item	Valence of feedback		
	Success	Failure	Control
Certainty ^a of final self rating of sensitivity	6.53	6.06	5.71
Amount of information upon which final sensitivity rating is based	5.54	4.77	4.03
Amount of feedback received	2.30	1.39	b

Note. The scales ranged from 1 = no certainty, no information to 9 = much certainty, much information; and 1 = small amount of feedback to 5 = large amount.

^aMean ratings of certainty and information are adjusted for initial ratings of certainty and information, respectively, that were made at the beginning of the experiment.

^bControl group subjects did not respond to this item.

cial sensitivity, followed by subjects in the failure group, and the control groups, respectively. Also, subjects in the success group claimed to have received more feedback than did subjects in the failure group.

Single degree of freedom contrasts revealed that subjects in the success group reported having significantly more information about their level of sensitivity than either the failure or the control groups, $F(1,178) = 5.77, p < .025$; $F(1,178) = 21.52, p < .001$, respectively; and subjects in the failure group reported having more information than subjects in the control group, $F(1,178) = 16.59, p < .001$. Single degree of freedom contrasts for the certainty item yielded a significant difference only for the success vs. control contrast, $F(1,178) = 8.05, p < .01$. Neither the success vs. failure nor the failure vs. control contrast was significant, $F(1,178) = 2.73, p < .20$; $F(1,178) = 1.47, p < .25$; respectively.

Subjects' mood ratings revealed significant main effects for valence of feedback on the elation-depression and the calmness-anxiousness dependent measures, $F(2,178) = 10.14, p < .001$; $F(2,178) = 7.06, p < .005$, respectively. Neither the expectancy main effect nor the valence by expectancy interaction approached significance on these two measures. These analyses involved no special contrast weights and thus the design was a 2 x 3 factorial. Initial self ratings of elation-depression and calmness-anxiousness

during the first session served as covariates.

Inspection of Table 4 reveals that "success" subjects were more elated and more calm than "control" subjects, $F(1, 178) = 19.62$, $p < .001$; $F(1, 178) = 7.14$, $p < .001$, respectively. Success subjects were also more elated and more calm than failure subjects, $F(1, 178) = 19.62$, $p < .001$; $F(1, 178) = 9.56$, $p < .001$, respectively. Finally, control subjects were slightly more elated and slightly less calm than failure subjects, $F(1, 178) = 2.00$, $p < .25$; $F(1, 178) = 0.14$, n.s., although these differences were not significant.

Self Presentation Versus Self Concept Change

It was predicted that the self-effacing responses of subjects in the expectancy of further public evaluation conditions would shift toward self-enhancement once this expectancy was removed. The predicted valence by expectancy by time (before removal of the expectancy of further evaluation vs. after its removal) interaction was not obtained, $F(1, 178) < 1$, n.s. Neither did the time, valence by time, or expectancy by time effects approach significance, $F(1, 178) < 1$, n.s.; $F(1, 178) = 1.22$, n.s.; $F(1, 178) < 1$, n.s., respectively. Special (weighted) contrasts were employed in the above analysis, and subjects' initial self rating of clinical and social sensitivity served as a covariate.

Trait Determinants of Response to Success and Failure

Self-esteem. It was predicted that: (a) when subjects

TABLE 4

Mean Adjusted Ratings of Two Moods

Group	Questionnaire Items	
	Elation-depression	Calmness-Anxiousness
Valence of feedback		
Success	34.51	23.32
Failure	12.95	20.29
Control	19.94	20.84

Note. Means are adjusted for covariance on initial self rating of elation-depression and calmness-anxiousness, respectively. The scales ranged from: -90 = very depressed to +90 = very elated; and from 0 = very anxious to 30 = very calm.

did not expect further public evaluation, high self-esteem subjects would change their self concepts more toward success and less toward failure than low self-esteem subjects; and (b) when subjects expected further public evaluation no such differences between the self-esteem groups would be obtained. Thus a valence by expectancy by self-esteem interaction was predicted for subjects' self ratings of clinical and social sensitivity immediately following feedback. In this analysis the special contrast weights were again employed (see Table 1) with the addition that high self-esteem was weighted (+1) and low self-esteem was weighted (-1) as the third factor in the design. In this analysis subjects' initial self rating of sensitivity served as the covariate.

