

1984

## A self-concept improvement plan for institutionalized, emotionally disturbed adolescents

David Curtis Canaday  
*University of Northern Iowa*

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A SELF-CONCEPT IMPROVEMENT PLAN  
FOR INSTITUTIONALIZED, EMOTIONALLY DISTURBED  
ADOLESCENTS

A Thesis

Submitted

In Partial Fulfillment

of the Requirements for the Degree

Specialist in Education

David Curtis Canaday

University of Northern Iowa

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This Study by: David C. Canaday

Entitled: A Self-Concept Improvement Program for Institutionalized Emotionally Disturbed Adolescents

has been approved as meeting the thesis requirement for the Degree of Specialist in Education: Educational Psychology: School Psychology

Barry J. Wilson

18 December 84  
Date

Chairman, Thesis Committee Dr. Barry Wilson

Bruce G. Rogers

12/18/84  
Date

Member, Thesis Committee Dr. Bruce Rogers

Ann Vernon

12/18/84  
Date

Member, Thesis Committee Dr. Ann Vernon

Upon recommendation of the Thesis Committee, accepted by

\_\_\_\_\_  
Dean of the Graduate College

\_\_\_\_\_  
Date

This is to certify that

DAVID C. CANADAY

X satisfactorily completed the comprehensive oral examination  
did not satisfactorily complete the comprehensive oral examination

for the Specialist in Education degree with a major  
in Educational Psychology: School Psychology  
at the University of Northern Iowa at Cedar Falls  
on December 18, 1984

Examining Committee

Chairperson / Dr. Barry Wilson

Member / Dr. Bruce Rogers

Member / Dr. Ann Vernon

Member

Transmitted by:

Lawrence L. Kavich, Head  
Department of Educational  
Psychology & Foundations

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## ABSTRACT

This project involved a self-concept improvement program for institutionalized, emotionally disturbed adolescents. Subjects were eighteen adolescents between the ages of 13 and 15 who were in a state residential institution for nonpsychotic, emotionally disturbed, acting out adolescents. The subjects were divided into two groups by the institution staff. Both groups completed the Pier-Harris Children's Self-Concept Scale and listed positive self-statements as pretest and posttest measures. The experimental group participated in a self-concept improvement program for 12 40 minute sessions twice a week for six weeks. The program consisted of lectures, discussions, and activities designed to facilitate self-understanding, a positive self-concept, goal-setting behaviors, decision-making, and positive interpersonal relations. Because of nonrandomization, a small population, and the presence of extreme scores, the data was analyzed descriptively. Because inferential statistical analysis was precluded, the efficacy of the Self-Concept Improvement Program could not be ascertained, and further research is recommended.

To Mark



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## CHAPTER 1

### Introduction

In recent decades, the focus of education has broadened to address the emotional as well as the cognitive and academic needs of the child. Teachers, administrators, and others serving children have become increasingly aware of the role of affect in growth and learning. One aspect of emotional development that has attracted a good deal of attention from child advocates and researchers is that of self-concept.

The individual's concept of self is one of the underlying factors affecting behavior, motivation and performance (LaBenne & Greene, 1969). Self-concept in children has been linked to academic achievement (Chapman, Cullen, Boersma, & Maguire, 1981; Gose, Wooden, & Muller, 1980; Kubiniec, 1970; Omizo, Hammett, Loffredo, & Michael, 1981), school attitude (Williams, 1970), attitude toward teachers (Godfrey, 1970), and behavior problems such as physical and verbal aggression, somatization, high activity levels, and inhibition (Starr & Pearman, 1980).

Some of the research in self-concept has been concerned with possible sex differences in self-concept. Many theorists have proposed male-female differences based on biological rationales

(S. Freud, 1932; Horney, 1967) and sociocultural factors (Adler, 1973; Chesler, 1972). Most suggest that females have lower self-concepts than males (Wylie, 1979). However, empirical evidence dealing with children tends to support a lack of differentiation between the sexes on self-concept variables (Evans, 1977; Piers, 1969; Wylie, 1974).

