

Screwtape Letters Final Paper Student Example

The Screwed Up Research Letters

1)

My dear Hubbleclub,

It is assuring to know that our patient is not handling the pressures of starting grad school well. This can be used to your strength. Make sure he knows that all of his hard work was only so he could get to now. Grad school is short for graduation- as in graduating from the hard work of his bachelor degree. From now on he can be assured that laziness is his prerogative.¹ As we both know this is not good advice- grad school will be very hard for him even if he were to retain his study habits from before. This habit of laziness will hopefully lead into his research if you are proficient in your methods. This will happen by making him change his hypothesis after he does his research because it is your goal to make sure he does not care about development in the early stages of his research- it needs to be based on sand and not a solid foundation.² Without the solid foundation he will not have clearly defined his variables either, and this will lead to the exact type of research we want.³

As for his advisor, this will be your arch nemesis. It is the ultimate goal to make sure that your patient's advisor will accept his work despite his flawed research. This will be a fine balance, but in the meantime give your patient the notion that his advisor is his best friend. Best friends do not reject each other, and neither will his advisor. This will help with his laziness and

1 This is an example of a virtue, that most will agree is negative (class notes). It will also have a negative impact on his research abilities- grad school is not for slouches.

2 Changing one's hypothesis during research can be seen as a lazy way to conduct research (class notes).

3 For good research to be conducted, there needs to be a clear operational definition for each variable (Morling, 2015, p. 57).

complacency for now, and later you will be able to handle the actual reality of the advisor's possible stinginess.

And lastly, you have said that your patient has been told to open his horizons and be more broad minded. This is true, but you should tell him not to change. Through a distortion of scientific evidence, you will let him know that bias is inevitable in research and therefore he does not need to work on his own perspective.⁴ We do not want new perspectives to be considered so that he will fully heed your advice, and furthermore so that he will not be too varied in his approach to creating his own research.

Keep doing your devilish work. With this advice your patient will never create any worthwhile research, and that is just the way we want it!

Your affectionate 71st cousin, 6 times removed,

Tortletubish

4 According to a feminist perspective, the researcher can not be separated from their research (Bohan, 1990), but this does not mean that a open mind is to be discouraged. With a closed mind, the patient will not be interested in looking at perspectives that may be useful for his research.

2)

My dear Hubbleglub,

It does seem that your advice is being followed to an almost religious extent and this will no doubt lead to your promotion. For now, however, you must continue on this route and ensure that the research is just as sloppy from beginning to end. Now we are reaching the stage where your patient will be collecting his thoughts about how he will want to conduct his research. This is perhaps one of the most critical phases and I ensure that you will follow my advice so that his foundation will not be strong. First and foremost, make sure that he does not conduct any kind of research aside from using the questionnaire method.⁵ He needs to believe that interviews, observation, and any form of experimental design is too hard and way too vague to truly be analyzed. It probably won't get published as easily either so he should not even try.⁶ With limiting himself to only using the questionnaire method we will more easily be able to ensure that only university students are tested, for extra credit⁷. Additionally we will be able to involve mostly WEIRD participants because the selection process of participants is much less vigorous.⁸

This self report technique, while not always invalid, will definitely be for him. Later in this process we will make sure that he has no choice to fail, but right now we are setting up the

5 While psychology should be based on behaviour, current research seems to have an evident focus on self report methods (Baumeister, 2007). For the patient to only use self report methods, he is only adding to the thousands of other studies that have used the very same method, instead of contributing to the need for behavioural based research.

6 Observational research, for example, can indeed have problems. An example of this is when there is observer bias, where the observer sees what they want to see (Morling, 2015, p. 172). This possibility does not however mean that it is a useless approach.

7 The issue highlighted here is that university students are always used because they are the easiest to access in a university setting, although they may not be the most representative (Sears, 1986).

8 WEIRD stands for Western, Educated, Industrialized, Rich, and Democratic. While using these participants in research is not a bad thing, they do not represent everybody in the world and therefore may only be applicable for those in similar situations (Morling, 2015, p. 432-433).

groundwork. For now we also need to entice him into this technique with the belief that he should do this over interviews because, since it is more anonymous, nobody is going to lie, which leads to better research.⁹ People know themselves and remember their memories clearly so there is nothing to worry about.¹⁰ Lastly, with this technique we can make him believe that since it is only a questionnaire, there is no concern for worrying about ethics. A few questions could never hurt anybody¹¹ and it is all anonymous so he won't have to worry about disposing of the data.¹²

I trust that you will follow these guidelines fully and soon enough your patient will be performing undeniably horrendous work. Until our next phase,

Your affectionate cousin,

Tortletubish

9 This is not true do to the fact that people fake good, or try to make themselves look better even when the survey is anonymous (Morling, 2015, p. 166).

