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THE ACCEPTANCE OF PSYCHOLOGICAL FEEDBACK STATEMENTS AS
SELF-DESCRIPTIVE: A LOOK AT TRUE VERSUS FALSE AND
POSITIVELY STATED VERSUS NEGATIVELY
STATED COMMUNICATION

by

Antoon A. Leenaars

Hon. B.A. Brock University, 1975

A Thesis
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ABSTRACT

Recently there has been a call for introducing feedback sessions during testing. It was the purpose of this study to examine some of the concerns faced in communicating psychological test material, by asking subjects to rate the degree of accuracy of true and false descriptions as well as positively stated and negatively stated descriptions as self-descriptive. A look at the preference of feedback was also undertaken. Form A and B of the Personality Research Form (Jackson, 1967) was administered to 48 volunteer subjects in group session. Later, subjects were given four individualized interpretations. To avoid order effects, four extreme balanced forms of communication were given and each subject was randomly assigned to one of the four possible orders. During a feedback session, subjects were asked to rate the accuracy of each statement, indicating which they would prefer and write their opinions and reaction to the interpretation and receiving personality test feedback. Results indicated that: 1) subjects were more willing to accept true feedback than false feedback; 2) negatively stated feedback was perceived more accurate than positively stated feedback: (however, this conclusion cannot be interpreted without including the truth or

falsity of the communication since there was no effect of the manner in which the message was stated in the true feedback); 3) subjects tended to prefer true feedback; 4) subjects tended to prefer that personality description which they judged to be most accurate; and 5) order effects occurred in this study, however, they were due to the variables; i.e., truth or falsity and positively stated or negatively stated, within the order of presentation. These findings were taken to indicate that the message that is communicated from test material in a clinical setting is of primary importance. Implications of the results for clinical practice were discussed, and suggestions for future research in this area were suggested.

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CHAPTER 1

INTRODUCTION

Psychological tests are currently being used in a wide range of clinical areas such as psychopathological diagnosis, vocational counseling, educational diagnosis, and industrial placement (Anastasi, 1968). Historically, the testee during assessment had been placed in a passive role with the psychologist following an active "medical model" orientation. However, the medical model has increasingly come under criticism (e.g., Szasz, 1960; Albee, 1969; and Balance, Herschfield and Bringmann, 1970). Recently there has been a more "existential" orientation introduced into testing; that is, the employment of the client as co-evaluator of the assessment (Fischer, 1970, 1972). One way of including co-evaluation by the testee is to introduce feedback sessions after testing.

The Need for Assessment Research

An introduction to feedback methods: Anastasi (1968) defines a psychological test as "essentially an objective and standardized measure of a sample of behaviour" (p. 21). A psychological test allows the psychologist to observe a sample of an individual's behaviour. These observations are standardized; i.e., a uniform

procedure is used in administering and scoring the test, and objective; i.e., the observations are independent of the examiner's subjective judgment as well as reliable and valid. The psychological test is used for assessment. The goal of assessment, however, is not the sample of behaviour but some diagnostic or predictive value (Anastasi, 1968). As Sundberg and Tyler (1962) note:

Assessment can be seen as the way we go about understanding others; as the systematic development and communication of information about a person and his situation; as the description, prediction and explanation of individual behaviour in natural living situations; and as a process used in making decisions and for developing a working image or model (p. 98).

Assessment is an influential feature of modern life. However, since the introduction of psychological tests there has been a public controversy over their use (Cronbach, 1975). Concerns revolve around such moral issues as confidentiality and invasion of privacy (Lanyon and Goodstein, 1971) and such assessment problems as response sets, acquiescence, social desirability, and role (Baughmann, 1972). Anastasi (1967) has noted that the assessment controversy has many causes and, hence, calls for numerous remedies. Although no one solution could adequately solve the assessment problems, Anastasi (1967) argues that assessment could improve in the light of psychological research. She notes:

Although the very essence of psychological testing is the measurement of behaviour, testing today is not adequately assimilating relevant development from the science of behaviour (Anastasi, 1967, p. 300).

One area of psychological research that would be very important is communication. Berdie (1963) has noted:

It is urged that more emphasis be given to research on the effects of communicating psychological information to parents, teachers, and students. There should be extensive experimentation with different methods of communication of such information (p. 144).

Hence, it seems that research on the effect of communicating psychological information is one possible solution that can help assessment with its multiplicity of problems. Although there is some literature in relation to communicating to the referral agent (e.g., Huber, 1968) and to the testee, more research is needed especially in relation to communicating to the testee. Such communication may raise some moral issues (Lanyon and Goodstein, 1971), but the present author believes that feedback is an essential part of assessment.

One concern about communicating assessment results is its possible impact on the client (Anastasi, 1967). Some suggestive ideas about the possible impact come from Szasz (1961). He notes that psychological communication may "often prescribe conduct, while claiming

merely to describe it" (Szasz, 1961, p. 59). Suggestive evidence of such "prescription" is found in experimental psychology (Rosenthal and Fode, 1963), educational psychology (Rosenthal and Jacobson, 1971) and clinical psychology (Szasz, 1961). However, with "proper safeguards", such as research into how to communicate psychological information (Berdie, 1965), such an impact of clinical material could be curtailed.

An existential orientation which carried some recommendation for communicating assessment material has already been introduced by Fisher (1971, 1972). The psychologists' ethical standards begin:

The psychologist believes in the dignity and worth of the individual being (A.P.A., 1972, p. 168):

According to Fisher (1970) this statement recognizes "the individual's co-constitution of his experience." She argues that it is the individual's perspective that gives meaning to experience. The individual is never passive, but co-constitutes the meaning of "things" (Fisher, 1970). In fact, the individual can experience "things" only from his perspectives. As Fisher put it, "'things' cannot exist for a man outside of the way they are for him."

(Fisher, 1970, p. 71). Fisher (1970) further argues that to the extent that an individual co-constitutes his experience from the multiple possible perspectives he is an individual human. As Fisher (1970) notes a person's open-

ness to multiple meanings is "his uniquely human nature." Hence, the implication for psychological assessment is that the testee's perspective must be understood, if we are to understand the client as a unique individual. In the old "medical model", the client was a passive recipient of the professional's judgments with complete secrecy of test material (Fisher, 1972). Such principles according to Fisher (1970) follow the natural sciences and leave the client as some passive "non-human" thing. Fisher's existential orientation notes that;

the client's perspective must be understood... (and)...furthermore, it is the client himself who is in the best position to confirm or clarify the evaluator's impressions (Fisher, 1970, p. 71).

Hence, the client should be a co-evaluator of his assessment. Finally,

Human science data are already located in the client's everyday life data. They are not interpretations, constructions, or abstract explanations; they do not require processing before feedback can be given to the client (Fisher, 1972, p. 368).

Therefore, although feedback is also part of the traditional approach (e.g., Sundberg and Tyler, 1962), it becomes an essential part of this new orientation.

Previous Work on Feedback

Individual counselors vary in their procedures of giving feedback (Dressel and Matteson, 1950). Such procedures range from secrecy to complete co-evaluation.

Tyler (1959) has argued like Fisher (1970, 1972) that a

counsellor has to communicate assessment material. Sundberg and Tyler (1962) note that feedback is done in counselling centres and educational situations, however, less with psychiatric patients. However, recently feedback has been introduced in clinical settings (Richman, 1967; Bringmann, Balance, Krichev, 1972).

Bringmann, Balance, and Krichev (1972) have presented a model for clinical assessment which incorporates a feedback method. The individual sections of their procedures are: (1) Intake, (2) Assessment, (3) Feedback, (4) Constructive Action, and (5) Termination.

The model is described by Bringmann, Balance and Krichev (1972) as follows:

1. Intake: Once the client is referred by himself or some other referring agent, the client obtains some information about possible programs and completes some application forms. After the completion of the application forms an appointment is made to schedule this interview within one week or in case of emergencies, they are dealt with on the same day that the referral was made. During the initial interview, the client has the opportunity to see a professional. At such time, the client may explain his problems and receive information about possible services. The client may then

terminate the relation (see Termination below) or if the client wishes to continue his relation, the professional will refer the client for (a) to complete a series of psychological tests (see Assessment below) or (b) to take part in one of the therapeutic programs (see Constructive Action below).

2. **Assessment:** Individuals requesting services typically complete a battery of psychological tests. More specialized group or individual testing may also be scheduled if necessary. All participation in testing is voluntary, but urged during the initial interview. After all relevant test results have been received, they are assessed for issues and problems for which the client has sought assistance. Next, the professional writes a brief report about the client and his recommendations for him. Further opinions and suggestions from other professional sources may also be obtained.
3. **Feedback:** All clients participating in the assessment program are offered a complete summary of the assessment. During the feedback session the client has the opportunity to judge the accuracy of the assessment and allow his perspective of the evaluation to be understood. During the

feedback interview, the client is also informed of possible constructive action programs. The client is free to accept, reject, or postpone entry into any of the programs. The client's decisions are recorded and one of two sequences may be initiated. First, the client may decide to terminate the relation (see Termination below). Second, the client may decide to enter one or more of the possible action programs (see Constructive Action below). Incidentally, termination may also occur because of the professional's recommendation or because of clients that are referred to other services.

4. Constructive Action: The purpose of the constructive action program is to help the client with his issues and problems. It follows the assessment program and includes most of the activities which traditionally have been called counselling or psychotherapy, although it is not limited to them. Other activities that focus on constructive action may also be used. Ideally, a re-evaluation of the client's problems should be undertaken after some time. This re-evaluation may include further testing and further evaluation.

5. Termination: If the client wishes to curtail his relation, or if, the professional responsible for him decides that termination is in order, a termination procedure is then completed. All information and test results are then closed and filed for storage.

Bringmann, Balance and Krichev's (1972) model introduced a feedback procedure within a clinical setting. Richman (1967) has noted that psychologists are reluctant to share results but that it is an important tool in the clinical setting. His clinical evidence shows that;

the skillful sharing of test results with the patient is often beneficial especially for the very disturbed, when conducted by a psychologist trained in both testing and psychotherapy (Richman, 1967, p. 63).

Further evidence from Flook and Sagger (1968) showed that feedback of assessment material to students resulted in superior academic performance. However, many (e.g., Anderson, 1968; and Flook and Sagger, 1968) have asked: "What form should the assessment feedback take to produce the most beneficial results?" In regard to this question, Anderson (1968) has presented three basic criteria for giving feedback. They are:

1. The other person needs to understand what I am saying.
2. He needs to be willing and able to accept it.

3. He needs to be able to do something about it if he chooses to (Anderson, 1968, p. 20).

The major problem with client participation is how to report the test results to the testee. Buss (1959) has investigated some variables that are important in terms of how to communicate feedback. Buss (1959) has noted the importance of item style on frequency of endorsement. Buss (1959) gave subjects seven item styles: 'trouble controlling' such as "I have trouble controlling..."; 'can't help' such as "I can't help..."; 'feel guilty about' such as "I am guilty about..."; 'like most people' such as "Like most people..."; 'must admit' such as "I must admit..."; and unelaborated such as "I sometimes...". Buss (1959) found that some item styles affected the frequency of endorsement as well as their ratings for social desirability, and suggested that other stylistics are probably important; e.g., a positively stated versus negatively stated style of communication. He also found that the content of the item is an important determiner of acceptance as self descriptive. Hence Buss (1959) concluded that how the item is communicated is important in endorsement; i.e., how the feedback is given is important in clinical communication.