Although emphasis on student self-concept is relatively recent, research relating to self-concept spans this century. Since William James (1890) first considered the nature of the self, thousands of studies dealing with this topic have been conducted. Yet surprisingly, the nature of self-concept, the measurement of self-concept, and the relation of self-concept to other variables remains clouded. Many definitions and theories of self-concept have been proposed. Controversy continues as to whether self-concept is unifactoral or multifactoral, and whether it is changeable or stable.

The latter issue, whether one's view of one's self is relatively stable over time and unaffected by external events, or whether it lends itself to change, has been important in the study of self-concept in the school setting. Many educators have assumed that children's self-concepts can be enhanced through various interventions. Evidence that self-concept is linked to academic variables, and that students acquire a more negative view of self and others with each additional year of schooling (Bills, 1978; Morse, 1964; Stenner & Katzenmeyer, 1976), has led to the

development of strategies and programs with the specific goal of improving the self-concepts of school children. The majority of these intervention strategies have been directed toward "normal" children in regular school settings.

However, a population that unfortunately has received little attention regarding self-concept enhancement has been that of emotionally-disturbed students. Several studies have reported that behaviorally-disordered children obtain self-concept measures significantly lower than controls of similar ages (Abramson, Ash, & Nash, 1979; Bloom, Shea, & Eun, 1979; Edgeman & Clopton, 1978; Engel, 1959; Friedman, Rogers, & Gettys, 1975; Hobbs, 1966; Long, Ziller, & Bankes, 1970; Rosenberg, 1979; Wilson, 1979).

Adolescence seems to be a time of self-concept instability for many children (Rosenberg, 1979). When the adolescent is also experiencing emotional disturbance, this instability may be especially significant. Despite this research, Wurtz (1982) reports that there has been only a limited amount of research concerning methods of enhancing positive self-concept among emotionally-disturbed adolescent students. Obviously, the need exists for a technique that is effective in improving the attitudes that emotionally-handicapped children often have about themselves. This is particularly true for those children who are in a residential treatment setting, since some evidence suggests that psychiatric hospitalization may have an adverse effect upon self-concept (Hartlage & Hale, 1968).

### Statement of Problem

Because research has shown that a child's self-concept is correlated with a number of interpersonal and academic factors, those who deal with children have an interest in fostering a positive self-attitude in all children. Accordingly, a number of techniques and programs to enhance children's self-concept have been developed. Although research in strategies to improve self-concepts of "normal" children has been carried out, comparatively few studies have focused on self-concept improvement programs for institutionalized, emotionally-disturbed children. There is, however, evidence that the latter population tends to score lower on measures of self-concept than "normal" children.

It was the intent of this investigation to examine the effects of a self-concept improvement program on the self-concept scores of non-psychotic, acting out, emotionally-disturbed children in a residential treatment facility. Specifically, this study provided activities related to self-concept and self-exploration in a six-week program and then assessed the effect this program had on the participants by comparing pre-test and post-test self-concept scores.

### Significance of the Study

A large body of evidence exists suggesting that the self-attitudes of emotionally-disturbed children are lower than those of "normal" children. The goal of residential treatment facilities, or indeed any institution serving children, should be

to provide experiences to the child that will help him or her function adequately in society. Emotionally-disturbed children have an especially great need for such experiences. As Wilson (1979) states:

The majority of adolescents entering a psychiatric facility appear to have been disturbed for some time before admission--often several years or more. For these children, education in a hospital must have as its primary goal the remotivation of the student and the development of a more positive self-image regarding his function as a student (p. 28).

Specific self-concept improvement strategies that lend themselves to application in a residential treatment facility for emotionally-disturbed children would be important in implementing this goal. Unfortunately, little research into the development and efficacy of such programs for this population has been conducted. For this reason, it was felt that the present study would provide important information regarding the enhancement of self-concepts of institutionalized, emotionally-disturbed children.

#### Definition of Terms

**Institutionalized, Emotionally-Disturbed Children:** Children between the ages of 13 and 15 who were patients at a residential treatment facility, Cromwell Children's Unit of the Mental Health Institute at Independence, Iowa. These children were hospitalized due to anti-social, acting-out behavior, which included verbal or physical aggression, vandalism, truancy, running away,



shoplifting, and/or promiscuity. Eligibility for hospitalization was determined by the staff at the Cromwell Children's Unit. No psychotic children were included in this study.

