THE RELATIONSHIP OF SOCIAL SUPPORT

IN THE SELF-ESTEEM OF

TYPE A AND B INDIVIDUALS

A Thesis

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A study on the relationship between social support, self-esteem and Type A and Type B personaltiy was conducted. The subjects were 76 Introductory Psychology students (25 males and 51 females) at a small midwestern university. Subjects were asked to participate in this study during their normally scheduled Introductory Psychology class period. The subjects were given test packets consisting of a consent form and 4 questionnaires, the Jenkins Activity Survey (JAS) to assess personality type, the Texas Social Behavior Inventory (TSBI) to assess self-esteem, the Inventory of Socially Supportive Behavior (ISSB) to assess social support, and a demographic questionnaire. Items on the demographic questionnaire included gender, religion, traditional or nontraditional student status, and socioeconomic status as well as the degree they intended to receive, the highest degree either of their parents had received and 3 questions regarding their perceived pressure to do well in college. The JAS, TSBI and ISSB were analyzed using Multivariate T-tests. A significant effect was found between traditional and nontraditional student status and personality type. Nontraditional students were found more likely to have Type A personality than traditional students.

No other significant differences were found among personality type, self-esteem and social support. These findings further validate the on-going need of investigation into these variables. The pairing of Type A and B personality with social support is a relatively new proposal, other sample populations need to be further examined. While this study suggests that there are no differences using Introductory Psychology students, other samples of interest might include a more diverse college sample using graduate and undergraduate students and patients of chronic, non-life threatening illnesses. The lack of significance pertaining to Type A and B personality and self-esteem is another interesting finding, that may be added to the pool of already conflicting research.

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CHAPTER 1

INTRODUCTION

Pearl S. Buck once said "The person who tries to live alone will not succeed as a human being". Because we live together in a fast paced and perfectionistic society, people often forget to take time to smell the roses. They get so wrapped up in their work they forget spouses, relatives, and friends. The almighty dollar becomes so important that they lose sight of human interaction. Often these people are in a hurry, irritable, and set unrealistic expectations for themselves and others. This is typically the profile of a person with Type A behavior.

By being so competitive and unrealistic, Type A individuals often distance themselves from their social support system. The social support system includes the spouse, friends, and relatives. Research indicates that individuals who exhibit extreme Type A characteristics often do not have good social interaction skills. Therefore, extreme Type A's do not have many, if any, close emotional relationships. It seems that many Type A personalities prefer to have distance from their social support system, thus not having to endure social situations (Price, 1982).

Self-esteem is often used to describe how you feel about yourself. Many experts believe that how you feel about yourself is often related to how others feel about you. This appears to be especially true of Type A personalities (Price, 1982). One would wonder, if the Type A individuals self-esteem is affected by their limited social support system. This paper will address the self-esteem and social support system of Type A individuals.

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Review of the Literature

The concept of Type A behavior or coronary prone behavior was originally developed as a behavioral factor in coronary heart disease research. Type A behavior was formulated in the medical community and was later introduced into the psychological community as a social/psychological concept. The Type A behavior pattern is currently used to label individuals who exhibit behaviors such as fierce competitiveness, a preoccupation with success, and unreasonable expectations for self and others (Van Egeren, 1979).

Until recently, research on Type A behavior has been an atheoretical concept. Due to the medical implications of Type A behavior and coronary heart disease, an epidemiological approach to the Type A behavior pattern was taken. Epidemiological research investigates the causes of disease by identifying the characteristics and conditions associated with the development of the disease (Marx & Kolata, 1978).

Durkheim (1952) disagreed with the epidemiological approach by stating "The nature of a phenomenon is much more profoundly gotten at by knowing its cause than by knowing its characteristics only, even the essential ones" (p. 147). Durkheims philosophy also questions the atheoretical approach. Using a theoretical approach would provide a cognitive framework for integrating existing data, as well as allowing us to make predictions about future research. Price (1982) suggests using the cognitive social learning theory.

Cognitive social learning theory has its main roots in the philosophy of behaviorism. Behaviorism views external observable behavior as the major focus of interest and the person's environment is viewed as the main determinant of psychological functioning (Price, 1982). It is the cognitive learning aspect of the cognitive social learning theory that most distinguishes itself from traditional behaviorism (Mahoney, 1976).

Most animals operate under constraints of biological programming. This programming restricts animals range of possible responses to given stimulus. Humans have limited inborn programming. Thus, humans have the potential to respond to the same environmental event in a variety of different ways. The cognitive social learning rationale recognizes the interaction among what persons think, how they behave, and conditions in their social and physical environment (Price, 1982).

According to the cognitive social learning theory, behavior is learned through instruction, social modeling and direct exposure to the consequences of one's actions. Thru instruction individuals cognitive processes are developed. In social modeling, it is proposed that learning occurs during exposure to the modeled activities. Whether the observer will model the observed behavior at a later time depends in large part on whether direct exposure to the consequences has been observed. Modeling also depends on what the observer expects the consequences to be. Behavior that elicits positive consequences (as perceived by the observer) will be more frequently modeled. Immediate or short term consequences, will have the greatest influence on future behavior. The phenomenon of direct exposure to consequences is important to the Type A behavior pattern because Type A's appear to have a great deal of observable positive short-term consequences. The negative long term consequences

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tay not be observed by the observer (Price, 1982). It is those positive consequences **tat** continue to generate learned Type A behavior. The negative consequences are **ten** so long in occurring, they do not seem to be much of an inhibiter

The Type A counterpart is termed the Type B individual. Type B's are rarely escribed in scholarly literature except to say that they are the opposite of Type A's Price, 1982). Thomas (1986) found that Type B's have their own unique behavior attern and are not merely the opposite of Type A's. Type B's characteristics include ommitment to self, a vigorous attitude, a sense of meaningfulness and an internal acus of control. It appears that Type B's hold more rational beliefs and have a greater ense of meaningfulness than do Type A individuals. Type B's also appear to exhibit as reaction to minor stresses than do Type A individuals (Thomas, 1986).

Coopersmith (1967) defined self-esteem as "the evaluation which the individual makes and customarily maintains with regard to himself. It expresses approval or disapproval and indicates the extent to which the individual believes himself to be capable, significant, successful and worthy" (p. 5). The general description of harddriving, aggressive Type A behavior might include the image of a person who has no problems with sense of self-worth or self-esteem. The opposite conclusion appears to be the case.

