The Marlowe–Crowne Social Desirability Scale outperforms the BIDR Impression Management Scale for identifying fakers

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1. Introduction

Self-report personality tests are used widely, but it is not uncommon for an individual’s scale score to be invalid due to Socially Desirable Responding (SDR): answering to be viewed favourably. Various indices exist to detect SDR (e.g., faking). The Marlowe–Crowne Social Desirability Scale (MCSDS) formerly was the most popular. The current gold standard is the Balanced Inventory of Desirable Responding (BIDR), considered more sensitive because its development incorporated newer theoretical and empirical understanding of SDR and more sophisticated multivariate techniques. We compare the efficacy of these measures with surprising results: the MCSDS consistently outperforms the BIDR in identifying fakers. This finding indicates that the MCSDS should be retained because it captures elements of faking more effectively than the modern scale.

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Until recently, the Marlowe–Crowne Social Desirability Scale (MCSDS), originally published in the 1960s, was the most popular measure of SDR. The MCSDS consists of 33 items that were selected to have socially desirable content and low probability of occurrence (sample item: “I never hesitate to go out of my way to help someone in trouble”). Participants respond to each item by indicating whether it is true or false. High scores indicate that a respondent is presenting him/herself in an unrealistically favorable manner. The MCSDS scale scores had an internal reliability coefficient alpha of .88 in a sample of undergraduate students, and high concurrent validity as established through correlations with the MMPI validity scales (Crowne & Marlowe, 1960). More recently, a study conducted with an adapted version of the scale yielded Cronbach’s alpha levels of 0.63 in Kenya, 0.66 in Mozambique, 0.70 in Uganda, and 0.80 in Ethiopia (Vu, Tran, Pham, & Ahmed, 2011).

The Balanced Inventory of Desirable Responding (BIDR; also published as the Paulhus Deception Scales) measures an individual’s tendency to give socially desirable responses on self-report inventories. It consists of 40 items, with forms that are either rated on 7-point scales (1 = Totally Disagree; 4 = Neutral; 7 = Totally Agree) or 5-point scales (1 = Not True; 5 = Very True). Regardless of the response form, items are scored dichotomously. The BIDR contains two scales: Self-Deceptive Enhancement (SDE), the tendency to unconsciously give unrealistically favorable self-descriptions; and Impression Management (IM), the tendency to dissimulate by giving unrealistically positive self-descriptions (Paulhus, 1998). SDE occurs at an unconscious level, and measures an individual’s honest, though inaccurate, beliefs about him/herself. In contrast, IM measures a conscious effort to dissimulate or fake good. Higher scores indicate greater tendencies toward SDE and IM. A BIDR Total scale can also be scored and is the sum of the SDE and IM scales. The BIDR Total scale scores had a coefficient alpha of .83, with scale scores having reliabilities of .70 (SDE) and .81 (IM) in a college student sample (Paulhus, 1998). IM scale scores have high concurrent validity with the Marlowe–Crowne Social Desirability Scale (r = .63; Helmes & Holden, 2003).

The IM scale of the BIDR is presently the most widely used validity index in detecting SDR, in general, and respondent faking, in particular (Davis, Thake, & Weekes, 2012; Pauls & Crost, 2004). Currently, when researchers and clinicians seek to establish whether an individual may be misrepresenting himself or herself on a personality inventory, they are quite likely to assess this by administering the IM scale of the BIDR, along with the rest of their personality measures. This is largely because, unlike older validity measures such as the MCSDS, the construction of the BIDR in the 1990s was based on sophisticated multivariate test construction techniques that were either not developed or not readily accessible in previous decades. The BIDR has the added benefit of providing cut-off scores for invalidity detection. Participants with scores greater than 12 and 8 are designated as probably and may be faking good, respectively, whereas participants with scores less than 1 and 2 are designated as probably and may be faking bad, respectively (Paulhus, 1998, p. 10).

Given the former and current popularity of the MCSDS and IM scale, it is surprising that no studies have compared the two scales for their respective abilities to correctly identify dissimulating respondents (i.e., fakers). As such, the goal of the current research was to evaluate the relative merits of these two premier validity scales in the detection of fakers. Based on the IM scale having been developed using more recent test construction practices, including more advanced multivariate item selection procedures, it was hypothesized that:

Hypothesis. The IM scale will be more accurate than the MCSDS in detecting respondents who are faking.

2. Method

2.1. Participants

Undergraduate students from a midsize university were recruited to participate using an introductory psychology course subject pool and by posting flyers around campus. Participants in Studies 1 and 2 were compensated with either course credit or $15 for an hour of their time.

2.1.1. Study 1

Two hundred and ninety-four students were recruited to participate in Study 1. The data from one participant were lost due to a computer malfunction, resulting in responses from a total of 293 individuals (66 men, 227 women) being included in the analyses. The participants were between the ages of 17 and 24 years (M = 18.82, SD = 1.04).

2.1.2. Study 2

Three hundred undergraduate students (57 men, 243 women) participated in Study 2. The participants were between the ages of 17 and 28 years (M = 19.22, SD = 1.79).

2.1.3. Study 3

One hundred and sixteen undergraduate students (14 men, 102 women) participated in Study 3. Participants ranged between 18 and 22 years in age (M = 19.78, SD = 0.88). Each participant received $5 compensation for his/her participation.

2.2. Materials

Participants in all three studies completed the MCSDS (Crowne & Marlowe, 1960) and (Paulhus’, 1998) IM scale. In Studies 1 and 2, the SDE scale was also administered. For the IM and SDE scales, a 7-point Likert-type rating scale was used for Studies 1 and 2 (1 = Totally Disagree; 4 = Neutral; 7 = Totally Agree), whereas a 5-point rating scale was used for the IM scale in Study 3 (1 = Not True; 3 = Neutral; 5 = Very True). Participants in Study 3 also completed the Holden Applicant Reliability Measure (HARM; Holden, 2011). The HARM is a 100-item true/false self-report inventory that uses content directly related to on-the-job behavior in assessing eight aspects (e.g., dishonesty, drug use) of employee counterproductivity. Items include “My safety on the job has been affected by my use of alcohol” on the Alcohol Use scale, and “I have called in sick to work when I’ve been perfectly healthy” on the Unauthorized Absenteeism scale. Internal consistency reliability and validity for HARM scale scores have been demonstrated for university students (coefficient alpha = .87; Holden, Starzyk, Edwards, Book, & Wasylkiw, 2003) and for unemployed persons actively seeking work (coefficient alpha = .95; Holden, 2000).

2.3. Procedure

2.3.1. Study 1 and Study 2

Each experimental session began with obtaining written informed consent. Participants were then asked to answer the MCSDS and the IM and SDE scales as if they were being screened for military induction under 1 of 3 conditions. Participants were randomly assigned to: (1) complete the measures under standard instructions; (2) fake answers to maximize their chances of being inducted (i.e., fake good); or (3) fake answers to minimize their chances of being inducted (i.e., fake bad). All participants were warned of the presence of validity checks to detect faking, were asked to do their best to avoid being detected, and were given an incentive to do so: for each 25 participants, a $50 prize was
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