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Value connotations, perspective and self-perception

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Abstract

Two studies are reported in which judges rated statements concerning the non-medical use of drugs before rating their own attitude on the issue. In study 1, 185 school and 73 university students rated their own attitude on four scales chosen to manipulate the value connotations of the response language, as well as a fifth scale labelled 'extremely opposed to/extremely in favour of the non-medical use of drugs'. As predicted by accentuation theory, judges were more prepared to describe their own position in evaluatively positive than evaluatively negative terms: thus, pro-drug judges gave more extreme self-ratings on a scale (P+) where the pro-drug end was positive and the anti-drug end was negative, whereas anti-drug subjects gave more extreme self-ratings on a scale (A+) where the pro-drug end was negative and the anti-drug end was positive. Judges overall gave more extreme self-ratings on a scale (EP) where both ends were positively labelled than on a scale (EN) where both ends were negatively labelled. Predictions of the variable perspective model were not supported, manipulation of the range of statements presented for judgement (through exclusion of either extremely pro-drug or extremely anti-drug statements) had no effect on self-rating. Study 2 generalized the findings of the first experiment. Self-ratings obtained from 48 school students were again found to be more extreme on EP than on EN scales.

INTRODUCTION

One of the key questions in social psychology concerns people's subjective representation of events and stimuli in their social environment. A research area of particular interest to the above question is that concerned with the influence of people's attitudes on their ratings of statements expressing various viewpoints on an issue. Originally, this research was related to attitude scaling methodology and specifically to Thurstone and Chave's (1929) method of equal-appearing intervals. Since this classic study a number of theoretical models have been developed to

account for the influence of own attitude and of context (i.e. differences in the level of the distribution of values assigned to a common subset of stimuli embedded in different contexts) upon ratings of attitude statements. Two judgemental phenomena have received considerable attention in this field of research. The first concerns the inverse relationship between judges' attitude and their overall mean rating, i.e. judges with favourable attitudes towards a specific issue rate statements regarding this issue on average as less favourable than judges with unfavourable attitudes towards the issue (*contrast effect*). The second concerns judges' tendency to differ in the bilateral extremity of their ratings, i.e. the amount of *polarization*.

Two important theoretical approaches in the present context are Upshaw's variable perspective model (Upshaw, 1962, 1965) and accentuation theory (Eiser, 1971; Eiser and Stroebe, 1972). Accentuation theory emphasizes the influence of judges' attitudes on differences in polarization, while the variable perspective model focuses on effects of manipulations of the item range on differences in both polarization and overall mean judgement. A crucial aspect of accentuation theory is the distinction between the descriptive (denotative) and evaluative (connotative) aspects of the response language. Accentuation theory assumes firstly, that individuals will prefer to describe their own positions on an issue and positions with which they agree, in evaluatively positive rather than evaluatively negative terms; and secondly, that evaluatively positive terms tend to be seen as more applicable to relatively moderate rather than relatively extreme positions on a descriptive continuum. Empirical support for the latter assumption, i.e. a curvilinear relationship between descriptive extremity and evaluative sign is provided by van der Pligt and Eiser (1980). More recently Eiser and van der Pligt (1982) tested a number of predictions derived from this notion in the context of attitudinal judgement.

The assumptions underlying the judgement of attitude statements can also be applied to *self-perception*. Both judgements of other people's attitudes and those one makes about oneself may be regarded as the outcome of the same process.

