A NEW SCALE OF SOCIAL DESIRABILITY INDEPENDENT OF PSYCHOPATHOLOGY

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It has long been recognized that personality test scores are influenced by non-test-relevant response determinants. Wiggins and Rumrill (1959) distinguish three approaches to this problem. Briefly, interest in the problem of response distortion has been concerned with attempts at statistical correction for "faking good" or "faking bad" (Meehl & Hathaway, 1946), the analysis of response sets (Cronbach, 1946, 1950), and ratings of the social desirability of personality test items (Edwards, 1957). A further distinction can be made, however, which results in a somewhat different division of approaches to the question of response distortion. Common to both the Meehl and Hathaway corrections for faking good and faking bad and Cronbach's notion of response sets is an interest in the *test behavior* of the subject (S). By social desirability, on the other hand, Edwards primarily means the "scale value for any personality statement such that the scale value indicates the position of the statement on the social desirability continuum . . ." (1957, p. 3). Social desirability, thus, has been used to refer to a characteristic of *test items*, i.e., their scale position on a social desirability scale.

Whether the test behavior of Ss or the social desirability properties of items are the focus of interest, however, it now seems clear that underlying both these approaches is the concept of statistical deviance. In the construction of the MMPI K scale, for example, items were selected which differentiated between clinically normal persons producing abnormal test profiles and clinically abnormal individuals with abnormal test profiles, and between clinically abnormal persons with nor-

mal test profiles and abnormal Ss whose test records were abnormal. Keyed responses to the K scale items tend to be statistically deviant in the parent populations. Similarly, the development of the Edwards Social Desirability Scale (SDS) illustrates this procedure. Items were drawn from various MMPI scales ($F, L, K,$ and the Manifest Anxiety Scale [Taylor, 1953]) and submitted to judges who categorized them as either socially desirable or socially undesirable. Only items on which there was unanimous agreement among the 10 judges were included in the SDS. It seems clear that the items in Edwards SDS would, of necessity, have extreme social desirability scale positions or, in other words, be statistically deviant.

Some unfortunate consequences follow from the strict use of the statistical deviance model in the development of social desirability scales. With items drawn from the MMPI, it is apparent that in addition to their scalability for social desirability the items may also be characterized by their content which, in a general sense, has pathological implications. When a social desirability scale constructed according to this procedure is then applied to a college student population, the meaning of high social desirability scores is not at all clear. When Ss given the Edwards SDS deny, for example, that their sleep is fitful and disturbed (Item 6) or that they worry quite a bit over possible misfortunes (Item 35), it cannot be determined whether these responses are attributable to social desirability or to a genuine absence of such symptoms. The probability of occurrence of the symptoms represented in MMPI items (and incorportated in the SDS)

in a college undergraduate population is undoubtedly low. Thus, the achievement of high SD scores may simply reflect the low frequency of pathological symptoms in this population and not the *needs* of Ss to present themselves in a favorable light. Of course, if one is only concerned with the properties of test items (their social desirability scalability), this is not a relevant issue. If, however, major importance is attached to the needs of Ss in psychometric situations and the influence of these needs on test responses, it is essential to be able to discriminate between the effects of item content and the needs of Ss to present themselves in a socially desirable (or undesirable) light.

In the present research, a social desirability scale was developed according to a different psychometric model, avoiding the ambiguities of the statistical deviance approach. Basic to this model is the sampling procedure employed in the selection of items from a defined universe. The population from which items were drawn is defined by behaviors which are culturally sanctioned and approved but which are improbable of occurrence. This will readily be recognized as the rationale underlying the Lie scale of the MMPI (Meehl & Hathaway, 1946). Items in the present scale, however, are probably less extreme than the Lie items.