Several studies have found conflicting reports regarding Type A Behavior and self-esteem. Tramill, Klienhammer-Tramill, Davis, and Parks (1985) found Type A's had lower self esteem than Type B's. In self evaluations Type A's found themselves to be more ambitious, cold, complaining, conceited, cruel, dishonest, dominating,

enthusiastic, gloomy, insincere, jealous, malicious, impatient and selfish (Furnham, Borovoy & Henley (1986). Degregorio and Carver (1980) failed to find any significant relationship between Type A and B behavior and self- esteem. Chesney, Black, Chadwick, & Rosenman (1981) found in an all male study, that Type B's had a higher self-esteem than did Type A individuals. In addition, Martin, Kuiper, & Westra (1989) found that in a study of 54 female undergraduates Type A's had lower self-esteem. Further complicating the issue, Houston & Kelley (1987) found in a study of housewives that Type A individuals had higher self-esteem than did Type B individuals.

Cobb (1976) defined social support in part as information leading a person to believe that he is cared for and a valued member of a group. Social support was found to be a major factor influencing self-esteem, perceptions of functional capacity, mood, and adjustment to coronary heart disease (Davidson, 1987; Doehrman, 1977; Mayou, 1979; Mayou, Foster, & Williamson, 1978; Razin, 1982; Waltz, 1986; Wortman & Conway, 1985). Social support has also been associated with characteristics such as, affiliation and autonomy needs, social competence, self-esteem, sociability and locus of control (Cohen, Mermelstein, Kamarck, & Hoberman, 1985; Cohen & Syme, 1985; Eckenrode, 1983; Gottlieb, 1985; Lefcourt, Martin, & Saleh, 1984; Sarason, Levine, Basham, & Sarason, 1983; Sarason & Sarason, 1985).

In the case of the Type A individual, comfort in social interactions appear to have an effect on the satisfaction of social support systems. Goffman (1968) believed many difficulties with social interaction are experienced by stigmatized individuals who

belong to a minority race or religion, or who have physical deformities or character flaws.

A similar process called self-stigmatization can affect people who do not fall into one of Goffman's socially controversial categories. These individuals have not yet experienced actual societal rejection, but due to social discomfort are faced with a potential threat to their self esteem (Brewin, MacCarthy, & Furnham, 1989). This process of self-stigmatization may be a component of the Type A individuals social difficulties. Price's (1982) social cognitive approach maintains Brewin, et al. (1989) statement regarding self-esteem in regard to the Type A behavior pattern. Brewin, et al. (1989) and Price (1982) confirm Berrenberg and Deyle's (1989) study that Type A's may experience stress in their interpersonal relations due to their self-esteem being closely tied to the self-evaluative comparisons of others.

Shumaker and Brownell (1984) define social support as " an exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient" (p. 13). The effects of social support has been recognized as a factor in moderating the effects of stressors theoretically (Cobb, 1976) and empirically (Barrera, Sandler & Ramsey, 1981). Social support buffers stress by providing the individual with emotional support as well as guidance and physical and monetary assistance (Caplan, 1974). Sandler and Lakey (1982) noted that "although social support and the characteristics of the person receiving support are both involved in the process by which individuals cope with stress, the empirical literature has treated these two moderating variables separately.

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There is reason to believe that personal characteristics can influence the use and effects of support" (p. 67). Barrerra and Ainlay (1983) defined six categories in the content of social support. The categories listed were:

- 1. Material aid (providing tangible assistance)
- Behavioral assistance (sharing of tasks through physical assistance)
- Intimate interaction (listening and expressing esteem, caring and understanding)
- 4. Guidance (offering advice, information or instruction)
- Feedback (providing individuals with feedback about their behavior, thoughts or feelings)
- Positive social interaction (engaging in social interactions for fun and relaxation).

Davidson (1987) reported that effective social support resulted in positive selfevaluation, increased self-esteem, control or mastery over the environment, feelings of worth, lovability, importance and prestige. Social support is delinquent in quality if it is not intended to enhance the well-being of the recipient, or if it is not what the recipient desires (Riegel, 1989).

Social support is now being recognized as generating negative feelings on the part of the recipient if it represents the fear of loss of freedom, feelings of inadequacy or feeling uncomfortably indebted to the provider (Gross, Wallston, & Piliavin, 1979). Needing help may cause the Type A individual to assume that one is incapable of

solving one's own problems. This assumption may lead to feeling a loss of competence and lowered self esteem (Riegel, 1989). Davidson (1987) suggests that Type A individuals may have more of the attitude that they want to "go it alone", thus having smaller social support systems. Another factor that may effect the social support systems of Type A individuals is the abrasive, hostile personality traits many Type A's possess (Matthews, 1982). Demborski and McDougall (1978) reported that Type A's prefer competition over cooperation and that they will choose to work alone rather than in the presence of others while under stress.

Martin, Kuiper, & Westra (1989) found that Type A individuals reported the size of their support systems to be insignificant as compared to Type B individuals. However, Type A individuals reported lower levels of satisfaction with their social support system.

The Type A personal belief system appears to have an effect on the selfesteem of the Type A individual. It appears that Type A's may experience stress in their interpersonal relationships. This stress may be due to their self-esteem being closely tied to the evaluative perceptions others have of them (Berrenberg & Deyle, 1989). According to the cognitive social learning theory there is a set of 6 general personal beliefs that make up the core of the Type A personality :

- My sense of personal well-being (peace of mind) depends upon being a worthwhile ,lovable, respected person;
- My worth is not constant- it fluctuates;

- 3. My worth is determined by how I feel about myself;
- How I feel about myself is determined primarily by what others think about me (or what I think they think of me);
- What others think of me is determined primarily by what they see me do (my achievements);
- Therefore, in order to have a sense of personal wellbeing I must achieve a lot, so that people will think well of me so that I will feel good about myself (Price, 1982,

p. 67).