The predicted three-factor interaction was not obtained, $F(1,172) < 1$, n.s.; nor were the self-esteem main effect or the self-esteem by expectancy interaction significant, $F(1,172) = 1.84$, n.s.; $F(1,172) < 1$, n.s., respectively. Only the self-esteem by valence interaction approached significance, $F(1,172) = 3.69$, $p < .10$. The pattern of means presented in Table 5 suggests that high self-esteem subjects changed their self concepts more toward success and less toward failure feedback regardless of the expectancy condition. Single degree of freedom contrasts revealed marginally significant differences between the self-esteem groups at the "success-control," and the "control-failure" levels of the valence factor, $F(1,172) = 2.38$, $p < .20$; $F(1,172) = 3.55$, $p < .10$.

TABLE 5

Mean Adjusted Self Ratings of Clinical and Social
Sensitivity Immediately Following Feedback

Group	Valence of feedback	
	Success-control	Control-failure
Self-esteem		
High	+7.34	+2.03
Low	+4.17	+6.12

Note. Means are adjusted for initial self rating of sensitivity, and are averaged over the expectancy factor. Positive numbers refer to self concept change toward the feedback message, adjusted for changes in the control group.

.10, respectively.

No significant differences involving the self-esteem factor were observed on subjects' attributions for their test performance, or on their evaluations of the test.

Self-monitoring. It was predicted that when no further public evaluation was expected, the self-monitoring groups would not differ in their reactions to feedback, but that when further evaluation was expected, high self-monitoring subjects would be more self-effacing in their reactions to feedback than low self-monitoring subjects. This analysis employed special contrast weights and employed subjects' initial self rating of sensitivity as a covariate.

Table 6 presents a summary of the analysis of covariance for subjects' self ratings of clinical and social sensitivity immediately following feedback. The predicted three-factor interaction was not obtained. Ignoring the small magnitude of this interaction and examining the cell means in Table 7 reveals that where subjects did not expect further public evaluation, self-monitoring, as predicted, did not help predict responses to the feedback [Self monitoring main effect, $F(1,172) < 1$, n.s.; self-monitoring by valence interaction, $F(1,172) < 1$, n.s.]. However, where subjects expected further evaluation, a significant valence by self-monitoring interaction was obtained, $F(1,172) = 4.93$, $p < .05$. While this latter interaction was predicted, the pattern of means is the opposite of what was predicted. That is, low self-monitoring

TABLE 6

Summary of Analysis of Covariance for Self Ratings of
 Clinical and Social Sensitivity
 Immediately Following Feedback

Source of variance	<u>df</u>	<u>MS</u>	<u>F</u>
Self-monitoring (SM)	1	3.27	<1
SM by valence	1	116.24	3.27*
SM by expectancy	1	3.39	<1
SM by valence by expectancy	1	60.79	1.71
Within cells (error)	172	35.59	

* $p < .10$

TABLE 7

Mean Adjusted Self Ratings of Clinical and
Social Sensitivity Immediately Following Feedback

Group	Valence of feedback	
	Success-control	Control-failure
Expect further public evaluation		
High self-monitoring	+7.47	+3.05
Low self-monitoring	+0.56	+7.83
Do not expect further public evaluation		
High self-monitoring	+9.06	+3.36
Low self-monitoring	+6.41	+2.50

Note. Means are adjusted for initial self rating of clinical and social sensitivity. Positive numbers refer to self concept change in the direction of the feedback messages, adjusted for changes in the control group.

subjects tended to be more self-effacing than high self-monitoring subjects. This finding, however, must be viewed with caution because of the small magnitude of the overall three-factor interaction.

The only other effect approaching significance was the valence by self-monitoring interaction. Thus high self-monitoring subjects generally showed a more self-enhancing response to the feedback than low self-monitoring subjects. Single degree of freedom contrasts revealed that high self-monitoring subjects changed their self concepts more toward success than toward failure feedback, $F(1,172) = 3.58$, $p < .10$; while low-self-monitoring subjects showed no such tendency, $F(1,172) < 1$, n.s.

No support was obtained for the hypothesis that self-monitoring would help to predict responses to the removal of the expectancy of further public evaluation ($F < 1$ for self-monitoring main effect and interactions involving self-monitoring).