Sundberg and Tyler (1962), Huber (1968), Sundberg, Tyler and Taplin (1973) and others have outlined different means of communicating assessment results. Sundberg

and Tyler (1962) have reported that, "psychologists have denounced 'pseudo-reporting', a kind of writing which substitutes generalities, trivialities and ambiguity for specific, clear, and practical communication." (p. 235). Tallent (1958) and Sundberg and Tyler (1962) have outlined numerous problems in psychological communication, such as the Barnum effect, the Aunt Fanny report, the Madison Avenue report, the trade-marked report, the Pollyana reports, and the prosecuting attorney briefs. The Aunt Fanny report is labelled as such, because it contains nondifferentiating information that would be true of anyone, although it may be complimentary, uncomplimentary or neither. The Madison Avenue reports are the kind of reports that are designed so as to subtly play up to the reader or are written in a manner so as to sell some perspective as if it were merchandise. The trade-marked report is a brief that communicates nothing about the client, but reveals the psychologist's personal concerns, problems or dynamics. The Pollyana report is a form of "pseudo-reporting" that contains only positively toned information and no attention is given to any negative concerns or dynamics. The prosecuting attorney briefs are reports that are saturated with negative information, but give little or no attention to positive features of the client, to the extent that one is tempted to say,

"Will the defense now, please, present its case." One of the major problems in communication is the kind of report that is labelled as displaying the "B. T. Barnum Effect." Tallent (1958) describes such reports as:

The essence of the Barnum method is to describe a personality by using a few mildly negative generalizations which are quickly neutralized in a matrix of acceptable, even flattering remarks, both types of comments being apparently applicable to everyone (p. 243).

Because of the Barnum effect and other problems in reporting assessment material, it is important to individualize the test results (Meehl, 1956, and Tallent, 1958). Although the literature discussed above was not directed to client communication, it is clearly applicable. It is important for the client to understand the data and, hence, if feedback is going to be introduced to the client, it should be clear and free of misconception. Furthermore, such practices are an essential part of the client's welfare and relationship as well as a means of test interpretation (A.P.A., 1972). To clarify the point of test interpretation to the client, Principle 14c of the A.P.A. ethical code (1972) reads:

When test results are communicated directly to parents and students, they are accompanied by adequate interpretive aids and advice.

The communication has to be adequate and said in a manner, such that the individual can understand the com-

munication. Finally, Sundberg and Tyler (1968) state that feedback to patients should give psychologists the opportunity to improve their understanding of assessment and give the clinician the opportunity to improve his interpretation.

True versus False Feedback

A problem related to the "how" of reporting is 'what will the testee accept?' Dressel and Matteson (1950); Rudikoff and Kirk (1959); Anderson (1968) and others have noted the importance of research involving the effect of testee's participation on the acceptance of assessment results.

Burdsal and Schwartz (1975) have shown that measured personality traits and self-ratings of personality traits are related. They gave subjects The Clinical Analysis Questionnaire and the 16PF Test and later subjects rated themselves on the traits the above tests are supposed to measure. Burdsal and Schwartz (1975) reported high correlations which indicates that the two methods were measuring similar things. Research has also shown that subjects tend to accept descriptive items from their own profile. Bringmann, Balance, and Sandberg, (1971) gave subjects true feedback statements from their own profile and randomly selected feedback.

They found that subjects endorsed significantly more highly the true feedback. Hence, at times subjects do accept "true" feedback. At other times, however, subjects tend to accept certain "false" feedback (Forer, 1949; Sundberg, 1955; and Ulrich, Stachnik and Stainton, 1963). Forer (1949) showed that subjects are gullible in the acceptance of universally valid personality descriptions. Forer (1949) gave all subjects an identical personality sketch that was universally valid and found a high degree of personal validation of this sketch. Sundberg (1955) found that subjects cannot even distinguish their own individualized personality descriptions from the kind of universally valid descriptions that Forer (1949) had used. Ulrich, Stachnik and Stainton (1963) also adopted an experiment from Forer (1949) and replicated the finding that subjects accept vague, generalized personality descriptions as self-descriptive. Although such data may indicate that the testee accepts "false" feedback, these studies also show the need for individualized feedback. Furthermore, these studies show the possibility of a B. T. Barnum Effect (Meehl, 1956; and Tallent, 1958). Apanasiewicz (1975) has replicated Sundberg's (1955) finding. She has noted that subjects see extremely generalized statements as accurate, hence such "false" feedback may indeed not be false

for its general nature (Barnum Effect) may make it accurate. In fact, even when the source of the Barnum report is changed to a low prestige source, subjects still accept the generalized statements (Rosen, 1975). Therefore, to study whether subjects accept "false" statements, individualized "false" feedback must be used. This approach calls for subjects to be given two equally individualized personality descriptions, but one true and one false. As noted earlier, Bringmann, Balance and Sandberg (1971) have found that subjects more frequently endorse descriptive statements derived from their own profile than randomly selected statements. Price (1971) and Bellehumeur (1975) have replicated this finding. Although these studies (Bringmann, Balance and Sandberg, 1971; Price, 1971; and Bellehumeur, 1975) show that subjects reject "false" feedback, a possible need for replication remains. Hence, this study will attempt to clarify the true versus false issue by attempting to confirm the idea that subjects do not accept false feedback, if indeed it is "false".

Balance, Sandberg and Bringmann (1971); Price (1971); Freeman (1973) and others have shown that subjects tend to reject certain true feedback. The first two studies have shown that subjects tend to reject certain "medical model" oriented feedback. Subjects in the Balance, Sand-

berg and Bringmann (1971) and Price (1971) studies endorsed non-pathological descriptive statements over pathological oriented statements. Such results are consistent with the inadequacies of the medical model that has been outlined by Szasz (1960, 1961) and others.

Another finding in relation to rejections of true feedback is reported by Freeman (1973). He has noted that subjects tend to reject certain true "negative" feedback. To Freeman's (1973) finding, we will now turn.

Positive versus Negative Feedback

One of the problems in introducing feedback to the client is the issue of positive and negative information. Research into this issue becomes especially important in the light of the fact that the clinician usually emphasises the negative aspects of a person, even though assessment relies on both positive and negative evaluation (Holme, 1972). Rudikoff and Kirk (1959) have argued that the emphasis during feedback sessions should be upon positive information. Horst (1959) has stated that all information, including the negative should be communicated. Richman (1967) has noted that in his clinical practice he emphasises the positive, but does not ignore problems. Anderson (1968) has said that negative feedback

must be given, but at the right time. Hence there is a controversy over whether to give positive and negative information during assessment feedback. In terms of research, Binderman, Fretz, Scott, and Abrahams (1972); and Freeman (1973) have found a difference in terms of acceptance of positive and negative feedback as self-descriptive. Both of the above studies were concerned with the effect of discrepancy on responses to test results, and both included positive and negative information in their design. Binderman, Fritz, Scott, and Abrahams (1972); and Freeman (1973) gave subjects tests and then gave subjects some artificial feedback that was discrepant at different levels as well as including positive and negative information. Results showed different effects for positive and negative information. Freeman (1973) concluded that "subjects are more willing to accept positive feedback about themselves than negative feedback." (p. 572). Such a finding could be explained in terms of Festinger's (1971) cognitive dissonance notion. The reception of negative feedback arouses dissonance in the subject and motivates him to reduce the dissonance by rejecting the negative information. Edwards (1953) idea about social desirability may also explain Freeman's (1973) conclusion. Edwards (1953) has shown that subjects tend to more readily endorse a

test item that is judged desirable. Hence, subjects may be more willing to accept positive feedback because they are judged more desirable. A third possibility to which we will not turn is that the positive-negative issue is a basic cognitive process.

Cognition can be viewed as organized along bipolar dimensions; one pole is positive and the other is negative (Kelly, 1955, 1969; Adams-Webber and Benjafield, 1973). Research has shown that the positive is the first to be correctly used by children (Donaldson and Wales, 1972); more readily recalled from memory (Clark, 1969); easier to use in concept formation (Denny and Benjafield, 1969); used more frequently in describing acquaintances (Adams-Webber and Benjafield, 1973); came into and used more frequently in a language (Benjafield and Adams-Webber, 1975); and easier to use by schizophrenics in making judgments (Adams-Webber and Benjafield, 1975). The above literature does not exhaust the data available, but it clearly shows the preponderance of the positive over the negative as a basic cognitive process. This preponderance may also account for the fact that subjects are more willing to accept positive feedback about themselves than negative feedback. Although neither one of the three above theories can be confirmed by Binderman, Fritz, Scott and Abrahms' (1972) and Free-

man's (1973) findings, the present author believes that the positive-negative issue is more basic than the idea of Festinger (1971) or the idea of Edwards (1953) would suggest. Such a notion has also been reported in some research on the Barnum Effect.

Sundberg (1955) in the study noted earlier has reported that subjects prefer positively worded feedback as opposed to negatively worded feedback. Results from subsequent studies that manipulated favourability have indicated that the highest acceptance of personality interpretations is for positive statements (Mosher, 1965; and Weisberg, 1970). Both Mosher (1965) and Weisberg (1970) gave subjects "fake" generalized personality test interpretations which contained both positive, negative and neutral statements and subjects were then asked to rate the accuracy of the statements. Results showed that subjects are more willing to accept positively toned information, although they did accept the negatively toned interpretations. Dmitruk, Collins, and Clinger (1973) attempted to replicate the idea whether the Barnum Effect could be obtained with negative, as well as positive, personal data. Dmitruk et al., (1973) found that the positive and negative personality interpretations were equally accepted. It should be noted that subjective ratings of subjects' statements by judges were used

in Dmitruk et al's., (1973) study, rather than objective measures employed in the research that is cited above. Although Dmitruk et al's., (1973) study may not have been sensitive enough, a similar finding has been reported by Snyder and Shenkel (1976). Hence, a controversy has arisen regarding the positively versus negatively toned feedback and, hence, this issue is worthy of further research.

Snyder and Shenkel (1976) gave subjects both positive and negative "fake" diagnostic feedback. Although subjects more readily accepted a general personality description when it was positively rather than negatively toned, Snyder and Shenkel (1976) reported that the higher acceptance resulted from a higher rate of truthfulness existing in the positive interpretation. Hence, this

finding raises serious questions for the above literature on the effect of favourability in the degree of acceptance of psychological feedback. Clearly, the question of truthfulness, as noted above in the discussion on the "Barnum Effect", must be controlled in any study of positive versus negative communication, whether in "fake" or individualized feedback. As Snyder and Shenkel (1976) note:

Results (of Sundberg (1955), Mosher (1965), and Weisberg (1970)) may have entirely been due to the

fact that the favourable personality interpretation was simply a more accurate general interpretation of personality" (p. 39).