Accentuation theory predicts that individuals will tend to give relatively more extreme self-ratings on scales where they can describe themselves with a term that is both descriptively applicable *and* congruent with a positive self-evaluation, as compared to scales where the descriptively more applicable term has a negative value connotation. This prediction is also in accordance with a substantial body of research that shows a tendency for individuals to evaluate themselves relatively favourably (e.g. Edwards, 1959; Goldberg, 1978). A further corollary of accentuation theory is related to the above positivity effect and the presumed relationship between evaluative negativity and descriptive extremity. Figure 1 illustrates this relationship between evaluative sign and descriptive extremity and its consequences for self-ratings. For instance, the scales with a negative anti term and a positive pro term (P+) may be seen to denote positions ranging from extremely anti to moderately pro whereas those with a positive anti term and a negative pro term (A+) may be seen to denote positions ranging from moderately anti to extremely pro. Similarly, scales with two evaluatively positive (EP) end anchors are seen to denote relatively moderate positions as compared to scales with both ends evaluatively negative (EN). Accentuation theory's prediction is for greater overall polarization (i.e. greater extremity) of self-ratings on EP than on EN scales.

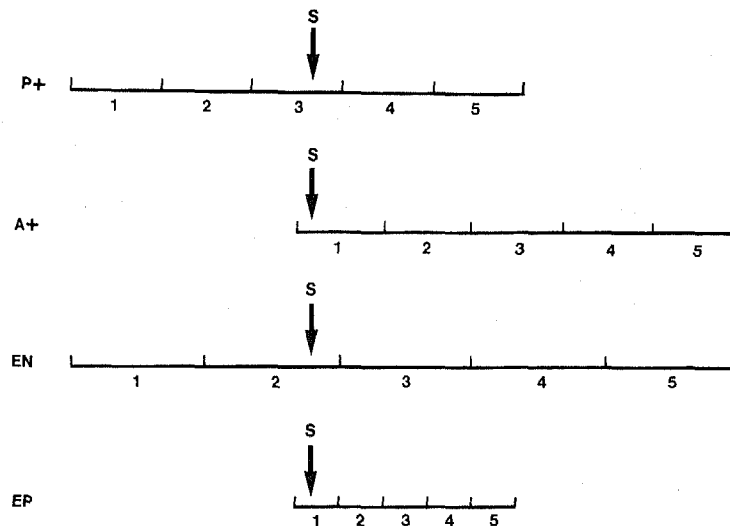


Figure 1. Hypothetical example to show self-ratings of a relatively anti-drug person (S) on four 5-point scales assumed to represent different regions of the underlying continuum from anti- to pro-drug. (P+ = asymmetrical value connotations, pro end positive e.g. unadventurous–adventurous; A+ = asymmetrical value connotations, anti end positive e.g. responsible–irresponsible; EN = symmetrical value connotations, both ends negative e.g. overcautious–escapist; EP = symmetrical value connotations, both ends positive e.g. self-controlled–imaginative)

The present study combined a multiple response scale format and a manipulation of item range (following variable perspective theory). Variable perspective theory's position can be summarized as follows: a subject initially adopts an attitude content (beliefs) which he or she subsequently judges by applying labels to describe this attitude content. The central tenet of the variable perspective explanation (Upshaw, 1964) is that a person's particular attitude *content* (i.e. his/her beliefs) will be rated less pro when viewed within a predominantly pro-perspective than within a predominantly anti-perspective. Upshaw, Ostrom and Ward (1970) tested the above predictions using the issue of attitudes towards blacks. Results of their study showed that people modify their self-rating to accommodate a relatively stable set of existing content beliefs in response to induced changes in perspective. Unfortunately subsequent work by Ostrom (1970) and Upshaw (1978) obscured the position of the variable perspective model. Firstly, Ostrom (1970) suggests that perspective sometimes influences attitude content but *not* self-rating. Secondly, Upshaw (1978) introduced the notion of *congeneric attitude scales*, and rejected the earlier position (Upshaw, 1964; Ostrom and Upshaw, 1968) that attitude content is a determinant of self-rating. Summarizing, the purpose of the present paper is to extend accentuation theory to processes of self-perception and to explore areas of contact and areas of conflict between accentuation theory and the variable perspective model.