Type A's appear to be reluctant to abandon the belief that their worth fluctuates. Type A's often believe that their worth is greater than some persons and less than others. This belief is coupled with the concept of expediency. The principle of expediency is often the Type A's law of survival. In this principle one can see the potential for immoral behavior in the Type A belief system. The Type A who is concrete in the principle of expediency, may believe that his worth is superior to one group (such as subordinates), and may exploit subordinates as a means to proving self through tangible accomplishments. Another faulty belief system is the belief that personal resources are limited; that is, if recognition is given to a co-worker, there won't be recognition for the Type A individual. This fear of limited personal resources (e.g. praise, love, attention, recognition) relates intimately to the fear of being viewed as worthless (Price, 1982). The aforementioned setting of high personal goals maybe another personality characteristic that often results in self-criticism, feelings of worthlessness, and depression (Glass, 1977).

Type A personalities are not conducive to the development of a well-functioning intimate social support system (Price, 1982). It has been demonstrated that social support has a beneficial effect on the outcome of physical and psychiatric illness (Cohen & Wills, 1985; Parry & Shapiro, 1986; Wallston, Alagna, DeVellis, & DeVellis, 1983). Using the cognitive social learning model of Type A, proving one's personal worth or value is oftentimes seen as an essential part of their behavioral pattern. The Type A individual appears to rely excessively on feedback from peers to assess his personal worth (Price, 1982). If feedback is meager due to lacking social support systems, this may have an unfortunate influence on the Type A's self-esteem.

Statement of Problem

Type A behavior can best be studied psychologically by using a theoretical approach. For the purpose of this study the cognitive social learning theory best fits. Aforementioned research has demonstrated that Type A individuals often have limited social support systems (Price, 1982), and that the perception of the social support system by the recipient is often a large factor in the self-esteem of the individual (Riegel, 1989). Burke, Weir, & DuWors (1979) stated that occupational success appears to be the primary source of satisfaction for many Type A men. This behavior pattern does not provide a sound foundation for mutually satisfying marital or family relationships. It appears that Type A individuals who need the most social support are less likely to develop and maintain that support. The absence of satisfying

interpersonal relationships could be considered an important nonmedical component of Type A individuals warranting further study (Price, 1982).

Many studies speculate on the direct effects of perceived social support on the self-esteem of Type A personalities. The significance of this study will be to better clarify the effects of social support systems on the self-esteem of Type A individuals. It is important to assess more systematically the perception of social support and the self-esteem of the Type A personality. By clarifying these components, medical and psychological professionals may better understand the interpersonal aspects of Type A individuals. This clarification may also help to develop better treatment plans for future cardiac patients and for those working in cardiac research. If social interaction is a stressful event for Type A individuals, then the treatment of Type A's must address this issue.

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Chapter 2

METHOD

The following chapter will discuss the procedures used in this study. Information regarding population and sampling procedures, materials and instrumentation, and experimental procedures will be dealt with.

<u>Subjects</u>

An intact group of 76 students in Introductory Psychology courses from a small Midwestern University was the sample group. The fixed effects of Type A or Type B personality assigned subjects to their respective group. There were 51 female subjects and 25 male subjects. Having access to a relatively large sample allowed for attrition.

The sample chosen is consistent with many other samples used in previous research regarding these variables (Barrera, Sandler, & Ramsay, 1981; Matthews, 1982; Helmreich & Stapp, 1974). This is a convenience sample due to the availability of Introductory Psychology students.

<u>Apparatus</u>

Jenkins Activity Survey-Form T (JAS). The JAS-Form T was used to determine Type A or B individuals. The JAS- Form T is a modified version of the original JAS (Jenkins, Zyzanski, & Rosenman, 1979). The modification involved deleting items on Job Involvement, thus making Form C a students version. The JAS Form C is a standardized , objective, 44 item self-report measure of coronary prone behavior. Scores on the JAS may range from 0 -21. The determination of Type A or B is broken down in this scale as follows: 0-4 B+ highest B rating
5-7 B- lowest B rating
8 is the mean score, no personality type is indicated
9-11 A- lowest A rating
12-21 A+ highest A rating

All scoring levels were used with the exception of scores of 8. Scores of 8 were discarded since no personality type is indicated with it.

There are many studies proving the predictive validity of the JAS and heart attacks (Matthews, 1982). Holden, & Hickman (1987) found the JAS to have a reliability of .90. The JAS has been included in Appendix F.

The <u>Texas Social Behavior Inventory</u>- Form A (TSBI). Helrnrich and Stapps' (1974), TSBI was used to measure self esteem and social competence. The TSBI (See Appendix D) is an objective 16 item self report questionnaire. Scoring is determined by a 5 point Likert scale with 0 determining the lowest self-esteem rating and 4 determining the highest self esteern rating. Scoring is measured by adding all of the item scores into one final score, the final scores are them broken down into levels of self esteem.

The TSBI-A ". . . can be used with confidence to provide reliable indices of selfesteem" (Helmreich & Stapp, 1974; p. 475). The correlation coefficients for the long form are .97 for both males and females (Helmreich & Stapp, 1974).

The Inventory of Socially Supportive Behaviors (ISSB). Barrera, Sandler, & Ramsays' (1981) ISSB was used to measure the frequency with which the subjects

perceived they are the recipients of supportive behavior. The ISSB is a 40 item self report measure based on a 5 point Likert scale, with 1 being very little support and 5 being a great deal of support (See Appendix E). In a test re-test situation reliability for the ISSB is correlated at r(69)=.882, while validity yielded scores of .926 on the first administration and .940 on the second administration (Barrera, Sandler, & Ramsay, 1981).

Demographic Questionnaire. A demographic questionnaire (See Appendix C) was developed by the experimenter to gather information such as; gender, age, student classification, level of education parents achieved, level of education subject intends to receive, socioeconomic status of parents. Also included in this questionnaire is, who the subject sees as producing the most pressure upon them to do well in school. This questionnaire was used to provide demographic information to better assist in limiting mortality threat as previously mentioned in the internal validity section.

<u>Consent Form</u>. A consent form was developed by the experimenter to explain the study and the confidentiality within the study. Subjects were required to sign the consent form before participation in this study. The consent form was approved by the Institutional Review Board. The Consent form has been provided in Appendix B. <u>Procedures</u>

Subjects were tested as a group in their usual classroom setting, at their regular class time. The experimenter was introduced by the instructor of that respective class and the instructor then left the classroom. The experimenter then reintroduced herself (see Appendix A) and explained her reason for being in their classroom.