**Self-Concept:** Many definitions of self-concept have been proposed by theorists and researchers. Most include the idea of how a person perceives himself or herself as being worthy or unworthy, competent or incompetent, etc. For this study, self-concept is operationally defined as the scores one obtains on the Piers-Harris Children's Self-Concept Scale.

**Self-Concept Improvement Program:** The collection of activities used in this study with the goal of providing experiences that would facilitate self-exploration and a sense of personal worth. These activities were thought to lead to an enhanced self-concept. The program includes activities compiled by the researcher from a variety of sources. The program consists of 12 sessions of approximately 40 minutes each conducted during the course of six weeks during June and July, 1984.

## CHAPTER 2

## Review of Related Literature

Since the turn of this century, the theoretical construct of self-concept has been a topic of discussion and examination by professionals in a wide variety of fields. As far back as 1890, William James expounded on the nature of the self in his book The Principles of Psychology, a discussion that remains unsurpassed even today in its insight and thoroughness (Rosenberg, 1979). Since then, research and discussion that literally fills volumes has been generated regarding the nature of self-concept. Particular interest has centered on the effects of self-concept on other variables such as academic achievement, attitudes toward others, and motivation. In addition, various methods of enhancing self-concept have been developed and examined. Especially during the past decade, the self-concept level of school-aged children has been a concern of educators, and various strategies applied in the name of affective education have attempted to clarify and enhance the way children feel about themselves. The period of adolescence has been of particular concern regarding self-concept; among the most widely accepted ideas in the behavioral sciences is

that adolescence is a period of disturbance in one's self (Rosenberg, 1979, p. 224).

Yet despite the massive amount of research and theorizing that has been done on the topic of self-concept, little agreement exists on what self-concept is or how to measure it (Rosenberg, 1979; Wylie, 1974). Similarly, research on the relationship between self-concept level and other variables, and the efficacy of various strategies designed to enhance self-concept, has been inconsistent (Medway & Smith, 1978). Wylie summarized this state of affairs by noting in her 1974 volume that "self-concept theory in 1974, as in 1961, is in a primitive state." (Wylie, 1974, p. 315).

Although an exhaustive review of self-concept theory and research is beyond the scope of this work, this chapter will attempt to provide the reader with a flavor for the research and discussion concerning self-concept and self-concept improvement programs. First is a review of how self-concept has been defined by various researchers, in order to gain an understanding of the nature of self-concept. Second, a preliminary overview of strategies to enhance the self-concepts of "normal" children will be given. Third, a brief discussion of self-concept in emotionally disturbed adolescents will be provided, followed by a review of self-concept improvement programs specifically for emotionally-disturbed children. Finally, a brief overview of the research on self-concept and gender will be given.

### Definitions and descriptions of self-concept

The construct "self-concept" has gained a high degree of importance among many researchers. For example, Combs (1973) contended that self-concept is the most important single factor affecting behavior. LaBenne and Greene (1969) stated that an individual's self-concept is one of the underlying factors affecting his or her motivation, behavior and performance. Because of its importance to behavioral scientists, many definitions and theories of self-concept have been proposed.

One of the first to theorize on the individual's concept of self was William James. James (1890) emphasized the congruence between one's aspirations and one's achievement. If a person's achievement meets or approaches his or her aspirations in a valued area, the result is high self-esteem. If there is wide divergence between performance and goals, low self-concept results.

George Mead, an early theorist in self-concept research, approached the topic from a sociological perspective. Mead (1934) concluded that in the process of becoming a member of one's social group, one internalizes the ideas and attitudes expressed by the key figures in one's life. The person adopts, perhaps unknowingly, the attitudes and actions of significant others and tends to conceive of him or herself as having the characteristics and value that others attribute to him or her.