And, hence, subjects were probably accepting the positively toned statements more highly because they were responding to the more "true" of the personality descriptions. Snyder and Shenkel (1976) argue that further research is needed to investigate the variable of positive versus negative interpretations when both are equated for the degree of truthfulness to further clarify the effects of different variables on "the acceptable phenomenon." This study will explore this issue in feedback communication.

Since people seem to be able to deal with positive matters better than negative, the positive-negative issue seems to be an important area of research into 'what will the testee accept?' It should be noted, however that personality differences affect ones dealings with positive and negative information (Benjafield and Adams-Webber, 1975). Smith and Sarason (1975) have shown that social anxiety affects reactions to negative feedback. Tyler (1950) has also noted the importance of personality difference in giving feedback. However, research; e.g., Buss (1959) has shown that non-personality variance is also important. Furthermore, data seem to show that people in general can deal with positive matters better than negative matters.

Although Binderman, Fritz, Scott and Abrams (1972) and Freeman (1973) have presented some data to clarify the positive versus negative issue in assessment, they used falsified (artificial) test data. The studies of Mosher (1965), Weisberg (1970), Dmitruk, Collins, and Clinger (1973) and Snyder and Shenkel (1976) have a similar problem. Therefore, this issue of positively toned versus negatively toned becomes an important variable in studying the acceptance of feedback statements as self-descriptive from real test data. In fact, Snyder and Shenkel (1976) themselves have noted that the study of positively toned versus negatively toned information cannot be separated from truthfulness. Since the Barnum type studies have a major design problem, as noted above, the issue of positive versus negative must be investigated using individualized test feedback.

Snyder and Shenkel (1976) have called for further research into the variables of True versus False, Positive versus Negative, and their possible interaction in diagnostic feedback procedures. The problem, however, in this kind of research is how to operationalize positive versus negative communication without introducing the "Barnum Effect" and the problem in the Binderman, Fritz, Scott, and Abrahms (1972) and Freeman (1973) studies. One possibility, which we will follow, is to

manipulate the positive versus negative variable in terms of how it is stated. Such a procedure is somewhat similar to the method used by Buss (1959) in regard to stylistic variables in communication. Similar approaches have also been used in studies in reasoning processes (Clark, 1969) and in concept formation (Denny and Benjafield, 1969). Such a procedure is also a standardized and objective way of operationalizing the positive-negative variable. Thus, we will use individualized feedback in this study that is either positively stated or negatively stated. For example, in regard to achievement, one could write; "This person is strongly motivated by challenges and likes competition" for a positively stated statement, and one could write; "This person is not weakly motivated by challenges and dislikes non-competition" for a negatively stated statement. Although such method of operationalizing is only one of several possibilities, it seems like a sound procedure and worthy of investigation. Hence, besides the true versus false variable, this study will explore the effect of positively stated versus negatively stated communication on the acceptance as self-descriptive.

A related idea to acceptance is preference of feedback material. Edwards (1953) has shown that subjects tend to more readily accept assessment items that are

judged as more desirable. Apanasiewicz (1975) has found that subjects tend to prefer personality descriptions which they rated as more accurate, to be true of themselves. She obtained this result by having subjects both rate the accuracy and preference of feedback material. The findings of Edwards (1953) and Apanasiewicz (1975) suggest that subjects prefer the items they accept. Hence, this study will look at the relation between preference and acceptance of feedback statements.

The literature that deals with the positive-negative issue suggests that people would prefer positive information over negative. Hence it may be important to see whether subjects would prefer positively stated information aside from accuracy. So, we will look at the preference of positive or negative as well as the relation between preference and acceptance.

Because of the wide range of the use of clinical assessment and the controversy surrounding its use, a note for the need of assessment research was outlined. Berdie (1965) and others have urged that more emphasis be given on communicating psychological information. Although some literature is available on how to communicate assessment material, further investigation into communicating to the client is needed. A new "existential" orientation (Fisher, 1970, 1972) and

its application was then introduced which led to the testee as co-evaluator. Discussion then focused on feedback methods, including in clinical settings which raised the problem of how to report the test results to the testee. A related question to the "how" is what will the testee accept. Research was then discussed to introduce the first variable; True versus False feedback statements as self-descriptive. A second variable was introduced; Positively stated versus Negatively stated feedback statements. Besides the rating of accuracy of these statements, a look at the preference was also introduced. Next, we will turn to introducing the statement of the problem.

Problem and Hypothesis

The basic problem of this study is how to communicate assessment material to the client, so that he perfectly understands what the clinician is saying. Hence, the focus of this research is on variables that may effect the acceptance of feedback statements as self-descriptive. And secondly, we will be looking at the relationship between preference and acceptance.

The variables to be investigated are: (1) the effect of true versus false feedback statements; and (2) the effect of positively stated versus negatively stated feed-

back statements. The dependent variable is the degree of acceptance or rejection of the feedback statements as self-descriptive. Although the two independent variables do not exhaust the number of possible variables involved in the endorsement of feedback statements as self-descriptive, they seem to be important according to the available literature.

The basic significance of this research is that it pertains to issues having to do with "how" to share test results with clients which according to Berdie (1965) is urgently needed. Since the "how" and "what" to share with the client has become increasingly important, e.g., the new "existential" orientation in clinical practice and the psychologist's code of ethics, the results should be important to clinical psychology.

The hypothesis to be investigated in this study are as follows:

1. Based on the findings of Bringmann, Balance and Sandberg (1971); Price (1971, Bellehumeur (1975) and other available literature, it is hypothesized that subjects will significantly more highly accept true feedback statements as self-descriptive than false feedback statements.
11. Based on the findings of Sundberg (1955); Mosher (1965); Weisberg (1970); Binderman, Fritz, Scott

and Abrahms (1972); Freeman (1973); Dmitruk, Collins, and Clinger (1973); Snyder and Shenkel (1976); and other available literature, it is hypothesized that subjects will significantly more highly accept positively stated feedback statements as self-descriptive than negatively stated feedback statements.

- III Based on the literature that shows people's preference for positive matters over negative, it is hypothesized that subjects will tend to prefer positively stated feedback statements as self-descriptive over negatively stated feedback statements.
- IV Based on the finding of Apanasiewicz (1975) it is hypothesized that subjects will tend to prefer that personality description which they rated as most accurate, to be true of themselves.

Finally, it is anticipated that most of the subjects who participated in this study will generally respond positively to their assessment and feedback experiences.

CHAPTER II

METHOD

Subjects

Forty-eight undergraduate students (35 females, 13 males) from the University of Windsor served as Subjects (Ss). All Ss were enrolled in a second year psychology course. Their age ranged from 19 to 44, and the Ss's educational level ranged from first to fourth year level of university education. Ss were asked to volunteer for this study.

Materials

Since Balance, Sandberg, and Bringmann (1971) have found that Ss are more willing to accept neutral toned descriptive than "medical model" oriented feedback, The Personality Research Form, Form A and Form B (PRF) (Jackson, 1967, 1968) was used to obtain some psychological feedback statements. Twenty-four Ss received Form A, the other twenty-four received Form B. This test has been used in studies that investigated feedback methods (e.g., Apanasiewicz, 1975). The traits that the PRF measures are: achievement, affiliation, aggression, autonomy, dominance, endurance, exhibition, understanding, harmavoidance, impulsivity, nurturance, order, play, social recognition, and infrequency. See Appendix

A. All of these traits except infrequency which is the validity scale will be used in this study. To interpret the PRF, a modification of Balance and Bringmann's feedback statement library (1971) was used. Since we are interested in positively stated and negatively stated statements, the items were defined as positive or negative depending on how it was written. The others will be rewritten to form the positively stated or negatively stated equivalent. See Appendix B for "Positive and Negative Interpretation Guide to PRF."

Procedure

The administration of the test was in group form. It consisted of two sessions. In the first session, Ss were asked to complete a psychological test and in the second session, Ss were asked to evaluate the assessment. A two week period intervened between the two sessions.

In the first session, the examiner (E) first presented Ss with a brief introduction into the nature of the study. See Appendix C for instructions given Ss completing the psychological test. These instructions are based on Richman's (1967) communication to his clients and the Apanasiewicz's (1975) study. After the instructions, Ss were given the PRF test. They were

told to read and follow the instructions on the PRF manual carefully.

The PRF's were then scored and interpreted using "The Positive and Negative Interpretation Guide to the PRF." The Ss, two highest scores were randomly assigned to the positively stated or negatively stated positions in the true division. The false division consisted of the two lowest scores of the Ss and were assigned randomly to the positive or negative positions. Hence, four possible statements could be obtained for the Ss: a True - Positive statement (TP); a True - Negative statement (TN); a False - Positive statement (FP); and a False - Negative statement (FN). The four statements were recorded on paper for each subject. To control for any order effects, the statements were systematically balanced. The orders were: (1) TP, TP, FN, FN; (2) TN, TN, FP, FP; (3) FP, FP, TN, TN; and (4) FN, FN, TP, TP.

During the second session, Ss were asked to rate the four psychological feedback statements. Ss were asked to rate these statements from 1 to 5; such that, 1 is very poor; 2 is poor; 3 is average; 4 is good, and 5 is excellent. Before Ss rated the accuracy of the statement, Ss were presented by E with a brief introduction into the nature of the feedback session. See Appendix D for instructions for Ss receiving psychological

test feedback. These instructions are based on Richman (1967) and Apanasiewicz (1975). After the instructions, Ss were given their individualized feedback form. See Appendix E for instructions and rating material for Ss receiving psychological test feedback. Ss then evaluated the feedback assessment.

Based on the experiment of Ulrich, Stachnik, and Stainton (1963), the following was written on the form with the four statements that were to be judged for accuracy.

"Rate the 4 interpretative statements of your personality that are given below, according to the following scale.

I think that the accuracy of the interpretation was:

1 - Very Poor

2 - Poor

3 - Average

4 - Good

5 - Excellent"

Ss were also forced to make a choice on their preference of the items. Based on the Apanasciewicz's (1975) study, Ss were asked:

"Aside from questions of accuracy, which of the four statements would you prefer to be true of yourself?"

Circle the one that you would most prefer to be true of yourself.

Statement 1

Statement 2

Statement 3

Statement 4"

To investigate how Ss felt about the assessment and about getting back the results, Ss were asked some additional questions. The first was derived from Ulrich, Stachnik and Stainton (1963) and the second from Apanasiewicz (1975). The questions are:

"Please make any additional comments about the test interpretation that you feel would be appropriate."

"Finally, I would like to know something about your views and opinions about psychological testing. On this sheet, please write some of your reactions to the experiment, how did you feel about taking the personality test; what were your feelings about getting back the results?"

After Ss complete the task, they were informed about the nature of this study.

Statistics

The S's ratings for the accuracy of the assessment will be analyzed. We have two independent variables, namely True - False and Positively stated - Negatively

stated and one dependent variable. The dependent variable is the Ss' rating in terms of acceptance as self-descriptive. The design hence calls for a 2 x 2 ANOVA. Minimum significance will be set at .05 (Winer, 1962). An additional 4 x 2 ANOVA will also be computed for a possible order effect significance will be set at .05. Further analysis, using a Duncan Multiple Range will also be undertaken (Edwards, 1960).