Correlational Tests of Self Concept Model

The present self concept model led to two sets of predictions. First, correlations were predicted among degree of self concept change, attributions for test performance, evaluation of the test, and mood following feedback. Table 8 presents the results of correlational tests of these predictions. The correlations presented are averages based on the four conditions in which subjects received feedback, thus

TABLE 8

Average Within-cell Correlations Among Indices of
Self Concept Change, Attributions,
Test Evaluation, and Mood

Variable	(2)	(3)	(4)	(5)	(6)
(1) self concept change --post feedback min- us initial self rating	.53**	.21**	.17	.25**	.12
(2) self concept change --final self rating minus initial self rating		.19*	.14	.24**	.09
(3) evaluation of the test			.23**	.26**	.05
(4) attribution for test performance				.06	.18
(5) elation-depression					.46**
(6) calmness-anxiousness					

Note. Positive correlations suggest support for the hypotheses. Degrees of freedom are 114 for all correlations.

* $p < .05$ (two-tailed)

** $p < .01$ (two-tailed)

the sample consisted of 114 subjects, not 185 as in earlier analyses. Averages were computed according to McNemar's (1955, pp. 148-149) formula. Averaging of these four cells seemed justified after initial t-tests revealed that in only 4 of 90 comparisons did any two of the combined correlations differ significantly ($p < .05$) from one another (on the basis of chance alone 4.5 significant differences would be expected).

Inspection of Table 8 reveals that all of the correlations are in the predicted direction, although only the self concept change, test evaluation, and elation-depression indices are significantly correlated with one another in a consistent fashion. When they received success feedback, subjects who raised their self concepts most tended to evaluate the test in a highly positive manner and reported a highly elated mood state. Similarly, when they received failure feedback, subjects who lowered their self concepts to the greatest degree tended to evaluate the test in a highly positive manner and report a highly depressed mood state.

The second set of predictions was that subjects with high levels of certainty or prior information concerning their initial self rating of clinical and social sensitivity should show little self concept change following feedback. Table 9 presents correlational tests of these predictions. The correlations presented are averages based on the four cells in which subjects received feedback.

TABLE 9

Average Within-cell Correlations Between Self Concept Change and Prior Information/Certainty about Self Concept

Variable	(3)	(4)
(1) Self concept change--post feedback minus initial self rating	-.07	.01
(2) Self concept change--final self rating minus initial self rating	-.04	.03
(3) Amount of prior information about self concept		.66*
(4) Certainty associated with initial rating of self concept		

Note. Positive correlations are consistent with the hypotheses. Degrees of freedom are 114 for all correlations.

* $p < .01$

Inspection of Table 9 reveals no support for the hypotheses, with the magnitude of the correlations being close to zero.

C H A P T E R I V

DISCUSSION

Self-enhancement and the Expectancy of Further Public Evaluation

The data generally supported the self-enhancement hypothesis. Where they did not expect further public evaluation, subjects tended to a marginally significant degree to change their self concepts more toward success than toward failure feedback. Subjects who received success feedback reported that they had received more feedback, and that they were more certain of, and had more information about, their level of clinical and social sensitivity, than subjects who received failure feedback. Finally, subjects who received success feedback evaluated the test more positively than subjects who received failure feedback, although only the failure groups' evaluations differed significantly from those of the control groups.

Two interpretations of the latter finding seem plausible. First, since the control groups' evaluations of the test were relatively positive, a ceiling effect may have made it impossible for the success group to evaluate the test more favorably than the control groups. To test for a ceiling effect, a homogeneity of variance test was computed. A ceiling effect would be suggested by lower variances in the success and control groups. As can be seen in Table 10,

TABLE 10

Cell Variances for the Test Evaluation Index

Group	Valence of feedback		
	Success	Failure	Control
Expect further public evaluation	76.37	115.74	83.89
Do not expect further public evaluation	93.88	105.80	90.04

the variances in the failure groups are higher than those in the success or control groups. However, an F -max test of homogeneity of variance (Winer, 1971) revealed that this difference was not significant ($F_{\max} = 1.52$, n.s.). Also arguing against a ceiling effect is the fact that the means in the success and control groups are approximately (+20) while the range of the scale is from (-20) to (+40). Thus, subjects' responses in the success and control groups do not appear to be limited by a ceiling effect.