Most researchers who study self-concept agree that an individual's self-concept is determined both by interpersonal

socialization and by evaluation of one's self. According to LaBenne and Greene (1969), the self-concept is built or achieved through accumulated social contacts and experiences with other people; self-concept is the person's total appraisal of his appearance, background and origins, abilities and resources, attitudes, and feelings which culminate as a directing force in behavior. Similarly, Shavelson and Bolus (1982) saw self-concept as formed through experience with the environment, interactions with significant others, and attributions of one's own behavior. Raimy (1971) viewed self-concept as a learned perceptual system. At an early age, the child makes self-observations and evaluations of behavior and organizes these into a perceptual system. Social interactions, in Raimy's view, also have a very great influence because they form a framework in which the person learns to define him or herself. Epstein (1973) argued that the self-concept is defined as a self theory constructed by the individual about him or herself as a functioning, experiencing person who copes with the nature of his or her psychological environment. Individuals form a theory of themselves which enables them to organize and interpret their experiences. According to Epstein, this self theory results in consistency and continuity of behavior. Other researchers have also defined self-concept as the result of self-evaluations, environmental experiences, and feedback from others (Burns, 1979; Wylie, 1961, 1974).

A debate that has arisen in the study of self-concept concerns its stability and changeability. Some researchers have insisted that one's self-concept is not necessarily stable throughout development but rather fluctuates according to certain experiences. LaBenne and Greene's (1969) position was that self-concepts are modified by every life experience at least through the maturing years, and that therefore it can be taught. Bledsoe and Garrison (1962) also proposed that self-concepts are not stable but are affected by growth and experience. However, other researchers have found that a person's self-concept is fairly unchanging. Taylor (1955), for example, found that self-concept is highly consistent over varying time intervals and is not affected significantly by temporary moods. More recent evidence for the stability of self-concept comes from Schroeder and Pendleton (1983). Their study involved nine male and two female patients of a psychiatric ward who were between the ages of 20 and 60 (mean age was 37.6 years). The adjective generation technique was used; the subjects were instructed to describe their feelings about themselves by writing down five self-descriptive adjectives every day for 30 days. The adjective generation technique values, while highly variable on a day to day basis, were quite consistent when averaged across even short periods of time (6, 12, and 15 days). This finding provides strong support for consistency in self-concept, mood and self-esteem. A third position is that of Raimy (1971), who proposed that self-concept may be very sensitive

to rapid restructuring if the conditions are sufficient and yet may remain unaltered under conditions which, to external observers, are violent conditions of stress. Indeed, Shavelson (1976) found that, although core perceptions of self (such as that of "male") develop early and change little over time, perceptions higher on the hierarchal scale (such as that of "fast runner") are less stable.

Recently some theorists have challenged the assumption underlying much self-concept research that self-concept is a single, global entity. Griffin, Chassin, and Young (1981), for example, pointed out that "the assumption that people have a single self-concept which they carry into every interaction has yet to be validated" (p. 49). Although most research has been confined to global self-concept, theorists such as James (1890) and Mead (1934) have considered multiple conceptions of self. Stryker (1968) saw the individual as having a self-concept for each role (e.g. father, lawyer, coach) that he or she plays. Shavelson (1976) recognized that self-concept, in addition to being hierarchal, evaluative, and fairly stable, was also multi-dimensional. Griffen et al.'s (1981) study assessed both global and role-specific self-concepts among 100 11th and 12th graders. Griffen and his colleagues found that self-ratings differed across different roles as well as within a single role, results which question the viewing of self-concept as a global entity.

In sum, although Wylie's characterization of self-concept research as being "in a primitive state" still seems to be true, a review of the literature defining self-concept indicates that researchers generally agree that self-concept is acquired both through internal self-evaluations and external interaction with, and evaluations by, other people. Researchers seem to be less certain whether self-concept level is easily alterable or primarily stable, and whether self-concept can be measured globally or whether measures of role-specific self-concepts are more useful. Regardless of the uncertainty regarding self-concept, many researchers have conducted programs hoping to enhance levels of self-concept among their subjects.