STUDY 1

Method

Subjects were 185 male and female students, ages 15–16, from two comprehensive schools in S.E. London who were administered a questionnaire during a regular class period, and 73 male and female students from the University of Surrey, who were approached individually in a concourse area during a lunch break, and were paid 30p for participation. This sample is the same as that used by Eiser and van der Pligt (1982), but the analyses to be described have not been previously reported.

For both groups the questionnaires were completed anonymously. The attitudinal issue used in this study was that of the non-medical use of drugs. On the basis of a pilot study, 25 items were selected with five in each of the following sub-groups:

- (a) anti-drug
- (b) anti-drug/neutral
- (c) neutral
- (d) neutral/pro-drug and
- (e) pro-drug

The following four rating scales were also selected:

- P+ (unadventurous–adventurous)
- A+ (responsible–irresponsible)
- EN (overcautious–escapist)
- EP (self-controlled–imaginative)

All scales were in the form of 100 mm lines, with scores ranging from 1 to 100.

The scale values were obtained in a pilot study in which 40 male and female students, aged 15–16, from one of the comprehensive schools mentioned above, were asked to rate each item on the scale ranging from 'extremely opposed to drug-use' to 'extremely in favour of drug use'. The evaluative and descriptive ratings of the 8 terms constituting the 4 rating scales were based on responses from a similar group of students ($n = 40$), Table 1 shows the mean ratings of these 8 terms.

Table 1. Scale terms and their evaluative (*e*) and descriptive (*d*) ratings*

Scale	Scale terms	<i>d</i>	<i>e</i>
(P+)	Unadventurous	-32	-16
	Adventurous	+18	+12
(A+)	Responsible	-19	+35
	Irresponsible	+25	-35
(EP)	Self-controlled	-18	+33
	Imaginative	+12	+32
(EN)	Overcautious	-35	-13
	Escapist	+31	-13

*Possible range of descriptive scores (*d*) from -50 (extremely opposed to drug use) to +50 (extremely in favour of drug use), possible range of evaluative scores (*e*) from -50 (very bad) to +50 (very good). All means are significantly different from zero ($p < 0.001$).

Procedure

Each subject was presented with a questionnaire containing 15 out of the 25 statements to be rated on each of the four scales above. This rating task constituted the item range manipulation, there were three different item range conditions, depending on the sub-groups of items presented:

- Whole-range (a, c, and e).
- Short-pro (c, d and e).
- Short-anti (a, b and c).

Subjects were randomly allocated to one of the above conditions. After rating the items on the four scales (P+, EP, A+, EN), subjects were asked to rate their 'own opinion about the use of drugs generally' on the same four scales, as well as on a scale labelled 'extremely opposed to drug use—extremely in favour of drug use' (SR). Finally, the university but not the comprehensive school, subjects also each composed a statement of their own to express their attitude towards drug use, which was subsequently rated for favourability by four independent judges.

Results

A number of analyses of variance and covariance were conducted to test the major predictions. First, we will concentrate on the effects of scale connotations on self-ratings. Second we will test the effects of range manipulations on self-ratings and attitude content.

Effects of scale connotations

The predictions derived from accentuation theory are related to differences between the P+ and A+ scales and the differences between the EP and EN scales. First, accentuation theory predicts that pro-drug subjects will rate themselves more pro (i.e. more extreme) on the P+ scale than on the A+ scale, while anti-drug subjects will rate themselves more anti on the A+ scale than on the P+ scale. These predictions imply that the difference of the extremity of the ratings on the P+ and A+ scale (P+–A+) should be positively related to attitude, i.e. the (P+–A+) difference in extremity should increase with an increasing pro-drug attitude. According to accentuation theory there should be no such systematic relationship between the (EP–EN) difference and attitude.