METHOD

Development of Scale

A number of current personality inventories were consulted by the authors in order to devise a set of items for a new social desirability scale (M-C SDS). For inclusion in the scale, an item had to meet the criterion of cultural approval described above and was required to have minimal pathological or abnormal implications if responded to in either the socially desirable or undesirable directions. A set of 50 items meeting these criteria was submitted to 10 judges, both faculty members and graduate students in the Department of Psychology of Ohio State University, for social desirability ratings. The judges were instructed to score each item in the socially desirable direction from the point of view of college students, using true and false response categories. Unanimous agreement was obtained on 36 items and 90% agreement on 11 additional items. These 47 items constituted the preliminary form of the scale.

A major objective in the development of the M-C SDS was the elimination of pathology-relevant item content. To test this and for comparative purposes,

both the M-C SDS and the Edwards 39-item SDS (Edwards, 1957) were submitted to 10 additional judges, again including both faculty members and graduate students in the psychology department, for ratings of the degree of maladjustment implied by socially undesirable responses to the items. A 5-point scale, ranging from extremely well-adjusted (1) to extremely maladjusted (5), was employed for this purpose. The mean rating for all the items in the M-C SDS was 2.8, slightly below the midpoint of the scale (implies neither good nor poor adjustment). The mean rating for the Edwards SDS items was 3.9, indicating that the judges considered socially undesirable responses on this scale to be definitely indicative of maladjustment. The t test of the significance of the difference between these means is 15.27, which is significant well beyond the .0001 level.

The preliminary scale was then administered to 76 students in two introductory psychology courses, and an item analysis completed. There were 33 items that discriminated at the .05 level or better between high and low total scores. Of the 33 items, 18 are keyed true and 15 false, making a response set interpretation of scores highly improbable. These 33 items constitute the final form of the M-C SDS and are listed in Table 1 with the socially desirable response scoring indicated.

Reliability

The internal consistency coefficient for the final form of the scale, using Kuder-Richardson formula 20, is .88. This was computed on 39 Ss, 10 males and 29 females, who were enrolled in an undergraduate abnormal psychology class at Ohio State University. The mean age of this sample was 24.4 years, with a range of 19 to 46 years. Thirty-one of these Ss took the scale on two occasions separated by a month interval. A test-retest correlation of .89 was obtained.

Relationship to Edwards SD Scale

The correlation between the M-C SDS and the Edwards SDS is .35, which is significant at the .01 level. The sample on which this correlation is based included, in addition to the 39 abnormal psychology students, 81 students in a course on exceptional children. The correlation shows a general tendency for scores on the two tests to be associated.

In Table 2, the means and standard deviations of both SDSs are reported. The distribution of M-C SDS scores rather closely approximates a normal distribution, while negative skewness, consistent with previous findings (Edwards, 1957), is found for the Edwards *SD* distribution. It is interesting to compare the Edwards SD mean found in the present research with that originally reported. The means of 28.6 and 27.1 for males and females reported by Edwards are considerably lower than the value found in this study.

Correlations with Other Scales

A considerable portion of the research on social desirability has involved the correlation of SDSs with MMPI variables. To compare the present scale with

TABLE 1

THE MARLOWE–CROWNE SOCIAL DESIRABILITY SCALE

Personal Reaction Inventory

Listed below are a number of statements concerning personal attitudes and traits.   Read each item and decide whether the statement is *true* or *false* as it pertains to you personally.

1. Before voting I thoroughly investigate the qualifications of all the candidates.   (T)

2. I never hesitate to go out of my way to help someone in trouble.   (T)

3. It is sometimes hard for me to go on with my work if I am not encouraged.   (F)

4. I have never intensely disliked anyone.   (T)

5. On occasion I have had doubts about my ability to succeed in life.   (F)

6. I sometimes feel resentful when I don't get my way.   (F)

7. I am always careful about my manner of dress.   (T)

8. My table manners at home are as good as when I eat out in a restaurant.   (T)

9. If I could get into a movie without paying and be sure I was not seen I would probably do it.   (F)

10. On a few occasions, I have given up doing something because I thought too little of my ability.   (F)

11. I like to gossip at times.   (F)

12. There have been times when I felt like rebelling against people in authority even though I knew they were right.   (F) .