#### Self-Concept Programs for Normal Children

A number of programs devoted to self-concept improvement have been conducted in regular classrooms for "normal" children, due in part to increasing awareness of and concern for children's emotional development on the part of educators. Classroom use of published affective education programs constitutes an increasingly popular approach to self-concept gain (Hudgins, 1979).

Unfortunately, unpublished studies using these programs greatly outnumber published studies (Hudgins, 1979). In addition, affective education evaluation studies usually have been conducted as field experiments and therefore have included numerous extraneous variables, any or all of which could have affected the outcomes (Hudgins, 1979). Aubrey (1975) observed that most of the



literature supporting self-concept improvement programs is subjective rather than empirical. The present state of this research appears to have changed very little.

Several self-concept enhancement strategies involving regular classroom students have centered on self-expression, including activities such as creative dramatics (Pate, 1978), videotape production (Parker, 1975), and puppetry (Carlson, 1970). Pate (1978), for example, worked with 210 students in two secondary schools in middle class communities near Dallas. The students were assigned on the basis of computerized scheduling to Drama I classes at both schools (the experimental group) and a choir class at one school and sophomore English classes at the other school (the control groups). The Tennessee Self-Concept Scale was used as pretest and posttest measures of student self-concept levels. Findings indicated no significant differences in self-concept development between the experimental and control groups. Parker (1975) used instruction in using television equipment to enhance the self-concepts of fourth, fifth, and sixth graders. This study did not employ a control group, random sampling, or a posttest measure of self-concept change, hence its outcomes are questionable. The children were taught to use television equipment to make their own TV programs and to make self-evaluations of their work. A review of self-expression activities such as these to enhance student self-concept by Silvernail (1981) indicated a lack of consensus on the value of these strategies.

Commercially-packaged affective education programs such as the Human Development Program, Developing Understanding of Self and Others (DUSO), and Dimensions of Personality, have been used in classroom settings to increase student self-concept. These programs have shown mixed results in achieving this goal. For example, Medway and Smith (1978) reviewed studies employing the three affective education programs cited above. Regarding the DUSO program, the authors stated that "for every study demonstrating the effectiveness of DUSO in producing affective gains, there is a study showing little effect due to this program" (p. 264). The use of Dimensions of Personality, they found, seemed questionable. Medway and Smith concluded that "the only generalization which can be drawn is that consistent and relatively long-term use of affective education materials can improve students' self-concepts and attitudes toward school" (p. 262).

Another strategy used as a means of self-concept improvement is group counseling. In one program reported by Payne and Dunn (1970) for fourth and fifth graders, the sessions focused on the children's concerns and interests, which were shared in a supportive environment. The participants reportedly showed the greatest gains in the area of interpersonal relations and on some self-concept dimensions. DeEsch (1980) conducted a group counseling intervention for behavior-problem adolescents who were the ten percent most frequently referred to the discipline office

of their schools. The 97 participants selected were randomly assigned to 14 counseling groups, half of which were control groups and half of which were experimental groups. The experimental groups met for 10 to 12 sessions of one hour in length for 9 to 10 weeks. Criterion measures, which assessed the subjects prior to, immediately after, and ten weeks after the intervention, consisted of the Tennessee Self-Concept Scale, student GPA, a behavior rating profile, and the number of referrals to the discipline office. Group counseling significantly increased student self-concept and significantly decreased the number of referrals of the students to the discipline office. The GPA's of the treatment group significantly increased from pretest to posttest; the behavior rating profile yielded no significant changes. Another group counseling study (Hansen, Zimpfer, & Easterling, 1967) involved 50 students manifesting behavior problems in six different schools. The treatment consisted of 12 group counseling sessions approximately 45 minutes twice a week for six weeks. To measure the degree of change elicited by the counseling sessions, the students were asked to indicate the quality of the counseling relationship by agreeing or disagreeing with 72 statements about the others in the sessions, and they were also required to evaluate their self-concept level using a Q-sort technique. The researchers found that groups in which members perceived a higher level of warmth and understanding tended to achieve greater self-concept gains.