10 People's memory of events is not always accurate (Morling, 2015, p. 167-168), so to lead the participant into doing this form of research under this premise is leading to false expectations about the complete validity of the findings.

11 As mentioned in class at some point, for the most part, asking participants questions would typically not fall into any ethical issues, but that does not mean that ethics should not be considered at all.

12 Data needs to be destroyed after five years (Canadian Institutes of Health, 2010).

3)

Dear Hubbleglub,

Soon enough now your patient will be designing their experiment and you must be prepared to be able to have control in this phase of research. Operationalization of variables is a key part of this research¹³ so we need to twist the reality surrounding this. It is true that many variables are hard to operationalize and there is not agreement across literature so you need to convey that since many do not agree, whatever he comes up with will work. Preferably something as easy as possible¹⁴. Internal validity is also a concern so we need to make him believe it is not a big deal. You will do this by reporting that internal validity is not as important with questionnaires and therefore is of no worry and no thought or preparation needs to be put in in this regard.¹⁵ This will be done with one exception- testing effects. Make sure he believes that in order to avoid testing effects, he should keep the questionnaire very short.¹⁶ Nobody likes to do questionnaires so make sure that it is as short as possible. Of those questions, encourage him to structure them so that they are multidimensional questions because those will look more impressive to his advisor.

As I mentioned in the last letter, it is important to only include WEIRD participants. I am

13 As previously mentioned, operationalization is important for turning a concept into something that is useable in a research context (Morling, 2015, p. 57).

14 Some terms are harder than others to operationalize (Morling, 2015, p. 58), like spirituality for example. Many scientists can not agree on the exact definition, so it is hard to compare literature or be completely clear on whether findings are looking at the same thing. This does not mean that the study of these ideas should not be completed though.

15 A one time questionnaire may not face some of the internal validity pressures as other forms of experimentation, but is not immune to them.

16 Testing effects is one of the internal validity threats to experiments and includes fatigue effects, so when participants get tired of testing (Morling, 2015, p. 323). While questionnaires should not be too long, the goal should not be to keep them extremely short. Relevant data still needs to be collected and this may involve having similar, almost redundant seeming questions.

reinforcing this because it will also make his work easier in the sense that he will then not have to worry about any cultural variation and will only have to make one questionnaire that he will then think has external validity.¹⁷ As far as analyzing his data, ensure your patient that he will only have to put all of his numbers into SPSS. He will not even have to think about the results because the output will tell him everything.¹⁸

Lastly, keep reminding him that his supervisor is his friend and in reality will probably not notice any issues with his design. The advisor has other students so he probably won't pay too much specific attention. Keep these things in mind as you move forward in out plan. Until later,

Your loving partial relative,

Tortletubish

17 External validity is the degree to which a study's claims can generalize to a larger population (Morling, 2015, p. 69). This study will not have external validity because the study purposefully only involves a certain type of people.

18 While this is not based on textbook reading or class discussion, the knowledge learned in class would suggest that one should pay attention to their data and be critical of possible input errors or technical issues.

4)

My dearest Hubbleglub,

As I understand, your patient has failed to listen to the advice that was given to him. While this has typically led to failure on our part, it seems that your patient has indeed retained the notion that laziness is the pinnacle of research values. Instead of opting for the questionnaire method, your patient has switched over to the experimental side and decided to implement a one group pretest/ posttest design.¹⁹ This is perhaps even worse of an experiment than we could have ever have suggested so while on the surface it looks like you are failing, you are actually doing a better job than most. With this design, your patient has a great chance of running into at least one of the threats to internal validity like history²⁰, maturation²¹, testing²², instrumentation effects²³, or regression to the mean²⁴.

As for the problem that you have brought to me- the advisor, we need to deal with this. You have said that the advisor wants your patient to add more groups to his design²⁵, but you are to tell

19 This type of experiment has been referred to as the Really Bad Experiment (Morling, 2015, p. 308). It is really bad because there is no comparison group and therefore alternate explanations for events is not evident and so the results may not be valid. This type of design is not common among serious academics.

20 A history effect is when the experimental group changes over time because of an event that happens outside of the experimental confines and affects most of the people involved (Morling, 2015, p. 322). With no other groups to compare to, the experimenter would not know if all of their patients were affected by some historical event. This, however, is what is wanted for the patient.

21 A maturation effect is when the experimental group changes over time due to getting older or developing (Morling, 2015, p. 322). Again, without a comparison group, it would be hard to know if the group was just maturing, or if they were changing for other reasons.