In order to discover whether or not positive feedback is preferred over negative feedback, a Chi-Square Test will be undertaken (Edwards, 1960). A Chi-Square Test of independence will be carried out, in order to determine whether or not the item that was accepted most was significantly preferred to a degree greater than chance expectancy (Edwards, 1960). Finally, a content analysis of Ss additional comments about the assessment and the feedback procedure will also be carried out.

CHAPTER III

RESULTS

Computational procedures for the data obtained in this study were undertaken. See Appendix F for the raw data on the acceptance scores of the feedback statements for the Ss in this study. Further data will be reported below.

The first hypothesis in this study was that subjects will significantly more highly accept true feedback statements as self-descriptive than false feedback statements. To test this prediction, Ss were given both true and false communication. The dependent variable was the Ss' rating for the accuracy of the communication; i.e., acceptance scores. Acceptance scores ranged from 1 to 5, according to the criteria that was outlined above in Chapter 11. A high score; e.g. 5, on the dependent variable indicates that the feedback statement was rated as excellent, a low score; e.g., 1 on the dependent variable indicates that it was rated as very poor. See Appendix F for complete data. The relevant means of the acceptance data obtained from Ss in this study are given in Table 1. The table shows the mean acceptance scores for the true communication and the false communication. See Appendix F for complete data. These data were anal-

TABLE I

Mean Acceptance Scores as a Function of True - False and
Positively Stated - Negatively Stated Communication

	True	False	Sum
Positively Stated	$\bar{X} = 4.33$	$\bar{X} = 2.60$	$\bar{X} = 3.47$
Negatively Stated	$\bar{X} = 4.13$	$\bar{X} = 3.48$	$\bar{X} = 3.81$
Sum	$\bar{X} = 4.23$	$\bar{X} = 3.04$	

alyzed using Winer's (1962) ANOVA procedure for a 2 x 2 design. Table 2 shows the summary table of the 2 x 2 ANOVA procedure. As Table 2 indicates, there is a significant difference between true and false communication on mean acceptance scores ($F(1,188) = 58.86, p < .01$). Figure 1 shows this result figuratively. As predicted, Ss accepted the true feedback statements as self-descriptive more readily than the false statements. Hence, Hypothesis 1 is supported.

The second hypothesis of this study predicted that subjects will significantly more highly accept positively stated feedback statements as self-descriptive than negatively stated feedback statements. This hypothesis was tested by giving Ss both positively stated communication and negatively stated communication. The dependent variable was the acceptance scores. The relevant means obtained from Ss in this study are presented in Table 1. These data were analyzed using a 2 x 2 ANOVA procedure. The ANOVA indicated that there is a main effect for the positively stated and negatively stated communication ($F(1,188) = 4.64, p < .05$). See Table 2, Figure 2 shows this result figuratively. The results show that the mean acceptance as self-descriptive of the negatively stated feedback was higher than the positively stated feedback. This result is opposite of the predicted result, hence

TABLE 2

Summary Table of 2 x 2 ANOVA Procedure for
 True (T) - False (F) and
 Positively Stated (P) - Negatively Stated (N) Variables

Source	<u>Ss</u>	df	MS	F
Between <u>Ss</u>	87.1	3		
A (T - F)	67.69	1	67.69	58.86**
B (P - N)	5.33	1	5.33	4.64*
AXB (Inter.)	14.08	1	14.08	12.24**
Error	215.38	188		
Total	302.48	191		

** $p < .01$

* $p < .05$

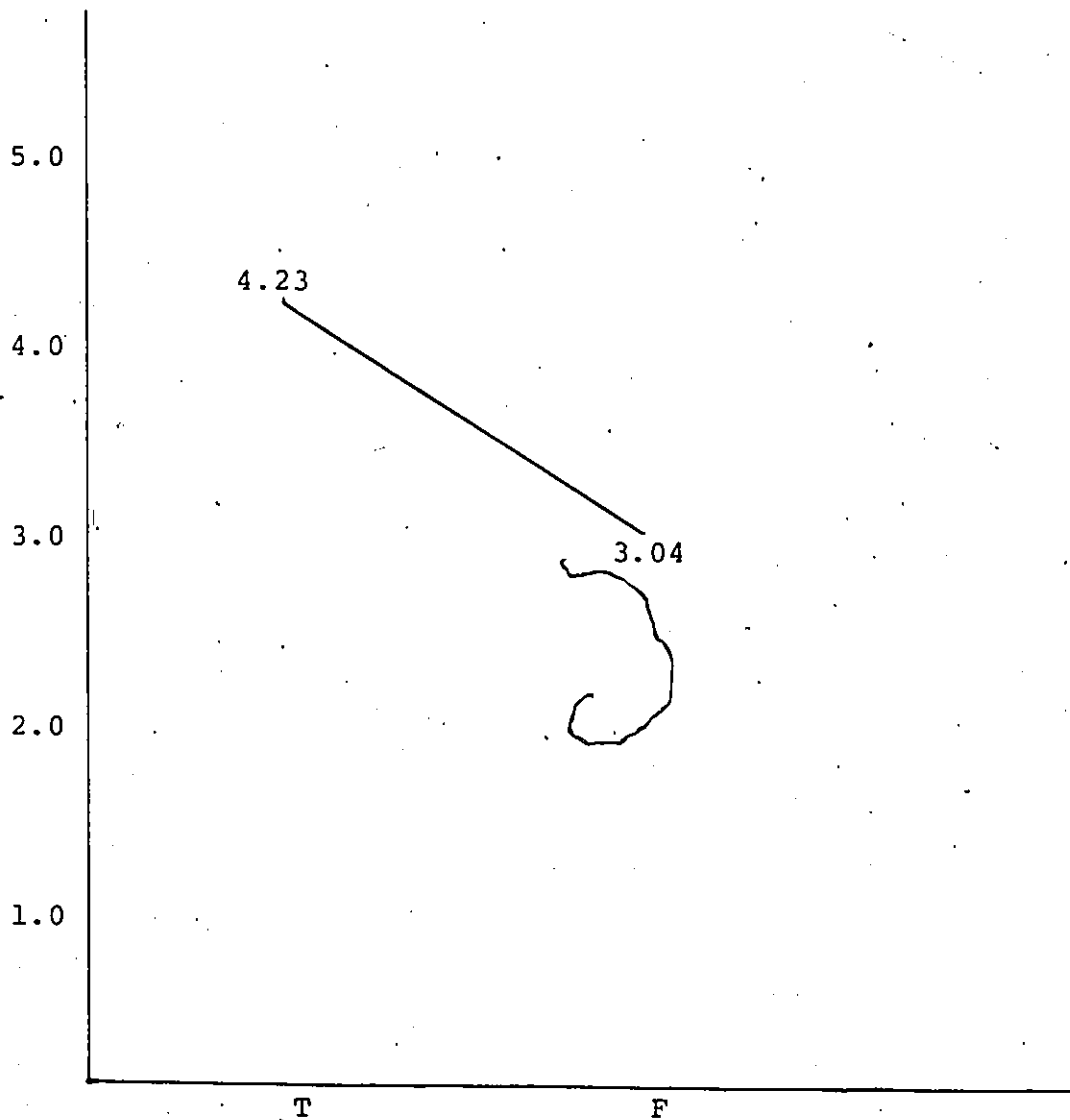


Figure 1. . . A figure showing mean-acceptance scores as a function of true - false communication.

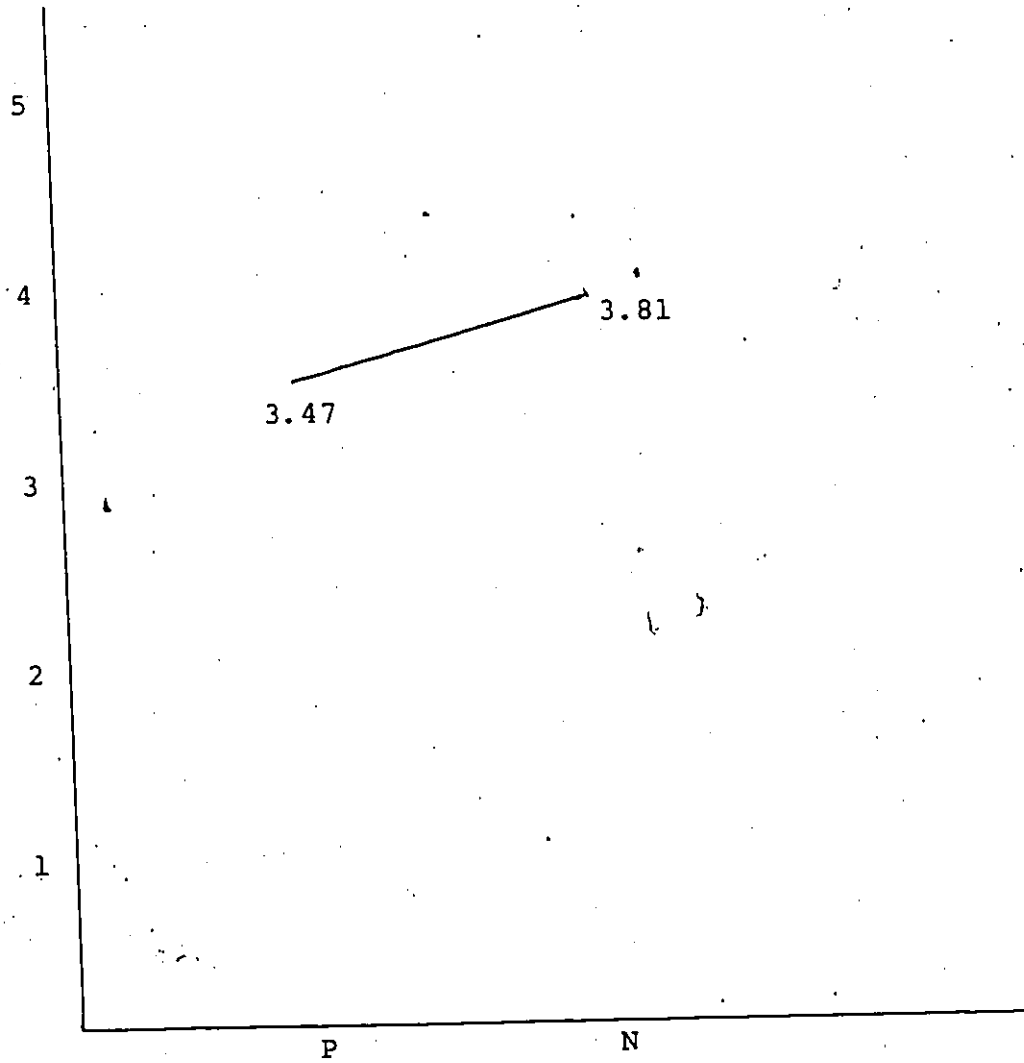


Figure 2. A figure showing mean acceptance scores as a function of positively stated-negatively stated communication

Hypothesis 2 is not supported.