In general, research involving self-concept improvement programs is, not unlike that of self-concept research in general, inconsistent and in many cases subject to poorly constructed research designs. As Scheirer and Kraut (1979) reported, there is a general lack of success of interventions attempting to change self-concept. In spite of this, many professionals view self-concept level as an important influence upon behavior. Self-concept in adolescence particularly has been a topic of research in recent years, and with that, investigation into the self-concepts of emotionally-disturbed adolescents.

#### Self-Concepts of Emotionally Disturbed Adolescents

Adolescence has been considered a period of disturbance for the child's self (Rosenberg, 1979). Hall (1904) was one of the first to characterize the adolescent period as one of "storm and stress." Other theorists (A. Freud, 1946; McCandless & Coop, 1979) have emphasized the internal struggles and uncertainties of adolescence. Erikson (1959) saw adolescence as a period of making major decisions about future adult roles, which heightens self-awareness and self-uncertainty. A study by Rosenberg (1979) measured global self-esteem, stability of self-concept, self-consciousness, perceived self, and depressive affect among children 8 to 11 years of age ( $N = 786$ ), 12 to 14 ( $N = 637$ ) and 15 years and above ( $N = 502$ ). Rosenberg's subjects responded to a series of open-ended questions dealing with how they viewed themselves in terms of personal strengths, weaknesses, differences

from and similarities to others, ideal self, and how much others understood them. The students' answers fell into seven general categories: physical self, social status, behavior, competence, typical interests and attitudes, personality traits, and inner thoughts and feelings. Rosenberg found that self-concept disturbance and depression was much greater in the early adolescents than in the younger children, and that self-consciousness, self-concept instability, low self-esteem, high depression, and negatively perceived self all rise relatively sharply at age 12 and reach their peak after ages 13 or 14. Thus, self-concept disturbance may be a major factor in early adolescence. Such a finding has great importance, since as Harrocks (1969) states, "the task of building, rebuilding, revising, and finally integrating a concept of self is the chief and most important business of the adolescent period" (p. 125).

A population that may be especially at risk is that of adolescents who are also emotionally disturbed. Indeed, a prevalent characteristic of the emotionally disturbed child is a poor self-concept (Wurtz, 1982). Several studies comparing emotionally disturbed children with normal children have found this to be true. A study by Bloom, Shea, and Eun (1979) provided Piers-Harris normative data for behaviorally disordered children in Southeastern Virginia. Subjects for this study were 270 children aged 6 to 12 referred to a child study center for antisocial, aggressive and criminal behavior. Although no

significant difference regarding race, age, and sex was found on the subjects' Piers-Harris scores, when the mean scores of the behaviorally disordered children in this study ( $M = 51.3$ ,  $SD = 15.5$ ) were compared with the aggregate mean of the available published scores for normal children ( $M = 56.2$ ,  $SD = 12.5$ ), the behaviorally-disordered children had significantly lower self-concept scores. The distribution of the behaviorally-disordered childrens' scores was positively skewed and more variable compared to normals' scores. Long, Ziller, and Bankes (1970) studied 58 adolescents (38 boys and 20 girls) aged 11 to 17 placed in a state residential treatment center because of severe behavior problems ranging from mildly neurotic to psychotic. The experimental group was matched by age and sex with a control group of public school students from a nearby town. The researchers used the Self-Social Symbols Tasks to measure a subject's sense of separation from others. This test required the subjects to select, arrange, or produce symbols representing the self in relation to symbols representing other persons. Long and his colleagues defined self-esteem in this study as the importance attributed to self in comparison with others. The institutionalized group was higher than normal adolescents in egocentricity and lower in self-concept, social interest, differentiation of self from peers, group identification and identification with teachers and friends. The researchers concluded that a greater distance between self and others, a greater degree of unhealthy narcissism, and a lower

self-esteem existed for the institutionalized subjects than for the normal students. Finally, Friedman, Rogers, and Gettys (1975) examined the change in self-concept of institutionalized, emotionally disturbed children. This study involved 59 children (45 males and 14 females) aged 9 to 15 identified as emotionally disturbed in residence at a Reeducation Center between February 1972 and February 1974. The subjects' length of residence ranged from 2 to 15 months, with the mean being seven months. Pretest and posttest measures using the Coopersmith Self-Esteem Inventory were administered upon enrollment and again prior to discharge. For the combined subjects, the researchers found a significant increase in self-esteem; 37 of the 59 showed an increase in self-esteem during the course of institutionalization, while 19 showed a decrease. One child had a 20 point or more decrease; 16 showed a 20 point or more increase. No control population was used, therefore extraneous factors such as maturation, testing, and history may have influenced the changes in self-esteem observed. The findings of these studies are consistent with other research addressing this question (Hobbs, 1966; Wilson, 1979).