Consent forms were distributed to each student. The experimenter then said:

" Please read the consent forms carefully and sign them now." Upon the signing of the consent forms the experimenter then explained

"I will now come around and pick up your signed consent form and distribute the questionnaire packets, please leave the questionnaire packets on your desk until further instructions are given."

At this time the experimenter went to each desk and picked up the consent forms, checking to see that each one had been signed. The experimenter then distributed the questionnaire packets at the same time the consent forms were being picked up. The questionnaire packets were stapled together and have their confidential identification numbers on each instrument contained in the packet. The questionnaire packets contained the Demographic Questionnaire on top and the JAS, TSBI, and the ISSB in their respective counterbalanced orders.

Upon distribution of the questionnaire packets the experimenter then returned to the front of the classroom and gave the following instructions.

"When I tell you to begin I would like you to complete each questionnaire in the order it appears in the packet, please complete every question on each questionnaire. Read the instructions at the top of each questionnaire before you begin. Please take your time, read each question carefully and answer the questions based on how you feel <u>most</u> of the time, not necessarily how you feel at this particular moment. When you have finished please clip the packet back together and remain in your seats, thank you, you may begin."

Upon completion of the packets the experimenter went around the room and collect the questionnaire packets. The experimenter then thanked the class and discuss confidentiality by saying,

"I want to thank you all very much for participating in this study. I will be using other Introductory Psychology classes so I ask that you not discuss this exercise with your friends. By discussing this with friends you could damage the validity of my results, and then this whole process would be for nothing."

Subjects were debriefed as follows:

"This research has been designed to study the social support systems, that is, your close friends and family, and the self-esteem of Type A individuals. Upon completion of this study I would be happy to share my results with you if you are interested. Again, thank you for you participation and for not sharing this information with any of your friends."

Statistical Design

The independent variables in this study is social support (high and low) as scored by the ISSB. The dependent variable is personality type (Type A or Type B) as scored by the JAS, and self esteem (high and low) as scored by the TSBI. The JAS, TSBI, and ISSB were scored according to the procedures used in their respective test

manuals. Means and standard deviations for Type A, Type A social support, Type A self esteem, Type B, Type B social support, and Type B self-esteem were calculated. Multi-variate T-tests were used to determine the significance between Type A and B social support, Type A and B self- esteem, Type A self-esteem and Type A social support and Type B self-esteem and Type B social support.

CHAPTER 3

RESULTS

The independent variable in the present study was social support (high or low) as scored by the ISSB. The dependent measures were personality type (A or B) as scored by the JAS and self-esteem (high or low) as scored by the TSBI. The data were analyzed by using multi-variate T-tests. Univariate T-tests were used upon finding significance at the multivariate level.

No significance for personality type and social support, ($\underline{p} = .327$) was found at the multivariate level. The mean ratings and standard deviations for social support by personality type are shown in Table 1. While mean differences varied by 1.029 and standard deviations were different by .317, the statistical test suggests that there is a similar distribution of personality type between high and low social support levels. Table 1

Mean Ratings and Standard Deviations For Personality Type and Social Support

Personality Type (JAS)

	Mean	Standard Deviation
Social Support (low)	8.929	3.589
Social Support (high)	9.958	3.906
Total sample	9.404	3.738

There was no significant effect for self-esteem and social support, ($\underline{p} = .818$). The mean differences and standard deviations are shown in Table 2. The means differed by .353 while the standard deviations differed by 1.583. Level of self-esteem had no significant effect on level of social support.

Table 2

Mean Ratings and Standard Deviations for Self-Esteem and Social Support

Self-Esteem (TSBI)

	Mean	Standard Deviation
Social Support (low)	35.500	5.853
Social Support (high)	35.853	4.270
Total Sample	35.654	5.137

At the multivariate level significance was found for traditional and nontraditional students and personality type, see Table 3.

Table 3

Multivariate Test of Significance (S = 1, M = 0, N = 35 1/2)

<u>Test Name</u>	Value	Exact F	Hypth DF	Error DF	Sig. of F
Wilks	.932262	.6523	2.00	73.00	.077

Post hoc analysis further suggested that nontraditional students had a greater tendency to be Type A personality. Traditional students had a greater tendency to be

Type B personaltity, see Table 4.

Table 4

Univariate F-tests with (1,74) D.F. For Traditional and Non-Traditional Students by Personality Type (JAS) and Self-Esteem (TSBI)

<u>Variable</u>	Hypoth. SS	Error SS	Hypoth. MS	Error MS
JAS	54.93620	1045.48485	54.93620	14.12817
TSBI	43.43254	2437.67273	43.43254	32.94152
<u>Variable</u>	<u>E</u>		Sig. of F	
JAS	3.8842		.052	
TSBI	1.31847		.255	

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CHAPTER 4

DISCUSSION

The purpose of this study was to determine the relationship between social support and self-esteem in Type A and B personalities. Subjects included 76 (24 male and 51 female), Introductory Psychology students from a small mid-western university. Subjects completed the JAS, TSBI, ISSB, and a demographic assessment form.

The data from the present study indicate that there were no differences among social support, personality type and self-esteem in Introductory Psychology students. Significance was found at the $\underline{p} > .05$ level with the multivariate measure of traditional and nontraditional students and personality type. Post hoc analysis with a univariate measure indicated that nontraditional students had greater tendency to be Type A personality, traditional students had a greater tendency to be Type B personality.

With regard to the lack of significance found on the multi-variate level, between personality type, self-esteem, and social support, the results were not surprising. Reigel's (1989) study was conducted using a population of cardiac patients as opposed to this study which used college students from a small mid-western university. Reigel (1989) suggested that Type A personalities, self-esteem was lowered by an increase in social support. This concept maybe escalated when a life threatening illness is involved as was the case using her populations. When a life threatening illness occurs patients maybe overwhelmed with visitors and well-wishers. Thus, irritability and a magnification of the illness may occur. However, when comparing typical, day to day, social support, as was the case in this study's

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population the sense of urgency and magnification would most likely be lessened.

The only information found to be statistically significant with the multivariate Ttest is between non-traditional and traditional students and personality type. This might be explained by the non-traditional students, age 25 and over, motivation for attending college. It appears that many non-traditional students arrive on a university campus with self directed, specific goals. Traditional students seem somewhat less goal directed and driven. These results may also be sample specific. Prior studies and literature regarding this issue were not available. Further investigation of this finding is necessary.