22 A testing effects is when testing is repeated and it causes a change in the experimental group (Morling, 2015, p. 323). Without a control group, how would the experimenter know if the change was due to repeated testing or some other factor?

23 An instrumentation effect is when there is a change in the experimental group because measurement tools have changed (Morling, 2015, p. 323). This is another case of how without a comparison group, there is very little control that the experimenter has with interpreting the data. This helps set up the patient for failure.

24 Regression to the mean is a phenomenon where those in the experimental group that get extreme scores tend to get more normal scores when tested again. With only one group and no comparison, all that is known is that a treatment works or does not work. It does not help explain why it may have worked.

25 With another group, the experiment could be a normal pretest/posttest design with two groups that are able to

your patient that his design is alright. Each type of design has its own limitations²⁶, and that is something that is just unavoidable. It is also easier to do this kind of study because it is only one group that he has to worry about. Put it in his mind that since there is less quantity, he can focus more individually and therefore have more quality output. Keep this advice in mind and tell me how your patient and his advisor react. Until the next stage,

Your supervisor and relative,

Tortletubish

compare results (Morling, 2015, p. 286). This would definitely be more effective and useful, but not something that the patient should be encouraged to do.

26 It is true that there are limitations for each design, like for example. Within- group designs have a higher likelihood to have order effects (Morling, 2015, p. 293), but that does not mean that they are not useful. The patient should just believe that trying is futile and therefore should just stick with the Really Bad Experiment.

5)

Dear Hubbleglub,

It is wonderful to hear that your patient believes that he has a significant result!²⁷ He probably truly believes that his laziness was worth the result! Now you need to make him believe that his results imply causation²⁸ and that they're applicable to everyone.²⁹ There is causation because there is evidently an association (we know there isn't but you can stretch the truth), and obviously temporal precedence because it is a pre/post test design. As far as the results being applicable to everyone, your patient is testing rather broad concepts so university students are definitely representative of everyone.³⁰ Plus there could always be another explanation for results, so he does not need to worry about that third element of causation.³¹ Perhaps with a little boost of confidence you can also make him send it to all of the psychology faculty and to major publications! Hey, who doesn't like to see a little public embarrassment?

As per usual, if you run into any dilemmas, let me know, but with this advice he should be as lazy and unaware as we want him to be. Until next time, and best of luck,

Your distant cousin,

Tortletubish

27 With so many threats to internal validity, it would be a miracle if his results were truly significant. This is not to say that even good experiments can not have threats to internal validity, but with no group to compare his results to, it is not very scientific.

28 Causation requires three factors: covariance, temporal precedence, and internal validity (Morling, 2015, p. 277). The idea of there being internal validity is not likely so causation can not be claimed.

29 This brings in the concept of external validity- that the results generalize to those outside of the experiment (Morling, 2015, p. 549). It most likely does not have external validity because all the experiment can really claim is that X effect happened to this specific group of people, because it does not have much control over extraneous factors.

30 Sears (1986) mentions that there may be justification in using primarily university due to the fact that often they are being tested on rather broad ideas, but it is still debatable if university students truly represent the general population.

31 The third element is internal validity, and this justification is made mostly to try to convince the patient to be lazy, but for those serious about scientific study, internal validity is not something that should be disregarded.

6)

My dearest Hubbleglub,

Congratulations, you have successfully led your first patient to conducting bad research! Now you just need to help him move forward to performing further research at the same mediocrity. Moving forward, you should make sure that he continues making experiments with this design, as it is extremely ineffective. After all, many academics do not use this design for research, so by using this type he will be “innovative”. We also want to continue to promote laziness, avoiding discipline, hard work, and patience. This can be manifested by not performing any replication studies in the future. The goal is creating experiments to get attention, and replication studies are viewed as boring, so this needs to be avoided.³² Additionally, moving forward, if significant results are not found, he should either scrap the study as quickly as possible, or change certain aspects like the hypothesis.³³ If you emphasize the vices that I have highlighted results such as these should just naturally happen. In all likelihood, due to our willing participant, our job is close to being done. Continue doing your work and everything will fall in place.

Sincerely your cousin,

Tortletubish

32 This is part of the reason why there is a replication crisis. It is true however that it is hard to get published with a replication study, but they are still something that needs to be done in this field (Yong, 2012). By having the patient believe that they should be avoided, he is not opening his perspective wide enough into the types of research he could conduct.

33 This is sort of related to the replication crisis- studies should not only be done because the results are exciting. That is more like journalism than psychology. For good research to be conducted, the patient should consider not what will be most popular, but what will be useful to study, even if the results are not as strong.

References

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