A project conducted by Starr and Pearman (1980) suggests that self-concept can be used to identify individuals who could benefit from counseling services for behavior indicative of emotional problems. The subjects for their study came from two different populations of 10 year olds. The first group ( $N = 32$ ) were patients seen on an annual basis by the Lancaster, Pennsylvania

Cleft Palate Clinic; the second group ( $N = 38$ ) was taken from two Lancaster elementary schools. The two groups were matched for sex and family socioeconomic status. No differences between the groups in self-concept were found, thus the two groups were combined. The 70-10 year olds were divided into a low self-concept group ( $N = 36$ ) and a high self-concept group ( $N = 34$ ). The self-concept measure was a six item Guttman scale concerning the children's feelings about themselves. The Missouri Children's Behavior Checklist measured aggression, inhibition, activity level, sleep disturbance, somatization, and sociability. The lower self-concept group exhibited significantly more verbal and physical aggressiveness, expressed more bodily complaints, had a significantly higher level of activity, and were significantly more inhibited than the high self-concept group.

Some evidence exists that hospitalization itself may have a negative effect on the self-concepts of the emotionally disturbed. For example, Hartlage and Hale (1968) conducted a study addressing the effects of psychiatric hospitalization on self-concept. Twenty-four first time inpatients were matched with 24 outpatients of a psychiatric hospital for age, sex, and diagnosis. To measure self-concept, Hartlage and Hale used a semantic differential scale consisting of 20 pairs of self-evaluative items on a seven-point scale. This scale was administered to inpatients upon admittance and to outpatients during a biweekly visit. The scale was readministered twice at two week intervals. During the study, the



inpatients received a half day occupational therapy assignment. Group therapy sessions for all inpatients were held at least once during the first two weeks of hospitalization; afterwards group or individual therapy was continued with many. The outpatients received individual psychotherapy during their weekly clinic visits. After one month, 19 out of the 24 inpatients showed lower self-concepts; only 3 out of 24 outpatients demonstrated lower self-concepts. These findings suggested that the longer the hospitalization, the less favorable the individual's self-concept. Fitts, Stewart, and Wagner (1969), however, reported positive gains in self-concept of psychiatric hospital patients in both individual and group therapy.

These studies indicate that emotionally-disturbed children tend to have low self-concepts. Indeed, self-concept has long been considered an important theoretical variable in understanding deviant behavior (Chassin & Young, 1981).

#### Self-Concept Improvement Programs for Emotionally Disturbed Students

Despite the apparent need for positive self-concept development for emotionally-disturbed children, as well as the amount of research concerning self-concept in general and adolescent self-concept in particular, scientists have conducted only a limited amount of research concerning methods of enhancing self-concepts of emotionally disturbed students (Wurtz, 1982).

Many of the studies are in unpublished form, thus their usefulness is limited.

Westmoreland (1974), in an unpublished study, compared the impact of group counseling with that of an "outdoor group experience" upon institutionalized adolescents 12-16 years old. Group counseling sessions were 15 periods of 90 minutes over the course of five weeks. The results reportedly did not support the prediction that group counseling would yield significantly higher scores.

Craig (1976), in another unpublished study, used a differential treatment program consisting of a cottage life program. This program resulted in positive significant increases on 15 of the 17 subtest scores on the Tennessee Self-Concept Scale when pretests were compared to posttests. This study also reported that youths who retained negative self-concepts after treatment tended to fail on parole.