A non-artifactual interpretation of the above finding is that the pre-feedback evaluation of the test has implications for the ways in which subjects respond to feedback. Where the test is initially evaluated in a very positive manner it may be unnecessary for subjects who receive success feedback to enhance their evaluation of the test, since it is already seen as leading to reliable and valid results. Subjects who fail on such a test, however, may have to either devalue the test, or lower their self concepts. Conversely, when a test is initially evaluated very negatively, subjects who receive failure feedback should show no tendency to further devalue the test, since its results are, from the outset, considered suspect. Subjects who receive success feedback on such a test should tend to minimize its negative evaluation so as to enhance their self concepts. In the present study, then, the initially positive evaluation of the test (as shown by its evaluation by the control groups) may have meant that

subjects in the success conditions could enhance their self concepts without raising their evaluation of the test whereas subjects in the failure conditions may have had to devalue the test as a defense against lowering their self concepts. This analysis could be tested in future studies by varying the perceived validity of the test.

The failure of the attribution item to support the self-enhancement hypothesis may have been due to the ambiguous wording of this item. Subjects indicated "Who or what was responsible" for their test performance--themselves, or factors which lay outside of themselves. Recently, Fishbein and Ajzen (1973) have argued that many of the contradictory findings in the attribution theory area are due to the ambiguous wording of attribution measures. Thus an attribution question like the one above can be interpreted simply in terms of an internal vs. external locus of the cause of some event, or in terms of intentional vs. unintentional behavior (i.e. subjects may think they are "responsible" only if they intended for an event to occur). If subjects adopted the latter interpretation then their attributions would be misleading, since the present study is not concerned with the attribution of intentionality, but simply with the locus of the cause of test performance. Future studies in this area should use more specifically defined items to assess attributions. For example, Stroebe, Stroebe, and Eagly (1974) had subjects pick one of two possible reasons for another person's beha-

avior, one of which was internal and the other external to the other person. Such specificity reduces error of measurement by minimizing confusion as to the level of attribution being rated.

The weakness of the support for the expectancy of further public evaluation hypothesis may have been due to two differences between the Eagly and Acksen (1971) and the present study. First, in the Eagly and Acksen study, subjects expected further evaluation in a one-to-one situation whereas in the present study subjects expected to be tested in groups. The individualized contact present in the Eagly and Acksen study may have been necessary to produce self-effacing responses to feedback.

Secondly, the weakness of the support for the hypothesis may have been due to differences in experimenter characteristics in the two studies. It would seem likely that the expectancy of further public evaluation should exert stronger effects when the experimenter is cold and/or critical in his/her interactions with subjects. While there are no data to confirm such speculation, the experimenter in the present study may have been less threatening to subjects than the experimenter in the Eagly and Acksen study, and as such may not have induced as much self-effacing behavior. Future studies might manipulate experimenter characteristics along the warm-cold or the critical-accepting dimensions with the prediction that the Eagly and Acksen findings would be most

strongly supported when the experimenter was critical and/or cold in his/her interactions with the subjects.

Self Presentation Versus Self Concept Change

The present data failed to support any distinction between self presentation and self concept change. This failure may have been due to the fact that subjects felt committed to the self rating that they made immediately following feedback and were thus unwilling to make any dramatic shift in their self-rating after the removal of the expectancy of further public evaluation. Recent studies in the dissonance/attitude change area suggest that after having induced an expectancy in a given situation (e.g. that subjects will write a counter-attitudinal essay), it is difficult to then remove the expectancy and obtain the results that would have been obtained had not the expectancy been introduced at all (e.g. Goethals and Cooper, in press). In everyday life, changes in self presentation most often occur in situations which are widely enough separated so that the audience for one presentation will not also observe other, inconsistent presentations (cf. Goffman, 1959, pp. 135-140).

It may be difficult to demonstrate the distinction between self concept change and changes in self presentation because of the evaluation apprehension (Rosenberg, 1965, 1969) which may attend inconsistencies in self-evaluative behavior. The notion that people should have consistent views of themselves is widely shared (e.g. Gergen, 1971) in

spite of much evidence which calls this notion into question (e.g. Gergen, 1968, 1971; Mischel, 1968). Subjects may be unwilling to give evidence of inconsistencies in their self-evaluative behavior--particularly when such inconsistencies might appear self-serving. Three ways to minimize such apprehension seem plausible.