While this study yielded no significant differences, other than that found between traditional/nontraditional students and personality type, the hypothesis will be accepted. Factors effecting the outcome of this study might include, population size and type, as well as the concept of Type A and B personality as a generalized theory of personality. In a literary review of Type A research, Linden (1987) stated "researchers should direct their attention away from the global Type A, B Personality (TABP) construct and instead focus on (1) cardiovascular hyperactivity as an important marker in the development of heart disease and (2) the effects of hostility and the expression of anger on cardiovascular processes. Riegel (1989) found that with a population in which a life threatening illness is involved, social support has an effect on the self-esteem of Type A individuals. This study found that with a population in which a life threatening illness in not involved, no significant relationship between personality type, social support and self-esteem exists. There should be great interest in how the self-esteem of individuals who are facing a chronic, severe non-

Wethreatening illness would be effected by social support? Illnesses of interest might include diabetic's or individuals with chronic asthma or ulcer problems.

The sample used was quite homogeneous, consisting primarily of individuals from relatively rural areas. A larger sample size might also effect the results of this study. The variable of locust of control has often been associated with self-esteem and might also provide differences in results.

The recognition that personality type might effect the relationship between selfesteem and social support among individuals with coronary heart disease is a valued concept in the rehabilitation of coronary patients. This relationship has not been confirmed by this study, when using a midwestern university population, who does not have any known coronary heart disease. However, this study provided valuable information into the continued understanding of Type A and B personality. Future researchers might further develop an understanding of the Type A concept by continuing to define the possibility of other types of illnesses that might be significantly related to Type A personality. Diabetic's, chronic asthma and ulcer patients might provide a useful beginning for future researchers.

The pairing of Type A and B personality with social support is a relatively new proposal, other sample populations need to be further examined. While this study suggests that there are no differences using Introductory Psychology students, other samples of interest might include a more diverse sample using graduate and under-graduate students.

References

- Barrera, M. Jr., & Ainlay, S.L. (1983). The structure of social support: A conceptual and empirical analysis. Journal of Community Psychology, <u>11</u>, 133-143.
- Barrera, M. Jr., Sandler, I.N., & Ramsay, T.B. (1981). Preliminary development of a scale of social support: Studies on college students. <u>American Journal of</u> <u>Community Psychology</u>, 9(4), 435-447.
- Berrenberg, J.L., & Deyle, R. (1989). Type A behavior, masculinity and self-esteem. Journal of Social Behavior and Personality, <u>4</u>(4), 389-399.
- Brewin, C.R., MacCarthy, B., & Furnham, A. (1989). Social support in the face of adversity: The role of cognitive appraisal. <u>Journal of Research in Personality</u>, <u>23</u>, 354-372.
- Burke, R.J., Weir, T., & DuWors, R.E., Jr. (1979). Type A behavior of administrators and wives reports of marital satisfaction and well- being. <u>Journal of Applied</u>. <u>Psychology</u>, <u>64</u>, 57-65.
- Caplan, G. (1974). <u>Support Systems and Community Mental Health.</u> New York: Behavioral Publications.
- Chesney, M.A., Black, G.W., Chadwick, J.H., & Rosenman, R.H. (1981). Psychological correlates of the Type A behavior pattern. <u>Journal of Behavior Medicine</u>, <u>4</u>, 217-229.
- Cobb, S. (1976). Social support as a moderator of life stress. <u>Psychosomatic Medicine</u>, <u>38</u>, 300-314.
- Cohen, S., Mermelstein, R., Kamarck, T., & Hoberman, H.M. (1985). Measuring the

- functional components of support. In I.G. Sarason & B.R.Sarason (Eds), <u>Social</u> <u>Support: Theory, research and applications</u> (p. 73-94). Dordrecht, The Netherlands: Martinus - Nijhoff.
- Cohen, S., & Syme, L. (1985). Issues in the study and application of social support. In S. Cohen & L. Syme (Eds). <u>Social support and health</u> (p. 3-22). Orlando, FL: Academic Press.
- Cohen, S. & Wills, T.A. (1985). Stress, social support, and the buffering hypothesis. <u>Psychological Bulletin</u>, <u>98</u>, 310-357.
- Coopersmith, S. (1967). The Antecedents of Self-Esteem. San Francisco: W. H Freeman.
- Davidson, D.M. (1987). Social support and cardiac rehabilitation: A review. <u>Journal of</u> <u>Cardiopulmonary Rehabilitation</u>, <u>7</u>(4), 196-200.
- DeGregorio, E., & Carver, C.S. (1980). Type A behavior pattern, sexrole orientation, and psychological adjustment. <u>Journal of Personality and Social Psychology</u>, <u>39</u>,286-293.
- Dembroski, T.M., & McDougall, J.M. (1978). Stress effect on affiliation preferences among subjects possessing the Type A coronary prone behavior pattern. <u>Journal</u> <u>of Personality and Social Psychology</u>. <u>36(1)</u>, 23-33.
- Doehrman, S.R. (1977). Psycho-social aspects of recovery from coronary heart disease: A review. <u>Social Science Medicine</u>, <u>11</u>, 199-218.
- Durkheim, E. (1952). <u>Suicide; a study in sociology.</u> (G. Simpson, (Ed), J.A. Spaulding (trans.). London: Rutledge & K. Paul, 1952.

Eckenrode, J. (1983). The mobilization of social supports: Some individual constraints. <u>American Journal of Community Psychology</u>, <u>11</u>, 509-528.