In the analyses below, judges' self-ratings on the scale 'extremely opposed to/in favour of drug use' (SR) were taken as a measure of their attitude. The data were cast in an analysis of variance design with the differences in extremity, (P+–A+) and (EP–EN), as dependent variables, SR as a covariate and the three range conditions as an independent variable. Extremity of the ratings was calculated as the absolute difference from midpoint (50) of each scale. The analysis on the (P+–A+) difference in extremity resulted in a significant effect for the covariate ($F(1,254) = 26.9, p < 0.0001$), the within cell correlation being in the predicted direction and significantly so ($r = +0.31, p < 0.0001$). As predicted, there was no relationship between the (EP–EN) difference in extremity and subjects' attitude

(SR) ($r = +0.03$)¹. The use of the (P+–A+) difference score is in accordance with the relative terms in which the accentuation theory hypothesis should be stated. A closer inspection of the obtained results revealed no clear relationship between SR and subjects' *extremity* on the P+ scale ($r = +0.05$), and a clear negative relationship between SR and subjects' *extremity* on the A+ scale ($r = -0.43$), suggesting that the significant effect on the (P+–A+) difference is mainly caused by the A+ scale. The latter could be related to a preponderance of anti subjects in the comprehensive school sample, as indicated by a mean SR score of 32.7. The predicted effects of the asymmetrical scales on self-ratings also imply that on average subjects should rate themselves more pro on the P+ scale as compared to the A+ scale. Results confirmed this prediction, the difference between the P+ score and the A+ score being +17.1 and significantly different from zero, $F(1, 252) = 59.23, p < 0.0001$.

A further prediction of accentuation theory is that the overall extremity of self-ratings will be higher on EP scales than on EN scales. This prediction is based on the assumption that evaluatively positive labels tend to be seen as more descriptively moderate and evaluatively negative labels as more extreme. In other words EP scales are assumed to cover the moderate positions on the attitude continuum while EN scales are seen as applicable to the whole attitude continuum ranging from extremely anti to extremely pro. As predicted, the extremity of ratings on the EP scale was higher than the extremity of ratings on the EN scale. Extremity of the ratings was calculated as the absolute difference from midpoint (50) of each scale. The overall (EP–EN) difference was 5.48 and significantly different from zero, $F(1, 254) = 20.91, p < 0.0001$. As predicted, the size of this difference (EP–EN) was *not* systematically related to own attitude (SR), $r = 0.03$, $F(1, 254) = 0.26, ns$.

Effects of range on self-rating

To test the effects on self-rating, we conducted two analyses of variance: (1) a multivariate analysis of variance with the ratings on the four scales (A+, P+, EN, EP) as dependent variables; and (2) a univariate analysis of variance with subjects' rating on the scale 'extremely opposed to drug use–extremely in favour of drug use' (SR), as a dependent variable.

In both analyses the three item range conditions constituted the independent variable. The item range effects were assessed in terms of the following two contrasts: (a) whole range versus short-pro range; (b) whole range versus short-anti range.

The reason for conducting a multivariate analysis of variance is related to the fact that the *early* formulations of Upshaw and Ostrom do not pay attention to the effects of scale-term connotations upon self-ratings. In accordance with this view

¹ An alternative way of testing the predictions concerning the (P+–A+) and (EP–EN) difference in extremity is by simple one-way analyses of variance. These analyses, with the sample split into two different groups by median split confirm the results of the analyses of covariance. The (P+–A+) difference in extremity being –8.8 for the antis, and –0.9 for the pros ($F(1,252) = 11.18, p < 0.001$). The (EP–EN) score did not differ between the two attitude groups (5.6 versus 5.4, $F(1,252) = 0.0, n.s.$).

Table 2. Mean self-rating on the 5 rating scales as a function of range

Scale	Range			$F(a)$ $df = 1,254$	$F(b)$ $df = 1,254$
	Whole range ($n = 89$)	Short-pro ($n = 88$)	Short-anti ($n = 81$)		
SR	32.25	42.52	39.09	3.84	2.67
P+	42.24	54.61	50.91		
A+	32.65	33.88	29.58		
EP	37.04	43.36	42.23		
EN	43.76	50.80	44.70		
	multivariate $F(4,251)$			0.70	0.83

$F(a)$: contrast whole range versus short-pro range.