First, self-evaluations might be observed in situations which are presented as independent of one another. In the present study, for example, subjects might have been told that the experiment was over after they had filled out the post-feedback questionnaire. Then, ostensibly having left the experiment, they might have been induced to participate in a second (presumably unrelated) experiment, during which they would again rate their clinical and social sensitivity.

Secondly, the set presented to subjects might suggest that variability in self-evaluative behavior is quite normal.

Third, self-evaluations might be monitored unobtrusively in at least one of the situations employed in the experiment (e.g. by content analyses of verbal or written self presentations rather than by questionnaire responses). Naturally occurring changes in self presentations usually involve rather subtle variations in the wording of self-evaluations or in the emphasis placed on various aspects of oneself, with only a minimal amount of self-consciousness. Such changes may be inhibited by forcing subjects to rate themselves on clearly defined rating scales.

Self-esteem

The present data fit a simpler pattern than was expected with regard to self-esteem. No support was obtained for the notion that self-esteem would help predict subjects' responses to feedback only when they did not expect further evaluation. Instead, regardless of the expectancy condition, high self-esteem subjects more often accepted success and less often accepted failure feedback than low self-esteem subjects. The present findings are consistent with those of Eagly (1967), Fitch (1970), and Stroebe, Stroebe, and Eagly (1974). Interestingly, the magnitude of the valence by self-esteem interaction was smaller in the two studies (the present study and Eagly, 1967) where the size of the discrepancy between initial self concept and feedback was held constant than in the two studies where this discrepancy was not held constant. Table 11 presents the valence by expectancy interactions obtained in the four studies.

Thus, when defined in absolute terms, success feedback is often more consistent with the self concepts of high self-esteem subjects while failure is more consistent with the self concepts of low self-esteem subjects, and subjects tend to accept feedback which is consistent with their existing self concepts more than feedback which is discrepant from their self concepts. However, even when the size of the discrepancy between expected and actual performance is held constant, high self-esteem subjects still react to feedback

TABLE 11

Results of Analyses of Variance for Self-esteem by
Valence of Feedback Interaction in Four Experiments

Experiment	<u>MS</u>	<u>df</u>	<u>F</u>	<u>p</u>
Eagly (1967)	2.27	1,32	4.60	<.050
Present study	131.85	1,172	3.69	<.056
Fitch (1970)	18.02	1,112	6.09	<.025
Stroebe, Stroebe, and Eagly (1974)	a	1,52	11.00	<.002

^aThis information was not presented in the original article.

in a more self-enhancing manner than low self-esteem subjects. This latter trend may be explained by the hypothesis that the learning history of low self-esteem subjects has been replete with failures to perform up to their expectancies whereas high self-esteem subjects have more often met and/or exceeded their expectancies for performance. Such longitudinal issues require much more study.

The present data did not support the hypothesis that self-esteem would help predict subjects' responses to feedback only in the no expectancy of further evaluation conditions. This failure may stem from mistaken assumptions in Mischel's (1968, 1973) analyses of trait vs. situational determinants of behavior. Mischel's position has been that a negative correlation exists between the usefulness of trait and the usefulness of situational predictors of behavior. He argued: "To the degree that subjects are exposed to powerful treatments, the role of individual differences . . . will be minimized. Conversely, when treatments are weak, ambiguous, or trivial, individual differences should exert significant effects" (Mischel, 1973, p. 276). In contrast, the present view suggests a dimension whose end points correspond to those described by Mischel, but which includes a middle ground in which both trait and situational variables help to predict behavior. Further, it is argued that in most psychological experiments, situational variables cannot restrict the range of subjects' responses to such a degree

that trait variables cannot predict behavior--few experimenters are able to make subjects "an offer they can't refuse" (The Godfather, Puzo, 1969). Recently, Cronbach (1975) has pointed out the growing tendency toward construction of complex matrices which combine trait and situational variables in order to predict behavior. Clearly, it makes little sense to think of situational and trait variables as mutually exclusive predictors of behavior--in all but the most extreme (and usually trivial) cases both traits and situational variables can help in such predictions.