13. No matter who I'm talking to, I'm always a good listener.   (T)

14. I can remember "playing sick" to get out of something.   (F)

15. There have been occasions when I took advantage of someone.   (F)

16. I'm always willing to admit it when I make a mistake.   (T)

17. I always try to practice what I preach.   (T)

18. I don't find it particularly difficult to get along with loud mouthed, obnoxious people.   (T)

19. I sometimes try to get even rather than forgive and forget.   (F)

20. When I don't know something I don't at all mind admitting it.   (T)

21. I am always courteous, even to people who are disagreeable.   (T)

22. At times I have really insisted on having things my own way.   (F)

23. There have been occasions when I felt like smashing things.   (F)

24. I would never think of letting someone else be punished for my wrongdoings.   (T)

25. I never resent being asked to return a favor.   (T)

26. I have never been irked when people expressed ideas very different from my own.   (T)

27. I never make a long trip without checking the safety of my car.   (T)

28. There have been times when I was quite jealous of the good fortune of others.   (F)

29. I have almost never felt the urge to tell someone off.   (T)

30. I am sometimes irritated by people who ask favors of me.   (F)

31. I have never felt that I was punished without cause.   (T)

32. I sometimes think when people have a misfortune they only got what they deserved.   (F)

33. I have never deliberately said something that hurt someone's feelings.   (T)

TABLE 2

Means and Standard Deviations of the Social
Desirability Scales

Scale	N	Mean	SD
M-C SDS	120	13.72	5.78
Edwards SDS	120	31.83	5.06
(From Edwards,	84	28.6 Males	6.5
1957)	108	27.1 Females	6.5

the Edwards SDS, Pearson product-moment correlations were computed between the two SDSs and the following MMPI and derived scales: *K*—Test-taking attitude; *L*—Lie; *F*—Validity and test-taking attitude; *Hs*—Hypochondriasis; *D*—Depression; *Hy*—Hysteria; *Pd*—Psychopathic Deviate; *Pa*—Paranoia; *Pt*—Psychasthenia; *Sc*—Schizophrenia; *Ma*—Manic; *Pr*—Prejudice (Gough, 1951); *St*—Status (Gough, 1948); *Es*—Ego Strength (Barron, 1953); MAS—Manifest Anxiety (Taylor, 1953); *A*—Anxiety (Welsh, 1956); *R*—Repression (Welsh, 1956).

The 39 *Ss* referred to above who served in the study were administered the M-C SDS, the 39-item Edwards SDS, and the MMPI in that order. The first two tests were given on the same day and the MMPI about a month later. Thirty-four *Ss* completed all of the tests and 37 of them completed all but the derived MMPI scales.

Table 3 presents the correlations between the M-C

TABLE 3

Correlations between the Social Desirability
Scales and Various MMPI Scales for 37 Males
and Females

MMPI Scales	M-C SDS	Edwards SDS
K	.40*	.65**
L	.54**	.22
F	—.36*	—.61**
Hs	—.30	—.62**
D	—.27	—.72**
Hy	.15	.09
Pd	—.41**	—.73**
Pa	.21	—.02
Pt	—.30	—.80**
Sc	—.40*	—.77**
Ma	—.24	—.42*
Pr[a]	—.27	—.58**
St[a]	.16	.14
Es	.17	.46**
MAS[b]	—.25	—.75**
A[b]	—.23	—.61**
R[b]	.28	.07

* Significant at the .05 level.
** Significant at the .01 level.
[a] *N* = 36.
[b] *N* = 34.