Hypothesis 2 was not confirmed, the reason for this outcome seems to be explained in the interaction between the true-false communication and positively stated-negatively stated communication. Since both of the above variables were included in the same 2 x 2 ANOVA, an interaction was computed. Table 1 shows the relevant mean acceptance scores that are relevant to the interaction. These data were analyzed, and as Table 2 indicates a significant interaction was obtained between the two variables in this ANOVA ($F(1,188) = 12.24, p < .01$). Thus, the effect of the true-false variable is different at different levels of the positively stated-negatively stated variable. Figure 3 shows this result figuratively. A Duncan Multiple Range (Edward, 1960) was computed to analyze which means were significantly different from the other means. A Duncan Multiple Range indicated that significant differences existed between all the means except between the true-positively stated communication and the true-negatively stated; and between the true-negatively stated communication and the false-negatively stated. The highest mean acceptance scores was on the true-positively stated communication, although it did not differ from the true-negatively stated communication. The lowest mean acceptance scores was on the false-positively

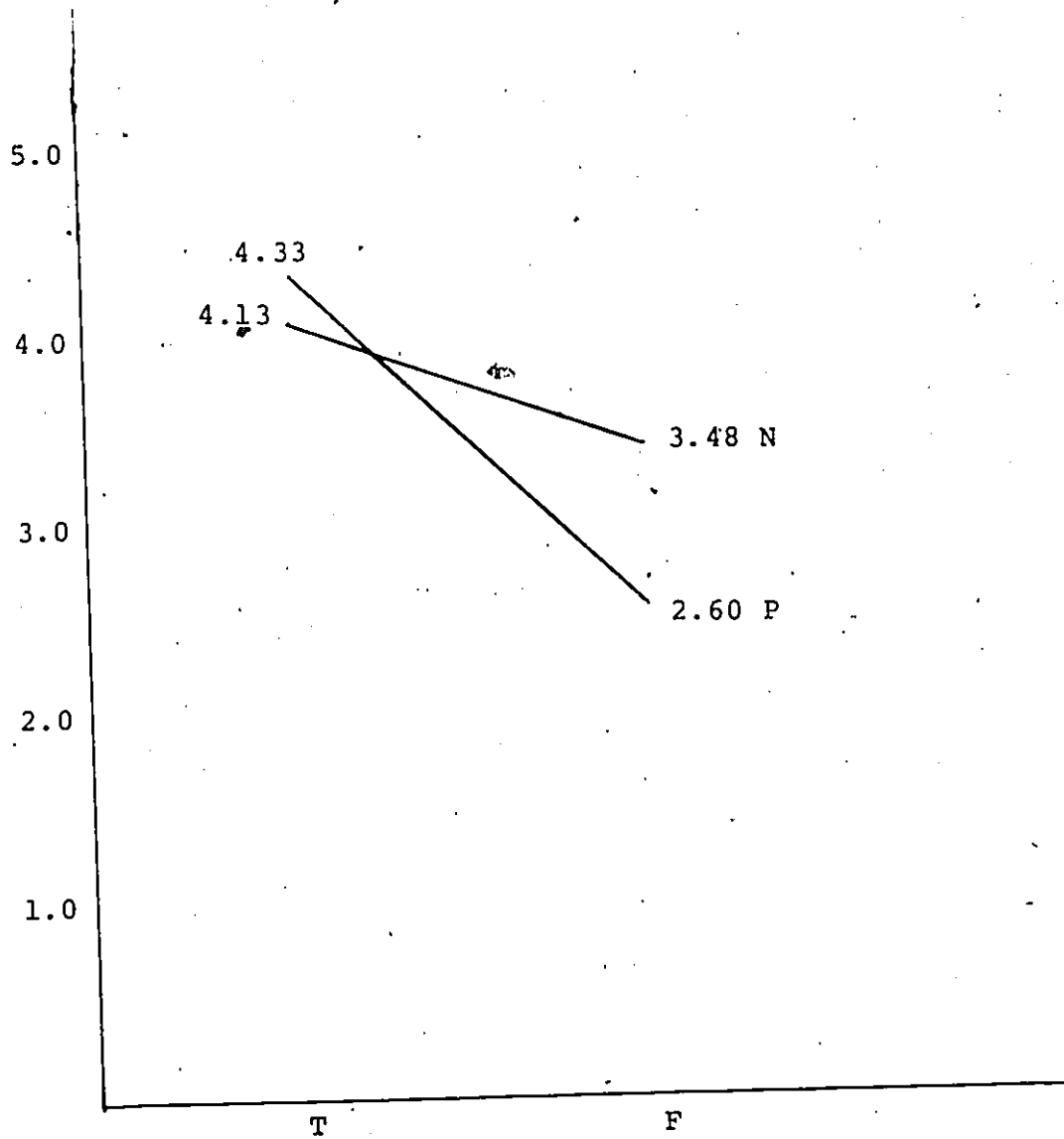


Figure 3. A figure showing mean acceptance scores as a function of true - false communication; and positively stated - negatively stated communication

stated feedback statement, which in fact was significantly different from all the other types of communication. The false-negatively stated statement was significantly accepted lower than the true-positively stated communication (although this difference was statistically significant, it probably is not interpretatively), but not significantly lower than the true-negatively stated statements. To conclude, it seems that the false-positively stated communication is significantly less accepted as self-descriptive than the other forms of communication, while these others, including the false-negatively stated statements do not differ very much. The reason for this result is probably due to the lack of clarity of the false-negatively stated communication. These conclusions also seem to explain why Hypothesis 2 was disconfirmed. In the true variable, whether positively stated or negatively stated has no effect but in the false variable, whether positively stated or negatively stated has an effect. In the false variable the negatively stated is highly accepted while not in the positively stated feedback. Hence, because the acceptance pattern in both true and false communication, Ss significantly more highly accept negatively stated feedback as self-descriptive than positively stated feedback. However, the above conclusion must be understood in the light of the true-false communication.

The design of this study called for four different orders of presentation. Although no predictions were made, a computational procedure was undertaken to study the possibility of any order effects. The orders presented to Ss were: Order A (OA) - TPTPFNFN; Order B (OB) - TNTNFPPF; Order C (OC) - PFPPTNTN; and Order D (OD) - FNFNTPTP. See Appendix F for complete data. The relevant means are given in Table 3. Table 3 shows the mean acceptance scores as a function of order effects. These data were analyzed using Winer's (1962) ANOVA procedure for a 4 x 2 design. A 4 x 2 ANOVA design was used for the following reason. The first variable called for four orders of presentation. Now, this order of presentation includes two additional variables. Each order includes true and false communication, and positively stated and negatively stated communication. For analyses, as well as to see if there was any interaction, a collapsed blank variable was included in the design as a second variable to study the effects of the variables within the orders. Hence a 4 x 2 ANOVA was computed, with the first variable being the order and the second variable being a blank variable that is collapsed with two scores. The reason for the collapse is that each S received four statements in one of the orders, of which the first and second are combined and

TABLE 3

Mean Acceptance Scores as a Function of Order Effect:

Order A (OA) - TPTPFNFN; Order B (OB) - TNTNFPFP;

Order C (OC) - FPFPTNTN; Order D (OD) - FNFNTPTP

(The additional variable (X) is a collapsed-blank variable found within the orders.)

	Order				
	A	B	C	D	Sum
X ₁	$\bar{X} = 8.67$	$\bar{X} = 8.17$	$\bar{X} = 5.50$	$\bar{X} = 6.75$	$\bar{X} = 7.27$
X ₂	$\bar{X} = 7.17$	$\bar{X} = 4.92$	$\bar{X} = 8.33$	$\bar{X} = 8.67$	$\bar{X} = 7.27$
Sum	$\bar{X} = 7.92$	$\bar{X} = 6.54$	$\bar{X} = 6.92$	$\bar{X} = 7.71$	

the third and fourth are combined because they are similar. The dependent variable of this study was the Ss' acceptance scores of the feedback statements. Table 3 shows the mean acceptance scores as a function of the order effects. Table 4 shows a summary table of the 4 x 2 ANOVA procedure for the order effects. As the data in Table 4 indicates, the results show a significant difference for the order of presentation ($F(3,185) = 4.36, p < .01$). Hence, the order of presentation seems to effect the level of acceptance of the feedback statements in this study. The order of acceptance from lowest to highest is as follows: OB; OC; OD; and OA. Figure 4 shows this result figuratively. A Duncan Multiple Range (Edwards, 1960) indicated that there is no significant difference between the following orders: OB and OC; OC and OD; and OD and OA. Although the order of presentation may account for an order effect, the result seems to be due to the variables within the orders. This conclusion seems warranted in the light of the significant interaction in this 4 x 2 ANOVA ($F(3,185) = 21.14, p < .01$). See Table 4. Figure 5 shows this result figuratively. The significance of this interaction is as follows. There were four possible orders of presentations used in this study, namely (OA) - TPT PFNFN; (OB) - TNTNFPPF; (OC) - FPPTNTN; and (OD) - FNFNTNTN. Now, if you let the order of presentation be

TABLE 4
Summary Table of 4 x 2 ANOVA Procedure
for the Order Effects

Source	<u>Ss</u>	df	MS	F
Between <u>Ss</u>	88.75	6		
A (orders)	15.18	3	5.06	4.36**
AXB (interaction)	73.57	3	24.52	21.14**
Error	213.73	185	1.16	
Total	302.48	191		