$F(b)$: contrast whole range versus short-anti range.

SR: self rating on the scale 'extremely opposed to drug use'—'extremely in favour of drug use'.

All scales have a possible range of 01 to 100 (extremely in favour). None of the range effects reached statistical significance at a 0.05 level.

we assumed that the four variables (i.e. ratings on the A+, P+, EP and EN scales) may be considered largely as alternative measures of positions on the same underlying continuum and can be tested in a multivariate analysis of variance. Accentuation theory makes a similar assumption except for differences in origin and unit. This assumption implies a single significant canonical variable. Results of the analysis indeed showed that the four rating scales constitute one single significant canonical dependent variable. The eigenvalues of the within cells correlation matrix show that there is a clear single component with an eigenvalue of 2.16, while the other eigenvalues are all less than 1.00. The results of Bartlett's test of sphericity confirmed the appropriateness of a multivariate solution ($F = 104.74$, with 6 degrees of freedom, $p < 0.0001$).

Table 2 shows the mean self-ratings on the four rating-scales and on the SR-scale as a function of range. Table 2 clearly shows that our results do *not* show any contrast effects. The only effect that nearly reached statistical significance was contrary to this prediction; results of the SR-ratings showed that subjects rated themselves as 'more favourable to drug use' in the short-pro condition, which is not a contrast effect but an assimilation effect. However, this effect was not very reliable ($0.05 < p < 0.06$). Summarizing, present findings fail to confirm predictions put forward by Ostrom and the early formulations of Upshaw.

Effects of range on attitude content

Although no content measure was obtained from the comprehensive school students, the university students were all asked to write a short statement expressing their own opinions on the issue. This was asked after the subjects finished all other tasks and the statements were scored by four independent judges (psychology graduates) into eleven categories from 0 (extremely anti) to 10 (extremely pro). Inter-judge reliability ranged from 0.71 to 0.86 around a mean r of 0.76. The mean score assigned to each statement was then taken as the 'own statement' (OS) attitude score for each subject in the university sample. This 'own statement' attitude score correlated +0.56 with self-rating ($df = 71$, $p < 0.001$).

Table 3. Mean self-rating and attitude content as a function of range: Surrey sample only

Scale	Range			<i>F</i> (a) (1,69)	<i>F</i> (b) (1,69)
	Whole range (<i>n</i> = 22)	Short-pro (<i>n</i> = 26)	Short-anti (<i>n</i> = 25)		
SR	48.18	51.65	51.48	0.00	0.00
OS	45.86	45.69	51.72	0.41	0.91
P+	50.36	58.08	52.56		
A+	27.55	29.77	24.64		
EP	37.91	49.00	43.76		
EN	49.23	48.12	45.08		
	multivariate <i>F</i> (4,66)			0.74	0.40

F(a): contrast whole range versus short-pro range.

F(b): contrast whole range versus short-anti range.

SR: self-rating on the scale 'extremely opposed to drug use'—'extremely in favour of drug use'.

OS: own statement as rated by the judges.

All scores have a possible range of 01 to 100 (extremely in favour). None of the range effects reached significance at a 0.05 level.

To test the effects of range upon attitude content we conducted a univariate analysis of variance with subjects' attitude content as a dependent variable and the three item range conditions as an independent variable. The item range effects were assessed in terms of the following two orthogonal contrasts: (a) whole range versus short-pro range; (b) whole range versus short-anti range.

Table 3 shows the mean attitude content score in the different conditions. Furthermore, all the analyses reported in Table 2 for the whole sample were conducted again for the sample of university students only. Results confirmed those obtained in the whole sample, and show no systematic effects of range manipulations on either self-rating or attitude content.