In the present study it was found that the expectancy of further public evaluation does not restrict the range of possible responses to feedback enough to preclude the usefulness of the self-esteem trait variable in the prediction of self-evaluative behavior.

Self-monitoring

A conservative interpretation of the data suggests, simply, that the self-monitoring hypotheses were not confirmed and that self-monitoring was not related to subjects' self concept and/or self presentational changes following feedback. Ignoring the lack of significance of the predicted three-factor interaction, and examining the simple two-factor valence by self-monitoring interactions at each level of the expectancy factor, led to a conclusion which contradicted the hypotheses. That is, where they expected further evaluation, low self-monitoring subjects were more self-effacing

than high self-monitoring subjects, whereas the predicted result was exactly the reverse. In addition, self-monitoring was (contrary to the prediction) not related to subjects' responses to the removal of the expectancy of further evaluation. Interpretation of this latter failure is difficult, however, because of the fact that the removal of the expectancy itself did not lead to the predicted results. Because of the plausibility of the relationship between self-monitoring and self presentational processes, further attempts should be made to test the present hypotheses.

Correlational Tests of Self Concept Model

The present data partially support the hypothesized links between self concept change, attributions and mood. Although the attribution variable was not consistently correlated with self concept change or mood, a conceptually related variable, subjects' evaluations of the test, was significantly correlated with these variables. The elation-depression mood scale was consistently correlated with the self concept and test evaluation measures while the calmness-anxiousness scale was not. This finding might suggest that success and failure experiences more involve the elation-depression than the calmness-anxiousness dimension except for the fact that both of these mood scales generated significant main effects for the valence of feedback factor in the analysis of variance. An inconsistency exists, then, between the correlational data and the experimental data concerning

the calmness-anxiousness dimension. An explanation of this inconsistency might be that this latter scale was a relatively unreliable one, based as it was on a single item while the elation-depression measure was based on six items.

The support for the present self concept model is limited by the correlational nature of the data linking self concept change with test evaluation and mood. Further research might experimentally manipulate one or more of these variables while observing the concomitant changes in the others. For example, subjects' attributions for their test performance might be manipulated by exposing them to a model who either internalizes or externalizes responsibility for his/her performance. Subjects exposed to the "internalizer" model should change their self concepts to a greater degree following feedback, and should show greater changes in mood than subjects exposed to the "externalizer" model.

The data did not support the hypothesis that the amount of prior information and certainty about one's self concept should be negatively correlated with the degree of self concept change following feedback. This failure may have occurred because subjects in the present study may not have differed from one another enough in the amount of information and/or certainty concerning their initial self ratings of clinical and social sensitivity. Thus a restricted range might explain the failure of the hypothesis. As was noted earlier, Rotter (1954) reported a study which manipulated the

amount of prior information presented concerning subjects' performance on a level of aspiration task. High amounts of information were associated with small shifts in level of aspiration following feedback. It may be necessary to experimentally vary the amount of information which subjects have about themselves in order to demonstrate the link between prior information and self concept change. Alternatively, it may be possible to find self concept dimensions where subjects differ more in the amount of information they have about themselves than they did in the present study.

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FOOTNOTES

¹While no problems appeared to exist in disabusing subjects of the deceptions employed in the study, one subject apparently experienced some distress over her participation in the study. This subject had been going through a long period of depression and apparently felt very happy when she learned that she had done well on the test (i.e. she was in the success condition). When she found out that the test and feedback were fake this apparently "burst her bubble" of good feelings she had had and sent her into an even more depressed state for at least a couple of days.

This particular incident points out how difficult it is to do experimental research with self concept phenomena. Perhaps in the present study some screening procedure could have been used so as to exclude subjects who were feeling particularly depressed or who were under emotional stress.

APPENDIX A

Below are listed the 11 feedback messages that were presented to subjects in the present study and the Thurstone values that were established for each during pre-testing. The Thurstone values refer to ratings made by 51 pre-test subjects who rated the implications of each of the feedback messages on a scale where "0" implies that the person referred to in the message is extremely deficient in social sensitivity and "90" implies that the person has an extraordinary amount of sensitivity.

Statement #1 (Thurstone scale value = 80.90).