SDS and the Edwards SDS and the 17 MMPI validity, clinical, and derived scales. It is at once apparent that uniformly higher correlations obtain between the Edwards SDS and the various MMPI scales than between the M-C SDS and these MMPI variables. A general trend, which is consistent with previous research, is found in the positive correlations between the SDSs and the validity scales of the MMPI, and negative correlations with most of the clinical scales. Four clinical scales correlate highest with both SDSs, with the single exception of *D* which correlated — .27 with the M-C SDS: *Sc, Pd, Pt,* and *Hs*. Two of these four, *Sc* and *Pt,* are considered to be among the most "pathological" of the clinical scales.

Discussion

The most important feature of the findings of this study is found in the marked differences overall in the magnitude of the correlations between the two SDSs and the MMPI. Consistently higher correlations were found between the Edwards SDS and the MMPI scales than were obtained between the M-C SDS and the MMPI scales. The high Edwards SDS-MMPI correlations, in general, confirm findings previously reported by Edwards (1957) and Fordyce (1956). Correlations between the Edwards SDS and the *Pt, Sc,* and MAS scales, in fact, approach the asymptotic value of the reliabilities of the separate tests. With correlations this high, it is necessary to raise the question of whether the Edwards SDS and these MMPI scales are not, in effect, functionally unitary. It would appear to be difficult to hold the view that SD scores and MAS, *Pt,* and *Sc* scores can be interpreted differently. More in accord with the evidence would be to attribute the covariance of the Edwards SDS and these MMPI scales to item similarity and to the "pathological" content of both sets of items. This would lead to an interpretation of the Edwards scale as a measure of the willingness to admit to certain symptoms of a "neurotic" nature or as a measure of general "neuroticism." But this does not enable one to discriminate between high SD scorers who genuinely do not have the symptoms represented in the SDS items from those *Ss* who conceal (consciously or unconsciously) their symptoms and whose responses are motivated by social desirability. To the extent, then, that the Edwards SDS measures social desirability, it does so in the very re-

stricted sense that high *SD* scores imply that it is bad or undesirable to have or admit to symptoms. Possibly, such attitudes have little generality and would not be related to other test behavior or social behavior. Sarason (1959) has also raised the question of the interpretation of Edwards SDS as an unconfounded measure of social desirability.

In the development of the M-C SDS, social desirability was defined more broadly to refer to the need of *S*s to obtain approval by responding in a culturally appropriate and acceptable manner. This conception does not involve the acquiescence or denial by *S* of pathology. The significantly different maladjustment ratings obtained on the two SDSs support the hypothesis that the Edwards SDS involves the admission or denial of maladjustive symptoms and indicate that socially undesirable responses on the M-C SDS do not imply maladjustment.

The smaller correlations between the M-C SDS and the various MMPI scales would be predicted if one views social desirability as accounting for a fraction of the MMPI variance but not all or most of it. The problem of overlapping meanings is thereby avoided. Thus, it is submitted that the M-C SDS-MMPI correlations more accurately indicate the amount of MMPI scale variance which may be attributed to differences in the need to give socially desirable responses.

It may additionally be pointed out that the M-C SDS and the Edwards SDS differ considerably in the amount of content or item overlap with the various MMPI scales. The present scale contains one exact and four approximate replications of *L* items and one repetition of a *K* scale item. By contrast, the Edwards SDS, it will be recalled, was constructed from a heterogeneous pool of MMPI items and not inconsiderably overlaps with many MMPI validity and clinical scales. The two SDSs have no items in common.

Certain additional aspects of the present findings are worthy of note. Positive correlations are found for both SDSs with the *K* and *L* scales, on which high scores are generally interpreted to indicate "defensiveness" and the attempt by *S* to cast himself in a favorable light. The M-C SDS correlates much more highly with *L*, however, than does the Ed-

wards SDS. The negative correlations with the *F* scale are accounted for by the interpretation of a high *F* score as an indication of "plus getting." Regarding the clinical and derived scales, in general those MMPI scales on which a high score indicates maladjustment are negatively correlated with the SDSs. In part, the exceptions to this may be explained in terms of the distinction between subtle and obvious scoring on some of the clinical scales. Item subtlety, meaning the relative absence of social desirability implications, would account for the negligible correlations between the Edwards SDS and the *Hy* and *Pa* scales, for example. The fairly substantial correlations between the Edwards SDS and the *Pt* and *Es* scales may again be a function of similarity in general item content. In the judgment of the present authors, about half of the items in the *Es* scale would be classed as "pathological," while roughly a third of the *Pt* items would be so considered.