** $p < .01$

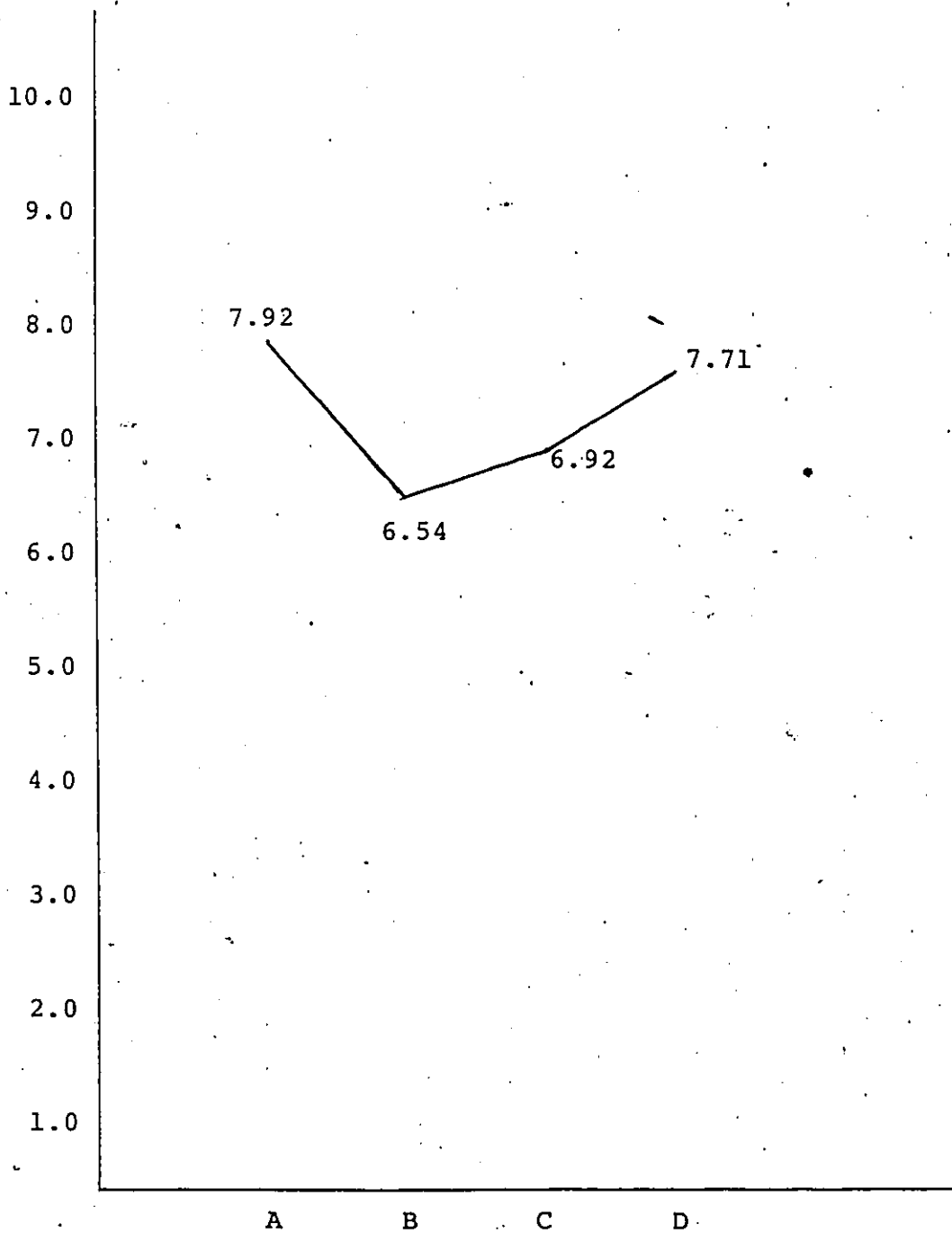


Figure 4. A figure showing mean acceptance scores as a function of order effects: OA; OB; OC; and OD.

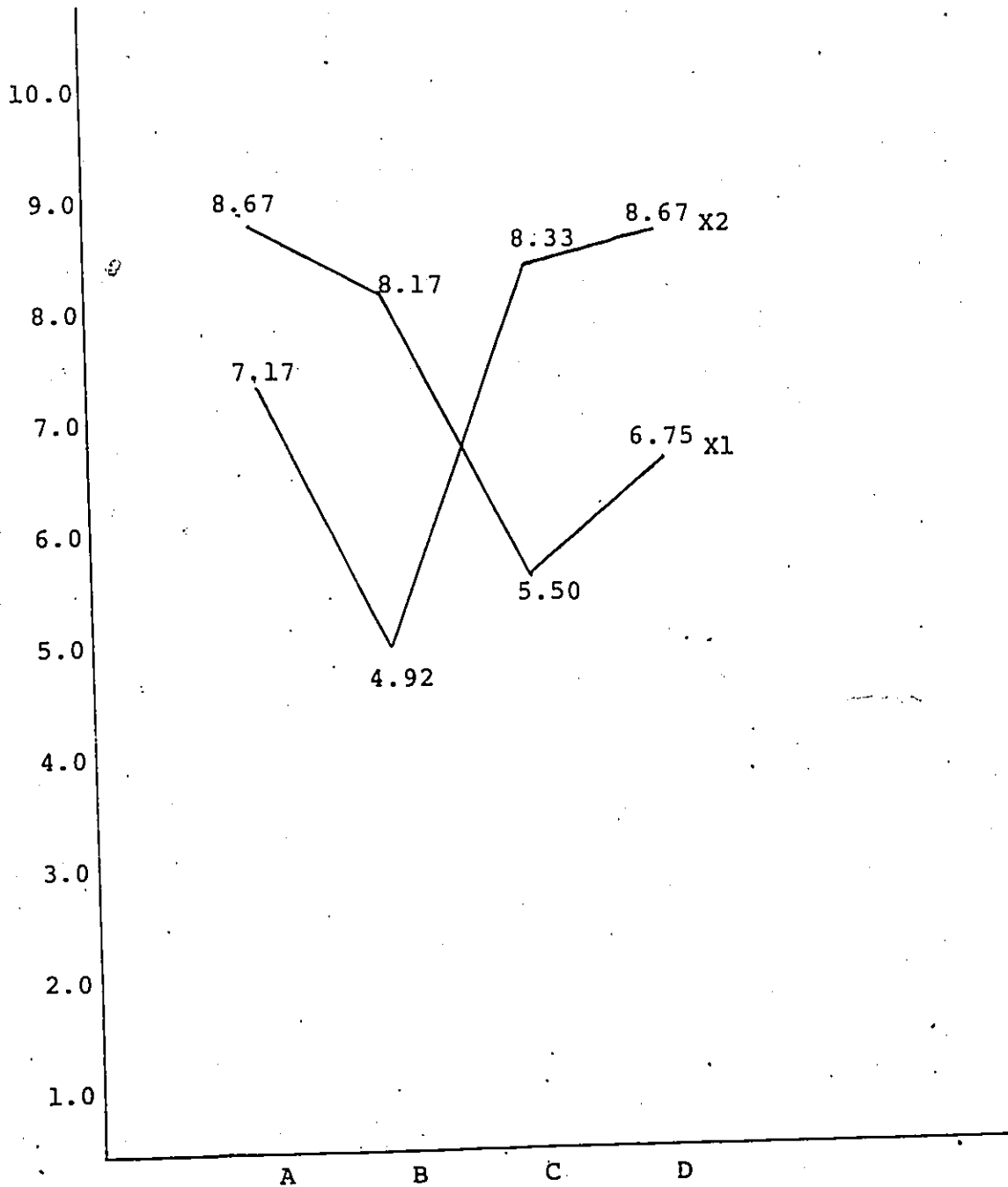


Figure 5. A figure showing mean acceptance scores as a function of order effect and a collapsed blank variable of T - F and P - N which was part of the order of presentation (X_1 and X_2)

represented by Y then there are four possible orders. Each order has four statements, two of which can be collapsed. You can let this part of the order be represented by X with two possible levels. Now the order of the mean acceptance within the two possible levels from lowest to highest is as follows: (1) $Y_2 X_2$; (2) $Y_3 X_1$; (3) $Y_4 X_1$; (4) $Y_1 X_2$; (5) $Y_2 X_1$; (6) $Y_3 X_2$; (7) $Y_1 X_1$; and (8) $Y_4 X_4$. Duncan Multiple Ranges (Edwards, 1960) indicated significant differences between all these possible combinations except: 1 and 2; 3 and 4; 4 and 5; 5 and 6; 5 and 7; 5 and 8; 6 and 7; 6 and 8; and, 7 and 8. (See Table 3 for the mean acceptance scores in these cells.) Hence, it seems that the order of presentation is not the reason for the difference in acceptance scores, rather whether the order includes true-positively stated statements; true-negatively stated statements; false-positively stated statements; and false-negatively stated statements is of primary importance. The reason for the difference in acceptance is due to the message within the orders of presentation. See Figure 5 for a figurative presentation. Clearly, the reason for the order effects is due to variables within the orders. The acceptance scores from highest to lowest is true-positively stated communication; true-negatively stated; false-negatively

stated; and false-positively stated. These results are similar to the results obtained above in the 2 x 2 ANOVA. To conclude, the order is less important than the communication within the order of presentation.

Besides rating the accuracy of the feedback statements, Ss were also asked to judge the preference of the feedback. See Method above.

In Hypothesis 3, it was predicted that subjects will tend to prefer positively stated feedback statements as self-descriptive than negatively stated feedback statements. To test this prediction, Ss were asked to indicate which statement of the four presented, they preferred. See Method. The data that was obtained indicated that Ss preferred in order from highest to lowest, the true-negatively stated feedback; the true-positively stated feedback; the false-negatively stated feedback; and the false-positively stated feedback. The respective numbers are 21, 20, 4, and 3. To analyze this data, Chi-Square tests were computed (Edwards, 1960). First, a Chi-Square test was undertaken on all four forms of feedback. The result indicated that there was a significant difference in preference ($\chi^2 = 24.18$, $p < .01$). Hence, there is a difference in preference for a kind of feedback. To investigate further the preference and to test Hypothesis 3, additional Chi-

Square tests were computed. First, the true and false variable was collapsed to investigate the preference of positively stated and negatively stated feedback. Results showed that the positively stated communication was preferred by 23 Ss, and the negatively stated communication was preferred by 25 Ss: A Chi-Square test indicated that there was no significant difference in preference for positively stated or negatively stated statements. ($X^2 = .08$, n.s.) Hence, Hypothesis 3 is not confirmed, rather there is no preference by subjects whether the communication is positively or negatively stated. However, as shown above, there is some significant preference for a certain kind of communication. A computational procedure was then undertaken to see whether Ss preferred true or false communication. The positively stated and negatively stated variable was collapsed to investigate the true-false variable. Results showed that the true feedback was preferred by 41 Ss, and the false feedback was preferred by 7 Ss. A Chi-Square test indicated a significant preference for true communication by Ss ($X^2 = 24.08$, $p < .01$). To conclude, Hypothesis 3 has not been supported. However, results indicated that subjects prefer a certain kind of feedback, namely true communication whether positively stated or negatively stated. True commun-

ication is preferred more than false communication whether positively stated or negatively stated.

In Hypothesis 4, it was predicted that subjects will tend to prefer that personality description which they rated as most accurate to be true of themselves. The same data that was used to test Hypothesis 3 was used to test this prediction. The data showed that 39 Ss preferred the statement they judged as most accurate, while 9 Ss preferred another statement than the one that they judged as most accurate. A Chi-Square test of independence (Edwards, 1960) was computed to analyze the data. The computation showed that there is a significant association between acceptance scores and preference scores ($\chi^2 = 18.75, p < .01$). Hence, Hypothesis 4 is confirmed. Ss prefer the statement that they accepted as most accurate of themselves.

Finally, it was anticipated that most of the subjects that participated in this study will respond positively to the assessment and having received assessment feedback. To investigate this anticipation two questions were asked of Ss. See Method for questions. In response to these questions, a discussion of the comments of the Ss will be presented below in the Discussion.

CHAPTER IV

DISCUSSION

Psychological tests are being used in a wide range of clinical areas; in fact, some form of assessment always occurs and is essential. However, the form such assessment has taken usually placed the client in a passive role. Recently, there has been a call for the testee as co-evaluator in the assessment process. One way of including co-evaluation is to introduce feedback sessions after testing. The major problems with client participation, however are "what" and "how" to communicate the test results to the client. This research project looked at some of the appropriate ways to communicate assessment material to the testee. More specifically, this study looked at what the client will accept and prefer as self-descriptive during a feedback session.

The message is more important than the medium is the major conclusion of this study. Marshall McLuhan (1967) has stated that the effect of the medium is the message, while the message is of secondary importance. However, our results show that in a feedback situation the communication is more important to the client than the medium.