- Furnham, A., Borovoy, B. & Henley, S. (1986). Social support and cardiac rehabilitation: A review. Journal of Cardiopulmonary Rehabilitation. 7, 196-200.
- Glass, D. (1977) <u>Behavior Patterns, Stress and Coronary Disease.</u> Hillsdale, New Jersey: Erlbaum.
- Goffman, E. (1968). <u>Stigma: Notes on the management of spoiled identity.</u> Harmondsworth, Middlesex: Penguin Books.
- Gottlieb, B.H. (1985). Social support and the study of personal relationships. <u>Journal</u> of Social and Personal Relationships, <u>2</u>, 351-375.
- Gross, A.E., Wallston, B.S., & Piliavin, I.M. (1979). Reactance attribution, equity, and the help recipient. Journal of Applied Social Psychology, <u>9</u>(4), 297-313.
- Helmreich, R., & Stapp, J. (1974). Short forms of the Texas Social Behavior Inventory (TSBI): An objective measure of self-esteem. <u>Bulletin of the Psychonomic Society</u>, <u>4</u>, 473-475.
- Holden, R.R., & Hickman, D. (1987). Computerized versus standard administration of the JAS (Form T). Journal of Human Stress, 13, 175-179.
- Houston, K.B., & Kelly, K.E. (1987). Type A behavior in housewives: Relation to work, marital adjustment, stress, tension, health, fear-of-failure, and self-esteem. <u>Journal</u> <u>of Psychosomatic Research</u>, <u>31</u>, 55-61.
- Jenkins, C.D., Zyzanski, S.J., & Rosenman, R.H. (1979). <u>Jenkins Activity Survey</u> <u>manual</u>. New York: Psychological Corporation

- **Be**fcourt, H.M., Martin, R.A., & Salen, W.E. (1984). Locus of control and social support: Interactive moderators of stress. <u>Journal of Personality and Social Psychology</u>, <u>47</u>, 378-389.
- **Linden**, W. (1987). On the impending death of the Type A construct: Or is there a phoenix rising from the ashes? <u>Canadian Journal of Behavioral Science, 19(2)</u>, 177-190.
- Mahoney, M.J. (1976). <u>Scientist as subject: The psychological imperative.</u> Cambridge, Mass.: Ballinger Publishing Company
- Martin, R.A., Kuiper, N.A., & Westra, H.A. (1989). Cognitive and affective components of the Type A behavior pattern: Preliminary evidence for a self-worth contingency model. <u>Personal and Individual Differences</u>, 10(7), 771-784.
- Marx, J.L. & Kolata, G.B. (1978). Combatting the #1 Killer. American Association for the Advancement of Science. Washington, D.C.
- Matthews, K.A. (1982). Psychological perspectives on the Type A behavior pattern. <u>Psychological Bulletin</u>, <u>91</u>, 293-323.
- Mayou, R. (1979). The course and determinants of reactions to myocardial infarction. British Journal of Psychiatry, 134, 588-594.
- Mayou, R., Foster, A., & Williamson, B. (1978). The psychological and social effects of myocardial infarction on wives. <u>British Medical Journal</u>, <u>1</u>, 699-701.
- Parry, G., & Shapiro, D.A. (1986). Social support and life events in working class women: Stress-buffering or independent effects? <u>Archives of General Psychiatry</u>, <u>43</u>, 315-323.

- Price, V.A. (1982). <u>Type A behavior pattern: A model for research and practice.</u> New York: Academic Press.
- Razin, A.M. (1982). Psychosocial intervention in coronary artery disease: A review. Psychosomatic Medicine, 44, 363-387.
- Riegel, B., (1989). Social support and psychological adjustment to chronic coronary heart disease: Operationization of Johnson's behavioral system model. <u>Advances</u> <u>in Nursing Science</u>, <u>11(</u>2), 74-84.
- Sarason, I., Levine, H., Basham, R., & Sarason, B. (1983). Assessing social support: The social support questionnaire. <u>Journal of Personality and Social Psychology</u>, <u>44</u>, 127-139.
- Sarason, I.G., & Sarason, B.R. (1985). Social support: Insights from assessment and experimentation. In I.G. Sarason & B.R. Sarason (Eds), Social support: Theory, research and applications (pp. 39-50). Dordrecht, The Netherlands: Martinus - Nijhoff.
- Shumaker, S.A., & Brownell, A. (1984). Towared a theory of social support: Closing conceptual gaps. <u>Journal of Social Issues</u>, <u>40(</u>4), 11-36.
- Thomas, S.P. (1986). A descriptive profile of Type B personality. <u>IMAGE: Journal of</u> <u>Nursing Scholarship</u>, <u>18(</u>1), 4-7.
- Tramill, J., Kleinhammer-Tramill, P., Davis, S., & Parks, C. (1985). The relationship between Type A and Type B behavior patterns and levle of self-esteem. <u>The</u> <u>Psychological Record</u>. <u>35</u>, 323-327.

Van Egeren, L.F. (1979). Social interaction, communications, and the coronary-prone

behavior pattern: A psychophysiological study. <u>Psychosomatic Medicine</u>, <u>41(1)</u>, 2 -18.

- Wallston, B.S., Alagna, S.W., DeVellis, B.M., & DeVellis, R.F. (1983). Social support and physical health. <u>Health Psychology, 2</u>, 367-391.
- Waltz, M. (1986). Marital context and post-infarction quality of life: Is it social support or something more? <u>Social Science Medicine, 22</u>, 791-805.
- Wortman, C.B., & Conway, T.L. (1985). The role of social support in adaptation and recovery from physical illness. In S. Cohen, & S.L. Symes (Eds): <u>Social Support</u> and <u>Health</u>. London, Academic Press.

APPENDIX A Introduction Script

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"Hello, my name is Trish Bannon and I am currently a graduate student in clinical psychology here at Emporia State University. I am here today to request your participation in an exercise I am using as a part of my thesis. This exercise will require you to fill out 4 questionnaires, there is no threat to you physically or emotionally in this study. I will begin by distributing a consent form for your participation. I would ask that you read it carefully and sign it if you agree to participate. I would also like you to understand that you do not have to participate and that if you choose not to participate it will not effect your grade in this class. Those of you who choose not to participate may be excused to go quietly out into the hall until this exercise is completed. Do not leave the building as you will be having class as soon as the questionnaires are completed."

APPENDIX B Informed Consent Form

Informed Consent Form

This study is to assess the attitudes of students in a midwestern university. Strict confidentiality will be used throughout this study. Names will not be used in any description or discussion of this study or the results found. Only the experimenter and one other graduate student will have access to the initial data collected.

This study is not a mandatory part of your curriculum. If you agree to participate you will be asked to fill out several questionnaires. If at any time you choose to discontinue this study you may do so. If you do not agree to participate in this study no negative recourse will be taken by either the experimenter or the instructor of this course.

This study has been reviewed and approved by the Institutional Review Board. It will not contain any harmful events to the subjects either physically or emotionally. If you agree to participate in this study please sign this form.

I understand that confidentiality will be used in this study, that the Institutional Review Board has approved this study, and I agree to participate.