STUDY 2

In order to further test the possible interactions between perspective as manipulated by item range, and perspective as manipulated by the value connotations of the scale labels, a second experiment was conducted. In this experiment range was manipulated by omitting extreme items at *both* ends. This range manipulation was included to provide another test of variable perspective theory's predictions concerning the effects of range upon self-ratings. Secondly, we used two new scales (one EP and one EN) to test whether the findings obtained in the previous experiment generalize to EP and EN scales defined by different labels. This seemed necessary because some subjects in Experiment 1 found it difficult to use the EN scale ('overcautious-escapist').

Method

Subjects were 48 female students, aged 15–16, from a comprehensive school in S.E. London, who were administered a questionnaire during a regular class period.

Table 4. Scale term and their evaluative (*e*) and descriptive (*d*) ratings*

Scale	Scale terms	<i>d</i>	<i>e</i>
(EP)	Careful	-23	+32
	Adventurous	+18	+12
(EN)	Overcautious	-35	-13
	Irresponsible	+25	-35

*Possible range of descriptive scores (*d*) from -50 (extremely opposed to drug use) to +50 (extremely in favour of drug use), possible range of evaluative scores (*e*) from -50 (very bad) to +50 (very good). All means are significantly different from zero ($p < 0.001$).

The questionnaire was completed anonymously. The attitudinal issue used in this study was that of the non-medical use of drugs. Twenty items were selected with five in each of the following sub-groups:

- (a) anti-drug
- (b) anti-drug/neutral
- (d) pro-drug/neutral
- (e) pro-drug

The above four subgroups were identical to those used in the previous experiment. The following two rating scales were used:

- EP (careful-adventurous)
- EN (overcautious-irresponsible)

The evaluative and descriptive ratings of the four terms constituting the two rating scales are shown in Table 4.

Procedure

Each subject was presented with a questionnaire containing 10 out of the 20 statements to be rated on each of the two scales above. There were two different item range conditions, depending on the subgroups of items presented:

- Wide range (a and e).
- Narrow range (b and d).

Subjects were randomly assigned to one of the two conditions. After rating the statements on the two scales, subjects were asked to rate their 'own opinion about the use of drugs generally' on the same two scales, as well as on a scale labelled 'extremely opposed to drug use-extremely in favour of drug use' (SR).

Results

According to accentuation theory, subjects should rate themselves more extremely on the EP scale than on the EN scale due to the lower descriptive extremity of evaluatively positive labels. To test this prediction we conducted a univariate

Table 5. Mean extremity of self-rating on the two scales as a function of item range

Scale	Wide range ($n = 24$)	Narrow range ($n = 24$)
EP	33.58	30.41
EN	26.42	12.17

analysis of variance with the difference in extremity (defined as the absolute difference from midpoint of the scale) between the EP and EN scale as a dependent variable and the two range conditions as an independent variable. The difference (EP-EN) was in the predicted direction (+17.70) and highly significant; $F(1, 46) = 33.90, p < 0.0001$.

Mean extremity of self-ratings was 32.0 (EP) and 19.3 (EN), $t(46) = 5.51, p < 0.0001$. Results showed no relationship between this difference in extremity and SR: $r = 0.04$, n.s. In the present experiment we used a different range manipulation, results show that the difference in extremity between the EP and EN scale was indeed affected by this range manipulation. The EP-EN difference in extremity was significantly lower in the wide range condition (7.17 versus 18.25); $F(1, 46) = 6.45, p < 0.05$.

Table 5 shows the mean extremity on the two scales in each of the two range conditions. Results show that the extremity on the EN scale was significantly higher in the wide range condition than in the short range condition. This effect on the EN scale ($F(1, 46) = 8.26, p < 0.01$) constitutes an interaction effect between scale type and item range, and suggests that people are affected by range only if the rating scale is more applicable to a wide range of items. Moreover, the direction of this effect is opposite to that which would have been predicted by the variable perspective model. The latter would predict more extreme self-ratings in the narrow-range irrespective of judgement scale.