It was predicted that subjects would significantly more highly accept true feedback statements as self descriptive, than false feedback statements. Our results confirmed this prediction. Similar findings have been reported by Bringmann, Balance and Sandberg (1971); Price (1971); and Bellehumeur (1975). However, such a finding is dissimilar to results reported by Forer (1949) and Sundberg (1955). The Forer (1949) and Sundberg (1955) studies, however have been noted to be due to a Barnum Effect (Apanasiewicz, 1975). It has been noted above that Barnum types of communication do not allow you to investigate whether subjects are willing to accept false feedback. Extremely generalized statements that were used by Forer (1949); Sundberg (1955; and Apanasiewicz (1975) are not communicating false messages to the subject, rather they are quite accurate and applicable to the subjects (as well as everyone else). Hence, because of this operational difficulty with Barnum communication, individualized false and true feedback was given to subjects in this study. The result of this study showed that subjects are more willing to accept true feedback as self-descriptive than false feedback, if the feedback is individualized.

The above finding is important because Forer (1949) has argued the following:

Validation of a test instrument or of a personality sketch by means of personal validation is a fallacious procedure which presupposes objectivity of self-evaluation and an understanding of other person's on the part of the client (p. 122).

Forer (1949) has further noted that the personal validation procedure is likely to yield many fallacious results in a clinical setting.

Forer's (1949) argument seems unwarranted in the light of the results of this study. Although clinical psychologists and others should be cautious in communicating test results, such a procedure is not fallacious. Richman's (1967) success with using feedback in therapy shows one case of the positive results of "the personal validation procedure". Furthermore, Forer's (1949) argument is based on findings from a study that cannot lend itself to such a conclusion. The present study indicates that validation of psychological feedback by means of personal validation is quite possible. Subjects are capable of accepting their own true feedback and rejecting false feedback. Hence, if one can extend these empirical findings to a clinical setting, such a procedure is likely to yield beneficial results. As Richman (1967) has noted, "diagnostic psychological testing contains an as yet unrealized therapeutic potential." (p. 69).

Besides the therapeutic potential, the introduction

of feedback in assessment seems warranted in light of the professional's obligation to the client. A complete secrecy model which Forer (1949) and others favour seems illogical, especially in light of the fact that the test findings were contingent upon the client's cooperation. Ethical concerns also seem to warrant the co-operative model of the professional and client in testing. Furthermore, Fisher's (1970) argument that man is a co-constitutor of his experience shows the need for the introduction of feedback sessions in assessment.

Clients are probably more objective and understanding than is generally recognized. Clients like the subjects in this study will probably accept true feedback statements more readily as self-descriptive than false feedback statements. Furthermore, clients are probably able to tolerate a great deal more feedback of tests than the cautious note of Forer (1949) warrants.

When introducing feedback, the message communicated is of primary importance. Firstly, it should be true. However, there are other concerns revolving around the communication of test material as was noted in the introduction of this paper. A key concern that was noted by Richman (1967) is the idea that the professional sharing the results must be trained in both testing and psychotherapy. The reason for the experience and training in

psychotherapy is that one must be able to communicate the test results to the client in a fashion that will be beneficial. There are at least three major criteria that are necessary for proper communication during a feedback session. They are as follows:

1. The other person needs to understand what I am saying.
2. He needs to be willing and able to accept it.
3. He needs to be able to do something about it if he chooses to (Anderson, 1968, p. 23).


The above concerns are important in a clinical setting to avoid generalities, trivialities, and ambiguities when communicating test data. Communication during a feedback session must be specific, clear, and practical.

One of the concerns in communicating feedback is the question of reporting positive and negative statements to the client. Although there is some data on the positive-negative issue; for example, Freeman's (1973) work on artificial test data and Snyder and Shenkel's (1976) work on Barnum-type test data, further research is needed. This study introduced such a variable, by having positive and negative defined in terms of how they were stated. So, a second focus of this study was the acceptance of positively stated versus

negatively stated communication.

It was predicted that subjects would significantly more highly accept positively stated feedback than negatively stated feedback. Our results disconfirmed this prediction, in fact the results were in the opposite direction. Subjects tended to accept negatively stated feedback more highly than positively stated feedback. This result is dissimilar from the numerous reports that indicate the preponderance of positive matters over negative matters. Although the method of operationalizing positive and negative was different than other studies reported earlier, the reason for this results seems to be due to an interaction between true-false communication and positively stated-negatively stated communication.

Snyder and Shenkel (1976) have noted that the degree of truthfulness is an important variable in interpreting the acceptability of positive or negative information. Our study clearly shows that the question of truthfulness is of primary importance, in fact there probably can be no interpretation of acceptance of feedback unless the truthfulness of the communication is considered. In our study within the true division, the variable of positively stated or negatively stated had no effect, but within the false division, the negatively



stated statements were accepted significantly more highly than the positively stated statements. Furthermore, the false-negatively stated communication was interpretatively accepted as highly as any form of true communication. Because of such an acceptance pattern, our prediction on the acceptance of positively stated and negatively stated statements was not supported. Such an outcome makes some logical sense in regard to deductions:

As noted above, communication must be specific, clear and practical. Deductively, it seems quite probable that the false-negatively stated communication is not clear. In fact, subjects reported such a problem in the interpretation that they had received.

They stated:

"all of the negatives made the interpretation of the statements difficult.

"some of the statements were very ambiguous and could be interpreted the wrong way"

"the use of too many negatives obscures the meaning of the interpretation"

"I think the double negatives harm the value of the test because they can be misleading. If the student is misled then the interpretation of the test would be inaccurate."

Subjects seemed to be "very confused" by the negatively stated communication. Our results show that negatively stated statements were hard to understand and within the false-negatively stated communication there were indeed, "mistaken interpretations." It seems

that the false-negatively stated communication was ambiguous, obscure, and misleading. Hence, the outcome of the acceptance pattern that was reported, in light of the fact that subjects could not understand what was said, makes some sense.

In a clinical setting, the client must be able to understand what the clinician is saying, so that he can accept the message and then carry out some constructive action from it. Hence, if you give a message to a client, it must be true firstly and it must also be clear and distinct. Clear and distinct communication is very important, if assessment feedback is going to be beneficial. If a client is going to do something with the test feedback, it must not be "inaccurate", "ambiguous", "confusing", "difficult to understand" etc. When communicating test material during a feedback session, the message communicated is of primary importance.

Suggestions about how to communicate a message to a client have been offered by others (e.g., Sundberg and Tyler, 1962). Some suggestions from this study are:

1. Do not communicate any false interpretations.
Be accurate.
2. Individualize all communication, do not communicate any Barnum type data unless it is important for the specific client.

3. Do not communicate any vague or confusing data; e.g., the use of double negatives. Be clear and distinct.
4. Consider whether the feedback will be beneficial. Can the client understand, accept and use the data.

Although there are numerous other considerations in communicating test material, the above seem important considerations in light of this study. With proper training in both assessment and therapy any improper communication can hopefully be avoided. As in any therapeutic situation, the welfare of the client is of primary importance and, hence the need for care in communicating the test material.

Several other concerns when communicating test material are the order of presenting test findings and what do subjects prefer. Both these concerns were also investigated in this study.

Although there was no prediction made in regard to possible order effects, the design of this study called for four different orders of presentation and these were analyzed. The orders of presentation consisted of the four possible extreme balanced orders which included the variables of true and false, and positively-stated and negatively stated statements. Results indicated an order


effect, however on further analysis the reason for this effect was shown to be due to the variables within the orders. The rate of acceptance was primarily due to the reported rate of acceptance above of the interaction between true-false and positively-stated-negatively stated communication. This result shows the importance of the message within the order of presentation. However, this study does not conclusively answer whether the order of presenting different communication effects acceptance as self-descriptive and, hence further research is needed.

Another question that arises when communicating test material is what do subjects prefer. It was predicted that subjects would tend to prefer positively stated feedback over negatively stated feedback. Such a prediction was deduced from the numerous reports that indicate the preponderance of the positive over the negative. Our results did not support this prediction, however our results did show that subjects prefer a certain kind of feedback. Our results showed that subjects prefer true feedback over false feedback. Hence, like judgement of accuracy, subjects prefer the true feedback, while other factors are of secondary consideration. It seems that the truthfulness of the message is of primary importance in regard to preference.

Subjects and probably clients not only see true communication as more accurate but they also prefer such communication. Hence, not only is Forer's (1949) conclusion of the lack of ability and understanding of test material by the client not supported, but also clients probably prefer the truth. In a therapeutic situation, clients probably prefer to know the true test results and any secrecy seems unwarranted if the communication is going to be beneficial. However, proper cautions should probably be taken in communicating any message to a client.

It was also predicted that subjects would tend to prefer that personality description which they rated as most accurate. Our results turned out as predicted and, hence replicated a similar finding by Apanasiewicz (1975). Subjects not only prefer true feedback, but the above finding shows that subjects prefer that personality description which they judged to be most accurate. Although clients may be inaccurate in judging their own personality, our results show that subjects are quite accurate in accepting their own personality descriptions. Furthermore, they prefer such descriptions. Therefore, any secrecy of test material seems unwarranted. Rather a complete sharing and co-evaluation of test material seems a viable alternative to the secrecy model in assessment.

Professional standards have consistently upheld the



secrecy model in assessment. This model usually begins by the tester receiving a referral requesting an assessment. The tester then administers a number of tests to the client and then interprets the data in "a scientific" way. He then writes a report and this is send to the referral agent. The referral agent then interprets the report and then files it as "Confidential - Qualified Personnel Only." Such a model not only does not allow the client to co-evaluate the assessment, it also keeps the information about him a secret. This model is a carry over of "a natural (physicalistic) science paradigm" (Fisher, 1972). As Fisher (1972) notes this paradigm assumes that the professional knows more about the client than the client, hence an introduction of a feedback session is senseless. However, what if the client's perspective is not epiphenomenal, rather the client's perspective is of fundamental importance. As noted in this paper, Fisher (1970, 1972) has introduced a more existentially oriented view of man in assessment. Fisher's model has presented a feedback orientation into assessment, although such an orientation is also part of some traditional outlooks (e.g., Sundberg and Tyler, 1962). During such a feedback session, the client and tester discuss and coadvise their perspectives on the testing situation and share their impressions about the

client. She also has noted the importance of the client being able to evaluate and critique the psychological interpretation during a feedback session. Fisher (1970) further argues that unless the assessment interpretation is shared with the client, "the psychological evaluation can have negative, narrowing effects" (p. 71).

The present author agrees with Fisher's model, in fact this research project was carried out to investigate into the possibility of including feedback sessions in testing. The results clearly show that if the communication is clear, subjects are able to accurately judge the communication and even prefer accurate and true communication. As Bringmann, Balance and Sandberg (1971) have concluded, "individuals voluntarily participating in psychological evaluations are the best judges of the accuracy of descriptive statements about themselves" (p. 734). It seems likely by extension that clients are probably the best judges about the accuracy of a psychological report about themselves. Our results seem to suggest that subjects and probably clients are objective and understanding enough, to be introduced as co-evaluator of the assessment about themselves. In fact, Richmann's (1967) work with even "severely disturbed" patients has shown the therapeutic possibility of introducing a feedback model into assessment.

How will the client feel about the introduction of feedback sessions? In this study, it was anticipated that subjects when given the chance to comment on the assessment and the feedback procedure will respond favourably. To respond to this anticipation, several responses by subjects will be given below.