Signature of Participant

APPENDIX C Demographic Information

Demographic Information

Please circle the correct answer as it pertains to you.

- Female 1. Male 2. What is your religious preference? Catholic Atheist Other Protestant Traditional Student Nontraditional Student 3. over age 25 Student Classification 4. Freshman Sophomore Senior Junior Grad. School Non-degree seeking What is the highest occupation held by either of your parents 5. 1. Professional (physician, lawyer, CPA, Executive) 2. Minor Professional (beginning lawyer or physician, small business owner 3. Semiprofessional (salesperson, cashier, ect.) 4. Skilled worker (bookkeeper, railroad engineer, police officer) 5. Medium Skilled worker (telephone operator, carpenter, plumber) 6.Semi-skilled worker (taxi or truck driver, waitress) 7. Unskilled worker (laborer, custodian, ect.) What is the highest level of education attained by either of your 6. parents? Non High School Graduate High School Graduate High School Graduate with some college College Graduate What type of neighbor hood did you live in? 7.
 - 1. Very High (The best houses mansions)
 - 2. High (Superior and well above average, slightly less that #1)

- 3. Above Average (well cared for, nice, but not pretentious)
- 4. Average (areas of workingmen's homes, small, neat)
- 5. Below Average (undesirable area, close to factories, run-down)
- 6. Low (Area includes run-down houses and semi-slums)
- 7. Very low (slum district, area has poor reputation
- 8. What is the highest level of education you intend to receive?

Some College Graduate with Bachelors

Some Grad School Graduate with Masters Doctoral

9. How much pressure do you place upon yourself to do well in college?

None)			Some					Very Much
1	2	3	4	5	6	7	8	9	10

10. How much pressure do/did your friends and family place upon you to do well in college?

None	Э		;	Some					Very Much
1	2	3	4	5	6	7	8	9	10

11. Of your answers to questions #8 and #9, which one produces the most pressure for you?

Self Family Friends

APPENDIX D Texas Social Behavior Inventory

TEXAS SOCIAL BEHAVIOR INVENTORY-FORM A

Please circle the answer that best describes you, circle only one.

1. I am not likely to speak to people until they speak to me

	a Not at all character- istics of me	b Not very	c SlightlyFairly	d Very much	e character- istic of me
2.	I would describe	myself as	self-confident.		
	a Not at all character- istic of me	b Not very	c Slightly	d Fairly	e Very much character- istic of me
3.	l feel confident c	of my appe	arance.		
	a Not at all character- istic of me	b Not very	c Slightly	d Fairly	e Very much character- istic of me
4.	l am a good mix	er.			
	a Not at all character- istic of me	b Not very	c Slightly	d Fairly	e Very much charcter- istic of me

5. When in a group of people, I have trouble thinking of the right thing to say.

а	b	С	d	е
Not at all character- istic of me	Not very	Slightly	Fairly	Very much character- istic of me

6. When in a group of people, I usually do what the others want rather than make suggestions.

а	b	с	d	е
Not at all character- istic of me	Not very	Slightly	Fairly	Very much character- istic of me

7. When I am in disagreement with other people, my opinion usually prevails.

а	b	С	d	е
Not at all character- istic of me	Not very	Slightly	Fairly	Very much character- istic of me

8. I would describe myself as one who attempts to master situations.

а	b	С	d	е
Not at all character- istic of me	Not very	Slightly	Fairly	Very much character- istic of me

9. Other people look up to me.

а	b	С	d	е
Not at all character- istic of me	Not very	Slightly	Fairly	Very much character- istic of me

10. I enjoy social gatherings just to be with people.

а	b	С	d	е
Not at all character- istic of me	Not very	Slightly	Fairly	Very much character- istic of me

11. I make a point of looking other people in the eye.

а	b	С	d	е
Not at all character- istic of me	Not very	Slightly	Fairly	Very much character- istic of me

12. I cannot seem to get others to notice me.

а	b	С	d	е
Not at all character- istic of me		Slightly	Fairly	Very much character- istic of me

13. I would rather not have very much responsibility for other people.

а	b	С	d	е
Not at all character- istic of me	Not very	Slightly	Fairly	Very much character- istic of me

14. I feel comfortable being approached by someone in a position of authority.

а	b	С	d	е
Not at all character- istic of me	Not very	Slightly	Fairly	Very much character- istic of me

15. I would describe myself as indecisive

а	b	С	d	е
Not at all character- istic of me	Not very	Slightly	Fairly	Very much character- istic of me

16. I have no doubts about my social competence.

а	b	С	d	е
Not at all character- istic of me	Not very	Slightly	Fairly	Very much character- istic of me

APPENDIX E Inventory of Socially Supportive Behavior

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Inventory of Socially Supportive Behavior

Please read each item carefully and select the rating that you think is the most accurate.

During the past four weeks, how often did other people do these activities for you, to you, or with you:

1. Looked after a family member when you were away.

А	В	С	D	E
Not at	Once or	About	Several	About
all	twice	once a	times a	every day
		week	week	

2. Was right there with you (physically in a stressful situation.

А	В	С	D	E
Not at	Once or	About	Several	About
all	twice	once a week	times a week	every day

3. Provided you with a place where you could get away for awhile.

А	В	С	D	E
Not at	Once or	About	Several	About
all	twice	once a week	times a week	every day

4. Watched after your possessions when you were away.

В	С	D	E
Once or	About	Several	About
twice	once a week	times a week	every day
	Once or	Once or About	Once or About Several twice once a times a

5. Told you what she/he did in a situation that was similar to yours.

А	В	С	D	E
Not at	Once or	About	Several	About
all	twice	once a	times a	every day
		week	week	

6. Did some activity with you to help you get your mind off of things.

В

Once or

twice

С

About

once a

D

Several

times a

Е

every day

About

А

Not at

all

			week	week	, ,
7. Talked wi	th you about s	ome interests	of yours.		
	A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
8. Let you k	now that you d	did something	well.		
	A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
9. Went with	n you to some	one who could	take action.		
	A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
10. Told you	i that you are (OK just the wa	y you are.		
	A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
-	u that she/he v etween the two	vould keep the of you.	things that y	ou talk about	private
	A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day