DISCUSSION

Results of the two studies generally support the predictions of accentuation theory regarding the effects of value connotations of scale terms. Present evidence supports the hypothesis that the degree of polarization of self-rating (i.e. the extremity of self-ratings) is a function of the congruity between subjects' evaluations of themselves, the value connotations of the judgemental language, and the descriptive properties of the judgemental language.

Our findings are consistent with the notion that the evaluatively positive term labelling the pro-drug end of P+ scales is descriptively more moderate than the evaluatively negative label marking the pro-drug end of A+ scales, hence people would have to be extremely pro-drug to be rated close to the pro-drug end of the A+ scales, but only moderately so to be rated close to the pro-drug end of the P+ scales. Results of Eiser and van der Pligt (1982) show that predictions derived from this assumption are not only confirmed by subjects' self-ratings but also by their ratings of attitude items expressing different viewpoints on the issue of non-medical use of drugs. Results of our pilot study also suggest that evaluatively positive

adjectives are seen as relatively moderate from a descriptive point of view. Further indirect support for this viewpoint is provided by Ross's finding (1977) that people generally tend to see their own behaviour as relatively common and appropriate to the circumstances (i.e. *not* as extreme behaviour).

A further prediction derived from this assumption concerning the relationship between evaluative sign and descriptive applicability of scale terms was that the EP scale, which had evaluatively positive terms at both the pro-drug and the anti-drug end, should have been seen as encompassing a narrower range of positions than the EN scale. The latter should have been seen as encompassing a wider range of positions from extremely anti-drug to extremely pro-drug. Hence, people's self-ratings should have been more extreme on EP scales than on EN scales. In other words, there should have been more polarization, i.e. a smaller judgemental unit, on EP scales than on EN scales. This prediction was clearly supported by both experiments and was consistent over different EP and EN scales.

It is difficult to interpret our findings either as consistent or inconsistent with variable perspective theory. Most troublesome for this model is the complete absence of item range main effects on subjects' self-ratings. The few marginal range effects we obtained in the two experiments were not in accordance with variable perspective theory. Ostrom (1970, p. 291) suggested that there may be issues for which people are heavily committed to *both* their self-rating and content, in which case one would expect people to be relatively uninfluenced by a perspective manipulation. Conceivably we may have used such an issue, though why it should have generated such commitment, is unclear. Alternatively the issue may have been one where subjects had fairly clear ideas concerning the range of possible positions. It is worth noting that the issue in Ostrom's study (punishment for convicted criminals) was chosen because of the expected low level of commitment, and his subjects may have been relatively unaware of the 'usual' sentence for a specific crime. An optimal test of variable perspective theory, requires a direct measure of perspective to test whether an item range manipulation affects subjects' perspectives. Usually subjects are asked to construct an extremely anti statement and an extremely pro statement which are subsequently rated by independent judges. However, as argued elsewhere (Eiser and van der Pligt, 1982) this procedure is less plausible in the present context of a multiple response format. Another test of perspective shifts as a consequence of range manipulations is to measure the scale values of the *attitude items* in different range conditions. For instance, a perspective shift should be reflected by higher (more pro) scale values for the items in the short-anti series than for the same items in the full range. Eiser and van der Pligt (1982) showed that perspectives were shifted as a function of the range manipulation, but *only in interaction with the response language*, hence the introduction of the notion 'appropriateness of judgemental scales' (*cf.* Eiser and van der Pligt, 1982).

To summarize, the present paper extends accentuation theory to self-perception processes and shows that the predictions of accentuation theory can work even under certain conditions where those of the variable perspective model do not. The relationship between evaluation and descriptive extremity suggests some compatibility between the two approaches. Because of the absence of a direct measure of subjects' perspectives, the present studies cannot be regarded as providing a critical comparison of accentuation theory and variable perspective

theory. Further research should provide more evidence regarding the relevance of the two theories to self-perception processes.