The positive correlation between the M-C SDS and the *Pa* scale, however, is an interesting possible exception. While this *r* falls short of significance, it might suggest that high SDS scores (implying in the present definition of the construct a high need for the approval of others) tend to be associated with concern or suspicion about the motives of others. Correlations between the Edwards SDS and Welsh's *A* and *R* scales have not, to the writers' knowledge, been previously reported. The Edwards SDS correlated highly, as one would expect, with the *A* scale but not at all with *R* which has a rather heterogeneous item content in terms of pathology. The M-C SDS does better in this case with an *r* of .28. This is in the predicted direction since all of the items on the *R* scale are keyed false. The M-C SDS correlation with the *A* scale is of the same magnitude as the correlation with the MAS and is consistent with expectation. It would appear from the correlations of the SDSs with *A* and MAS that the latter are approximately equivalent measures.

SUMMARY

In this research, an alternative model to Edwards' conception of social desirability was proposed. Basic to the present construct of

social desirability is the definition of a population of culturally acceptable and approved behaviors which are, at the same time, relatively unlikely to occur. Test items were drawn from this population in the development of a new social desirability scale, the Marlowe-Crowne Social Desirability Scale. This scale was correlated with 17 MMPI validity, clinical, and derived scales and the results compared with the correlations of the Edwards SDS with these MMPI variables. The very high correlations obtained with the Edwards scale cast doubt on the interpretation of this test as a measure of the influence of social desirability on test responses. The magnitude of the correlations of the new scale with the MMPI was considered to be more in accord with a definition of social desirability in terms of the need of subjects to respond in culturally sanctioned ways.

REFERENCES

BARRON, F. An ego-strength scale which predicts response to psychotherapy. *J. consult. Psychol.,* 1953, 17, 327–333.

CRONBACH, L. J. Response sets and test validity. *Educ. psychol. Measmt.,* 1946, 6, 475–494.

CRONBACH, L. J. Further evidence on response sets and test design. *Educ. psychol. Measmt.,* 1950, 10, 3–31.

EDWARDS, A. L. *The social desirability variable in personality assessment and research.* New York: Dryden, 1957.

FORDYCE, W. E. Social desirability in the MMPI. *J. consult. Psychol.,* 1956, 20, 171–175.

GOUGH, H. G. A new dimension of status: I. Development of a personality scale. *Amer. sociol. Rev.,* 1948, 13, 401–409.

GOUGH, H. G. Studies of social intolerance: II. A personality scale for anti-semitism. *J. soc. Psychol.,* 1951, 33, 247–255.

MEEHL, P. E., & HATHAWAY, S. R. The *K* factor as a suppressor variable in the MMPI. *J. appl. Psychol.,* 1946, 30, 525–564.

SARASON, I. G. Relationships of measures of anxiety and experimental instructions to word association test performance. *J. abnorm. soc. Psychol.,* 1959, 59, 37–42.

TAYLOR, JANET A. A personality scale of manifest anxiety. *J. abnorm. soc. Psychol.,* 1953, 48, 285–290.

WELSH, G. S. Factor dimensions *A* and *R.* In G. S. Welsh & W. G. Dahlstrom (Eds.), *Basic readings on the MMPI in psychology and medicine.* Minneapolis: Univer. Minnesota Press, 1956.

WIGGINS, J. S., & RUMRILL, C. Social desirability in the MMPI and Welsh's factor scales *A* and *R.* *J. consult. Psychol.,* 1959, 23, 100–106.