12. Assisted you in setting a goal for yourself.	12.	Assisted	you in	setting a	a goal f	or yourself.	
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		A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
13.	Made it clea	ar what was e	pected of yc	bu.		
		A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
14.	Expressed yours.	esteem or res	pect for a co	mpetency or p	ersonal quali	ty of
		A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
15.	Gave you s	ome informati	on on how to	o do something].	
		A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
16.	Suggested	some action t	hat you shou	ld take		
		A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
17.	Gave you o	ver \$25.				
		A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day

18. Comforted you by showing you some physical affection.

		•••			
	A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
19.	Gave you some info were in.	ormation to help	you understar	nd a situation y	you
	A Not at all	B Once or twice	C About once a week	D Several times a week	E About everyday
20.	Provided you with s	ome transportati	on.		
	A Not at all	B Once or twice	C About once a week	D Several tirnes a week	E About everyday
21.	Checked back with given.	you to see if you	I followed the	advice you we	ere
	A Not at all	B Once or twice	C About once a week	D Several tirnes a week	E About every day
22.	Gave you under \$2	5. [.]			
	A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day

23. Helped you understand why you didn't do something well.

А	В	С	D	E
Not at	Once or	About	Several	About
all	twice	once a	times a	every day
		week	week	

24. Listened to you talk about your private feelings.

А	В	С	D	Е
Not at	Once or	About	Several	About
all	twice	once a week	times a week	every day

25. Loaned or gave you something (a physical object other than money) that you needed.

А	В	С	D	E
Not at	Once or	About	Several	About
all	twice	once a week	times a week	every day

26. Agreed that what you wanted to do was right.

А	В	С	D	E
Not at	Once or	About	Several	About
all	twice	once a week	times a week	every day

27. Said things that made your situation clearer and easier to understand.

А	В	С	D	E
Not at	Once or	About	Several	About
all	twice	once a	times a	every day
		week	week	

28. Told you how he/she felt in a situation that was similar to yours.

А	В	С	D	E
Not at	Once or	About	Several	About
all	twice	once a	times a	every day
		week	week	

29. Let you know that he/she will always be around if you need assistance.

А	В	С	D	E
Not at	Once or	About	Several	About
all	twice	once a	times a	every day
		week	week	

30. Expressed interest and concern in your well-being.

		A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
31.	Told you tha	it she/he feels	very close to	you.		
		A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
32.	Told you wh	no you should	see for assist	ance.		
		A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
33.	Told you wh	at to expect i	n a situation th	nat was about	to happen.	
		A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day
34.	Loaned you	over \$25.				
		A Not at all	B Once or twice	C About once a week	D Several times a week	E About every day

35. Taught you how to do something.

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А	В	С	D	E
Not at	Once or	About	Several	About
all t	wice	once a	times a	every day
		week	week	

36. Gave you feedback on how you were doing without saying it was good or bad.

	А	В	С	D	E
	Not at	Once or	About	Several	About
	all	twice	once a week	times a week	every day
37. Joked and	d kidded to tr	y to cheer you	up.		
	A Not at all	B Once or twice	C About once a week	D Several tirnes a week	E About every day
38. Provided	you a place t	o stay.			
	A Not at all	B Once or twice	C About once a week	D Several tirnes a week	E About every day

39. Pitched in to help you do something that needed to get done.

А	В	С	D	E
Not at	Once or	About	Several	About
all	twice	once a	times a	every day
		week	week	

40. Loaned you under \$25

А	В	С	D	E
Not at	Once or	About	Several	About
all	twice	once a week	times a week	every day

APPENDIX F Jenkins Activity Survey Form-T

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Modified Jenkins Activity Survey

- For Each item below select the answer which best reflects your opinion about yourself. Place your answer in the blank at the left of the question.
 - __1. How would your husband/wife (closest friend) rate you?
 - a. Definitely hard-driving and competitive
 - b. Probably hard-driving and competitive
 - c. Probably relaxed and easy going
 - d. Definitely relaxed and easy going
 - _2. How would you rate yourself?
 - a. Definitely hard-driving and competitive
 - b. Probably hard-driving and competitive
 - c. Probably relaxed and easy going
 - d. Definitely relaxed and easy going
 - _3. How do you consider yourself?
 - a. More responsible than the average student
 - b. As responsible as the average student
 - c. Less responsible than the average student
 - _4. Compared to the average student,
 - a. I give much more effort
 - b. I give an average amount of effort
 - c. I give less effort
 - _5. College has
 - a. stirred me into action
 - b. not stirred me into action
 - _6. Compared to the average student
 - a. I am more precise
 - b. I am as precise
 - c. I am less precise
 - _7. Compared to the average student,
 - a. I approach life much more seriously
 - b. I approach life as seriously
 - c. I approach life less seriously
 - _8. How would most people rate you?
 - a. Definitely hard-driving and competitive
 - b. Probably hard-driving and competitive

	 c. Probably relaxed and ead d. Definitely relaxed and ead 	, , ,	
9.	How would you rate yourself a. Definitely NOT having le b. Probably NOT having le c. Probably having less en d. Definitely having less er	ess energy than most peop ss energy than most peop ergy than most people	
10. a. \	I frequently set deadlines for n (es	nyself in courses or other t b. No	hings. c. Sometimes
	Do you maintain a regular stu sgiving, Christmas, and Easter fes		ons such c. Sometimes
12. a. \	I hurry even when there is ple Yes	enty of time b. Once in a while	c. Never
13. a. \	I have been told of eating to f Yes	ast b. Once in a while	c. Never
14.	How would you rate yourself a. I eat more rapidly than b. I eat as rapidly as most c. I eat less rapidly than m	most people people	
	I hurry a speaker to the point. Frequently	b. Once in a while	c. Never
16.	How would most people rate a. Definitely NOT doing mo b. Probably NOT doing mo c. Probably doing most thing d. Definitely doing most thing	ost things in a hurry ost things in a hurry gs in a hurry	
17.	Compared to the average stu a. I hurry much less b. I hurry as much c. I hurry much more	udent	
	How often are there deadline Frequently	es in your courses? b. Once in a while	c. Never

19. Everyday life is fille a. Yes	d with challenges to be met b. No	c. Sometimes		
20. I have held an office in an activity group or held a part-time job while in school.				
a. Frequently	b. Once in a while	c. Never		
21. I stay in the library a	at night studying until closing			

a. Frequently c. Never