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RÉSUMÉ

Deux études sont rapportées dans lesquelles des juges devaient coter des affirmations concernant l'emploi non-médical de médicaments avant de donner leur propre attitude sur le problème. Dans la première étude, 185 écoliers et 73 étudiants universitaires ont coté leur propre attitude sur 4 échelles choisies pour manipuler les connotations de valence de la réponse linguistique, ainsi que sur une cinquième échelle étiquetée: 'extrêmement opposé/extrêmement favorable à l'emploi non-médical de médicaments'. Ainsi que le prédit la théorie de l'accentuation, les juges sont davantage prêts à décrire leur propre position en termes évaluatifs positifs qu'en termes évaluatifs négatifs: donc les juges pro-médicaments donnèrent des auto-estimations davantage extrêmes sur une échelle (P+) où l'extrémité pro-médicaments était positive et l'extrémité anti-médicaments négative, alors que les sujets anti-médicaments donnèrent des auto-évaluations davantage extrêmes sur une échelle (A+)

où l'extrémité pro-médicaments était négative et l'extrémité anti-médicaments positive. Dans l'ensemble, les juges donnèrent des auto-évaluations plus extrêmes sur une échelle (EP) où les deux extrémités sont étiquetées positivement que sur une échelle (EN) où les deux extrémités sont étiquetées négativement. Les Prédications du modèle perspectiviste ne furent pas vérifiées: la manipulation de l'amplitude des affirmations à coter (en excluant les affirmations extrêmement pro-médicaments ou extrêmement anti-médicaments) n'eut pas d'effet sur les auto-évaluations. La deuxième étude a généralisé les résultats de la première. Les auto-évaluations de 48 écoliers furent à nouveau plus extrêmes sur des échelles EP que EN.

ZUSAMMENFASSUNG

Es werden zwei Untersuchungen vorgestellt, in denen die Vpn Aussagen zum Thema 'nicht-medizinische Verwendung von Medikamenten' zu beurteilen hatten, und dies bevor sie ihre eigene Haltung zum Problem ausdrückten. In der ersten Studie beurteilten 185 Schüler und 73 Studenten ihre eigene Haltung mit Hilfe von vier Skalen, ausgewählt hinsichtlich der Manipulation der linguistischen Wertrichtung der Antworten. Es wurde ihnen zudem eine fünfte Skala vorgelegt mit der Benennung: 'extrem gegen/extrem für den nicht-medizinischen Gebrauch von Medikamenten'. Wie die Theorie der Akzentuierung voraussagt, sind die Vpn bereit, ihre eigene Position eher mit positiven als mit negativen Begriffen zu beschreiben, dh. Vpn mit promedikamentaler Haltung gaben bei der Selbstbeurteilung eher extreme Antworten auf der Skala (P+), wo der promedikamentale Pol als positiv und der antimedikamentale Pol als negativ figurierte. Demgegenüber gaben die Vpn mit antimedikamentaler Haltung in ihrer Selbstbeurteilung eher extreme Antworten auf der Skala (A+), wo der promedikamentale Pol als negativ und der antimedikamentale Pol als positiv aufgeführt war. Im Gesamten waren die Selbstbewertungen extremer auf der Skala (EP) wo beide Pole positiv formuliert waren als auf der Skala (EN) wo beide Pole negativ formuliert waren. Die Voraussagen des perspektivistischen Modells konnten nicht verifiziert werden: Die Manipulation der Aussagenbreite des zu bewertenden Materials (durch Ausschluss der extrem pro- und antimedikamentalen Aussagen) blieb ohne Folge für die Selbstbewertung. Die zweite Studie erlaubte, die Ergebnisse der ersten Untersuchung zu verallgemeinern. Die Selbstbewertung der 48 Schüler war wiederum extremer auf der Skala EP als auf der Skala EN.

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