Your performance on the test of clinical and social sensitivity was excellent, your score is one of the highest that has ever been recorded for a college student. Your responses showed an extremely well developed ability to make sense out of complex social interactions. Your perceptions of social situations were highly sophisticated and realistic--much more so than those of many students who are training to become professional psychotherapists or psychiatrists.

Statement #2 (Thurstone scale value = 69.71).

Your performance on the test of clinical and social sensitivity was very much superior to that of the average college student. Your responses showed a highly developed ability to make sense out of complex social situations. Your perceptions of social interactions were generally quite sophisticated and realistic--much more so than those of most college students.

Statement #3 (Thurstone scale value = 65.90).

Your performance on the test of clinical and social sensitivity was very much above the average for college undergraduates. Your responses showed

a well developed ability to make sense out of complex social situations. Your perceptions of social interactions were very sophisticated and realistic --much more so than those of most college students.

Statement #4 (Thurstone value = 62.88).

-Your performance on the test of clinical and social sensitivity was above the average for college undergraduates. Your responses showed an above average ability (relative to college undergraduates) to make sense out of complex social situations. Your perceptions of social interactions were more sophisticated and realistic than those of the average college undergraduate.

Statement #5 (Thurstone value = 59.75).

.Your performance on the test of clinical and social sensitivity was slightly above the average for college undergraduates. Your responses showed a slightly above average ability (relative to college undergraduates) to make sense out of complex social situations. Your perceptions of social interactions were occasionally more sophisticated and realistic than those of the average undergraduate.

Statement #6 (Thurstone value = 54.65).

Your performance on the test of clinical and social sensitivity was about average for a college undergraduate. Your responses showed an average ability (relative to college undergraduates) to make sense out of complex social situations. Your perceptions of social interactions were about as sophisticated and realistic as those of the average undergraduate.

Statement #7 (Thurstone value = 49.22).

Your performance on the test of clinical and social sensitivity was slightly below the average for college undergraduates. Your responses showed a slightly below average ability (relative to college undergraduates) to make sense out of complex social situations. Your perceptions of social interactions were occasionally less sophisticated and realistic than those of the average college student.

Statement #8 (Thurstone value = 45.43).

Your performance on the test of clinical and social sensitivity was below the average for college undergraduates. Your responses showed a below average ability (relative to college undergraduates) to make sense out of complex social situations. Your perceptions of social interactions were less sophisticated and realistic than those of the average undergraduate.

Statement #9 (Thurstone value = 38.88).

Your performance on the test of clinical and social sensitivity was very much inferior to that of the average college student. Your responses showed a marked lack of ability to make sense out of complex social situations. Your perceptions of social interactions were generally quite naive and unrealistic--much more so than those of most college students.

Statement #10 (Thurstone value = 33.57).

Your performance on the test of clinical and social sensitivity was very much below the average for college undergraduates. Your responses showed a poorly developed ability (relative to college undergraduates) to make sense out of complex social situations. Your perceptions of social interactions were very unsophisticated and unrealistic--much more so than those of most college undergraduates.

Statement #11 (Thurstone value = 27.00).

Your performance on the test of clinical and social sensitivity was very inadequate. Your score was among the worst that has so far been recorded for a college student. Your responses showed a very poorly developed ability to make sense out of complex social situations. Your perceptions of social interactions were very naive and unrealistic--much more so than those of many high school students.

APPENDIX B

Weighted contrasts were employed to assess whether subjects in the success condition raised their self concepts more than subjects in the failure condition lowered their self concepts following feedback. The valence main effect contrast, then, compared the difference in self concept ratings between the success and control groups with the difference between the failure and control groups. This contrast can be represented algebraically as follows (let S = success, F = failure, and C = control group): $\sqrt{(S-C) - (C-F)}$. Simplifying this expression yields: $(S+F-2C)$. Thus the contrast weights for the valence main effect were: S = +1, F = +1, and C = -2. The valence main effect was thus on one degree of freedom (Myers, 1972; Myers, personal communication). The expectancy main effect was computed with the "expect further evaluation" condition weighted +1 and the "do not expect further evaluation" weighted -1. The valence by expectancy interaction was computed with cell weights that were determined by multiplying the "valence" weight with the "expectancy" weight associated with each cell in the design.

Weighted contrasts were employed only on the self concept dependent variables since only with regard to these variables were predictions made as to the extent to which the success and failure groups would differ from the control groups.