In regard to the particular test interpretation given in the feedback session of this study, subjects were asked:

"Please make additional comments about the test interpretation that you feel would be appropriate."

Three responses were:

"I found the test very informative in the way that I learned or was forced to face up to statements about myself."

"From all the questions on the questionnaire, I feel that it was possible to make more interpretations of one's personality."

"I think the double negatives harm the value of the test because they can be misleading. If the student is misled then the interpretation of the test would be inaccurate."

In regard to more general comments about assessment and the feedback procedure, subjects were asked:

"Finally, I would like to know something about your views and opinions about psychological testing."

On this sheet, please write some of your reactions to this experiment, how did you feel about taking the personality test, what were your feelings about getting back the results?

Several responses were:

"I wouldn't mind taking personality test cause it gives me some feedback of my personality and behaviour which I don't usually become aware of."

"I had never taken such a psychological test before. However, once I had read the results, I was very very surprised and pleased at how accurately the test showed me, as I really feel I am. I think this kind of testing is beneficial to all involved."

"I always welcome the opportunity to learn more about myself, and I was happy to get the results."

"I enjoyed taking the test and was curious as to the results. The interpretation is disappointing in that I feel I am more assessable than four general statements which really say nothing. I think the test stinks and is an inadequate personality evaluator."

Although a large number of subjects responded favourably when given a chance to comment on the assessment, interpretation and the feedback procedure, some subjects responded as shown above unfavourably. However, it seems likely that most clients would respond favour-

ably to assessment, if a feedback session was included.

The practical implications of this study is to continue a line of research into test feedback methods which is urgently needed (Berdie, 1965) and follows the new "existential" orientation presented by Fisher (1970, 1972) and others. It investigated two of the basic criteria of giving feedback presented by Anderson (1968), namely, the testee needs to understand what the clinician is saying and the testee must be willing and able to accept it, however it does not research the third criteria; namely is the testee able to do something with the feedback if he chooses to? Even so, the clinical work of Richman (1967) and others indicates that research like the present one carries direct application to clinical psychology. Finally, it clarified some issues surrounding the "how" and "what" to communicate to testee if he is going to be introduced as co-evaluator.

Some possible problems with this research is that it does not investigate one component of giving feedback, namely 'is the client able to do something with the feedback?' Anderson (1968) has suggested that this component of giving feedback is important. One methodological problem in this study is that the assessment results may indeed not be self-descriptive, hence the problem of validity. A serious problem with the oper-

ationalizing of positive and negative is that the method used in this study cannot answer whether subjects prefer positive or negative communication aside from how it is stated. However, even though these and probably other problems exist, the significance of this research warrants the study.

Future research should continue to study the variables of "how" and "what" to communicate to the testee. It should continue the investigation into different stylistic factors as suggested by Buss (1969) that may effect the behaviour of the testee. Different ways of operationalizing the variable of positive and negative communication should be investigated. Personality differences is an other possible area of research. Finally, research should be carried out into what can the testee do if he wants to, with the feedback material. Clearly, this area of assessment feedback is a well of possible future research and is urgently needed.

The introduction of a feedback session in assessment seems a possible therapeutic tool. A research project into communicating psychological statements in a feedback session was undertaken. The major conclusion of this research was that if the feedback is going to be beneficial the message communicated in a clinical setting is of primary importance. Research like the present

one seems to be warranted in light of the role of the clinician, for what can we do but research into better means of helping the client.

APPENDICES.

APPENDIX A
TRAITS MEASURED BY THE PERSONALITY RESEARCH FORM
(PRF), FORM A
THAT WERE USED IN THIS STUDY

TRAITS MEASURED BY THE PERSONALITY RESEARCH FORM

(PRF), FORM A

THAT WERE USED IN THIS STUDY

Scale Number	Scale Name	Scale Abbreviation
1	Achievement	Ac
2	Affiliation	Af
3	Aggression	Ag
4	Autonomy	Au
5	Dominance	Do
6	Endurance	En
7	Exhibition	Ex
8	Harmavoidance	Ha
9	Impulsivity	Im
10	Nurturance	Nu
11	Order	Or
12	Play	Pl
13	Social Recognition	Sr
14	Understanding	Un

APPENDIX B
POSITIVE AND NEGATIVE INTERPRETATION GUIDE
TO PRF

POSITIVE AND NEGATIVE INTERPRETATION GUIDE

TO PRF

Achievement:

- This person is strongly motivated by challenges and likes competition.
- This person is not weakly motivated by challenges and dislikes non-competition.

Affiliation:

- This is a person who accepts people readily and makes efforts to win friendship and maintain associations with people.
- This is a person who does not accept people hesitantly and does not make efforts to lose friendship and doesn't avoid associations with people.

Aggression:

- This is a person who enjoys combat and argument and who insists upon getting his (her) own way even at the expense of others.
- This is a person who does not avoid combat and argument and who does not allow others to get their way at the expense of his (her) self.

Autonomy:

- This individual enjoys being free and not tied to people, places or obligation.

- This individual doesn't dislike being free and dislikes bonds to people, places or things.

Dominance:

- This individual forcefully expresses his (her) opinions.
- This individual does not lethargically express his (her) opinions.

Endurance:

- This individual gives up rarely on a problem in the face of great difficulties.
- This individual does not give up easily on a problem in the face of great difficulties.

Exhibition:

- This individual enjoys situations in which he (she) is the centre of attention.
- This individual does not dislike situations in which he (she) is the centre of attention.

Understanding:

- This individual enjoys exploring many areas of knowledge and inquiry.
- This individual does not dislike exploring many areas of knowledge and inquiry.

Harmavoidance:

- This person seeks to maximize personal safety and to avoid risks of bodily harm.

- This person does not seek to minimize personal safety and does not recklessly avoid bodily harm.

Impulsivity:

- This person gives vent freely to feelings and wishes and may be volatile in emotional expression.
- This person does not give restraint to feelings and wishes and is not unvolatile in emotional expression.

Nurturance:

- This individual readily performs for others and assists whenever possible.
- This individual does not reluctantly perform for others and assists whenever possible.

Order:

- This individual is concerned with keeping personal effects and surrounding neat and organized and is interested in developing methods for keeping materials methodically organized.
- This individual is not concerned with keeping personal effects and surrounding cluttered and disorganized and is not little concerned in developing methods for keeping material methodically organized.

Play:

- This individual does many things for fun.
- This individual does not do many things for strict work ethics.

Social Recognition:

- He (she) desires to be held in high esteem by acquaintances and is concerned about his (her) reputation and what other people think of him (her).
- He (she) does not desire to be held in low esteem by acquaintances and is not unconcerned about his (her) reputation and what other people think of him (her).

APPENDIX C
INSTRUCTIONS GIVEN TO SUBJECTS COMPLETING
PSYCHOLOGICAL TEST

INSTRUCTIONS GIVEN TO SUBJECTS COMPLETING
PSYCHOLOGICAL TEST

The purpose of this testing is for psychological research. It is concerned with personality characteristics. There will be two parts to this study. Today I will be giving you a test to complete what is called the Personality Research Form. Upon receiving the test booklet, kindly read the instructions on the front cover. Inside the booklet, you will find an answer sheet on which to mark your answers. When you have completed the test, please bring all materials to me at the front desk.

The tests will be scored and then an interpretation will be made from the scores. The interpretation could or could not be accurate. You are the best judge of that. So, in approximately two weeks, your test results will be returned to you during a regular class time. You will be asked to rank the accuracy of the interpretation.

Your participation in this study is of course voluntary. Test results will be kept confidential.

Any questions?

APPENDIX D
INSTRUCTIONS FOR SUBJECTS RECEIVING
PSYCHOLOGICAL TEST FEEDBACK

INSTRUCTIONS FOR SUBJECTS RECEIVING
PSYCHOLOGICAL TEST FEEDBACK

As you know, the tests that you completed last session were scored and interpreted. The interpretations could be or could not be accurate. You are the best judge of that. So, you will be receiving four statements which you are asked to evaluate. Please rate each of the four items on the paper from 1 to 5 according to the criteria that is provided on your feedback paper.

Please read the instruction on the paper.

Any questions?

APPENDIX E
INSTRUCTIONS AND RATING MATERIAL FOR SUBJECTS RECEIVING
PSYCHOLOGICAL TEST FEEDBACK: A BLANK FEEDBACK FORM

INSTRUCTIONS AND RATING MATERIAL FOR SUBJECTS RECEIVING
PSYCHOLOGICAL TEST FEEDBACK: A BLANK FEEDBACK FORM

Name:

Age:

Sex:

Educational Level:

Rate the 4 Interpretative statements of your personality that are given below, according to the following scale.

I think that the accuracy of the interpretation was:

1 - Very Poor

2 - Poor

3 - Average

4 - Good

5 - Excellent

Please circle the number that you find accurate:

1.

2.

3.

4.

Aside from questions of accuracy which of the four statements would you prefer to be true of yourself?

Circle the one that you would prefer to be true of yourself.

Statement 1

Statement 2

Statement 3

Statement 4

Please make additional comments about the test interpretation that you feel would be appropriate.

Finally, I would like to know something about your views and opinions about psychological testing. On this sheet, please write some of your reactions to this experiment, how did you feel about taking the personality test, what were your feelings about getting back the results?

APPENDIX F

DATA ON ACCURACY SCORES OF THE FEEDBACK STATEMENTS

OBTAINED IN THIS STUDY FROM Ss

DATA ON ACCURACY SCORES OF THE FEEDBACK STATEMENTS
OBTAINED IN THIS STUDY FROM Ss*

Statement <u>Ss</u>	1	2	3	4
1	5	4	4	5
2	4	4	4	5
3	5	5	5	5
4	4	4	4	4
5	5	4	2	3
6	4	5	3	4
7	5	4	2	5
8	5	5	4	4
9	2	2	3	5
10	5	4	1	3
11	5	5	3	2
12	4	5	3	3
13	4	5	1	1
14	4	4	5	4
15	5	4	2	1
16	4	4	3	4
17	4	2	3	1
18	5	4	3	4
19	1	3	5	2
20	5	4	2	3

Statement Ss	1	2	3	4
21	5	5	2	1
22	4	3	1	3
23	5	5	2	4
24	4	5	1	1
25	2	2	3	4
26	3	3	4	2
27	1	4	5	5
28	3	2	4	4
29	1	1	4	5
30	4	5	5	4
31	3	2	4	2
32	3	5	5	5
33	3	1	4	4
34	1	3	5	4
35	4	5	4	4
36	2	3	5	5
37	4	5	5	5
38	2	1	5	5
39	3	5	5	5
40	2	5	5	5
41	4	4	3	5
42	4	4	3	4
43	2	2	3	2
44	4	3	5	3

Statement Ss	1	2	3	4
45	3	3	4	5
46	3	4	5	5
47	4	4	4	4
48	3	3	4	5

* The order of presentation is as follows: the first 12 are Order 1 - TPTPFNFN; the second 12 are Order 2 - TNTNFPPF; the next 12 are Order 3 - FPFPTNTN; and the last 12 are Order 4 - FNFNTPTP

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