REPORTED FREQUENCY OF DREAM RECALL AS A FUNCTION OF INTELLIGENCE AND VARIOUS PERSONALITY TEST FACTORS

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PROBLEM

This study compared the correlations of RFDR with ego strength and anxiety scores as reported by Tart⁽⁶⁾ and replicated parts of Schonbar's⁽⁴⁾ study testing the correlation of RFDR with scores on the anxiety and ego strength measures of the IPAT 16PF⁽³⁾. Additionally, it was predicted that there would be a positive relationship between RFDR and intelligence.

Method

Ss for this study were recruited from two sources: The Baptist College of Charleston (66 male and 17 female undergraduates) and University of South Carolina (15 male and 51 female undergraduates and first-year graduate students).

The IPAT 16PF data consisted of the scores obtained on the scales for (1) Factor B, Intelligence, (2) Factor C, Ego Strength, and (3) Factor Q4, Anxiety.

All Ss answered the following question concerning their dreams: I can usually recall having a dream: once a night or more....., at least every other night...... about once a week....., hardly ever dream...., never dream.....

For statistical purposes, the response categories to this question were scaled from 0-4, with category A "once a night or more" equal to 4 and category F "never dream" equal to 0. Consequently, each scaled value corresponded to a certain frequency of dream recall.

Intelligence was assessed by the Shipley Institute of Living Scale⁽⁵⁾. High and low intelligence were defined in the following manner: After each S's intelligence score on the Shipley had been obtained, a mean was computed. If a S's score was above the mean of the sample, he was classified as having high intelligence, while a score below the mean of the sample classified him as having low intelligence.

Similarly, high and low categories for the IPAT intelligence, ego strength and anxiety scales were determined by the sten scores earned. A sten score of 6 or above was considered to be high, and one of 5 or below was considered to be low.

RESULTS

The following frequencies of dream recall were reported in each of the following categories as defined on the questionnaire: 27 Ss reported hardly ever dreaming; 66, at least once a week; 37, at least once every other night; and 36, at least once each night.

Pearson product moment correlations were computed between scaled responses to the questionnaire and the various instruments. Shipley intelligence scores were positively correlated with RFDR (r = .37, p .01), as were IPAT anxiety scores (r = .44, p.01). IPAT ego strength scores were negatively correlated with RFDR (r = -.14, p.05), IPAT intelligence (scale B) scores were positively correlated with RFDR (r = .26, p .01).

SUMMARY

This study supported earlier findings reporting the existence of small, but statistically significant, correlations of RFDR with test measures of anxiety as well as a negative correlation between RFDR and test measurements of ego strength. Additionally, two test measurements of intelligence yielded positive correlations with RFDR.

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FEEDBACK AND EXPERIENCE EFFECTS ON PSYCHOLOGICAL REPORTS AND PREDICTIONS OF BEHAVIOR

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PROBLEM

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A research paradigm for clinical judgment training requires a format specifying the steps within which the process occurs as well as the conditions to be reinforced, with validation by group comparisons, both intra-group and intergroup. Such re-search has already been approximated for psychotherapy using a Truax-Carkhuff model but remains to be formalized for diagnosis.

The process of clinical judgment may be analysed by means of various models that differ in complexity and similarity to the ch...cal activities themselves. One relatively simple and realistic model is provided by a breakdown of the data utilization process into three levels: Level I is the raw data from case history, interview, or testing. Level II consists of adjectives representing the traits that have been labeled on the basis of raw data. Level III is the clinical report or description that generates predictions^(3, 17). These levels have inherent problems of control, operational validity, and testability, respectively⁽¹³⁾.

Each level has a characteristic degree of unreliability associated with its data. For example, a figure of 25% disagreement is typical for Level I Rorschach scores (e. g., 19), while Level II adjectives show even greater disagreement (e. g., 2, 12, 16) and Level III studies, using a matching paradigm, show variable disagreement (e. g. 5, 14), depending upon the heterogeneity-homogeneity of the cases. These reliability indices, if verified for a training instrument, suggest the extent to which fantasy, identification, and other defenses intrude upon the judgment process.

The results of group comparison studies are variable, with clinicians performing differentially (1, 8), or nondifferentially from other groups (7, 10, 15) on the basis of the task used. However, when feedback is provided for predictions of life events based on Level I data, learning occurs independently of group identification⁽¹¹⁾, for accurate judges only⁽⁶⁾, or when feedback is given as an index of comparative within-group performance (18).

This study is concerned with the performances of groups that differ in training and conditions of feedback. Comparisons are made for accuracy and idiosyncracy of data usage and for accuracy of predicting subsequent life events.

Метнор

Two sets of case materials were constructed from the chapters in White's⁽²⁰⁾ Lives in Progress on Hartley Hale and Joyce Kingsley, and labeled as the Case of Tom and Case of Ann. Each case was broken down into separately numbered Level I items (178 for Tom and 168 for Ann) which were generated independently from the source material and agreed upon by two judges. An 18 item multiple-choice questionnaire for each case delineated the individual's future behavior. The questionnaire was developed using the same method of item agreement and incorporating