The most extensive and effective study involving a program for self-concept improvement for institutionalized, emotionally disturbed children seems to be that of Wurtz (1982). The purpose of this study was to investigate the effectiveness of an individualized personal enrichment program on the self-concepts of emotionally disturbed adolescent students.

The subjects for the Wurtz study were 32 male and female inpatient residents of a state psychiatric hospital in Kansas who were enrolled in a school program at the hospital. Subjects' ages

ranged between 12 and 16, and the adolescents were randomly selected into either the treatment or control groups. To investigate pretest effects, Wurtz further divided the control and experimental groups into groups that did and did not take the pretest, resulting in two experimental groups and two control groups.

The program was incorporated within the school curriculum under the title "Human Relations" and was considered by the participants as a normal class within the school. Wurtz conducted his program for an 18 week (one semester) period, meeting 55 minutes per day, five days per week. The subjects in one of the two experimental and one of the two control groups completed the Piers-Harris Children's Self-Concept Scale as a pretest measure. In addition to the self-concept measure, a behavioral rating scale assessed changes in the behavior of the participants.

The program itself consisted of activities having to do with listening skills, body awareness, sexuality, relationships with adults and peers, feelings, values clarification, and self-understanding. Procedures involved lectures, filmstrips, movies, discussions, and workbooks. A male and female instructor team-taught each session. After the 18 week period, the Piers-Harris was readministered as a posttest.

A significant difference existed in the total mean self-concept scores obtained by the experimental group and the

controls: those in the experimental group obtained higher self-concept scores (mean score of 58.50) than those in the control group (mean score of 46.25). Pretesting was not found to have effected the posttest scores. On the behavior rating scale, Wurtz found that 1 out of 13 subtests was significantly different between experimental and control groups, although those in the program improved to a greater degree on 11 of 13 subtests than those who were in the control group. These findings suggested that this program did have a positive effect on the participants' self-concept scores, but that it did not significantly affect their behavior as measured.

#### Sex Differences in Self-Concept

A review of the literature concerning sex differences in self-concept level suggests that males and females tend to have similar self-concept levels. For example, in the Piers-Harris test manual, Piers (1969) cited three unpublished studies which failed to find significant sex differences in Piers-Harris mean scores or standard deviations. Piers and Harris (1964) found no consistent sex differences in samples of third graders (56 girls, 63 boys), sixth graders (56 girls, 71 boys), and tenth graders (53 girls, 64 boys). Sex as a variable appeared only on the Anxiety factor: boys more than girls tended to deny feeling nervous or worried. Bradley and Newhouse's (1975) sample of 158 sixth graders from a central Kansas community found no sex differences,

as did Vance and Richmond's (1975) study of 240 elementary children aged 8 to 12.

Citing 47 studies using different well-known self-concept reporting instruments, Wylie (1974) noted that the studies failed to support a relationship between sex and overall self-regard. However, Wylie concluded that because of various methodological questions, the question of sex differences in self-concept remained unresolved.

A study by Evans (1977) involving Cromwell Children's Unit residents addressed in part the question of self-concept sex differences. Evans studied the self-concepts of 40 (17 girls and 23 boys) emotionally disturbed residents of Cromwell Children's Unit and compared them with normal children of similar age, sex, and intelligence. The Tennessee Self-Concept Scale was used to assess self-concept level. Evans found no differences regarding sex on this scale, nor did he find a significant difference between the self-concepts of the emotionally-disturbed children and the normal children.

### Conclusions

The literature reviewed in this chapter suggests that, despite the amount of research and interest self-concept has generated during this century, understanding of the nature of self-concept, particularly whether it is multi-modal and whether it is conducive to change, remains deficient. In terms of the latter issue, research into self-concept improvement programs for

regular class students generally has not been encouraging.

However, more and better research into both the nature of self-concept and self-concept enhancement strategies themselves will be required before judgement can be passed.

Regarding self-concept enhancement programs for emotionally disturbed students, prior research is surprisingly deficient when one considers the evidence that this population tends to have lower self-concepts and would benefit from self-concept improvement interventions.

## CHAPTER 3

### Methods and Procedures

The subjects in this study, the instrument used, and the procedures followed, are described in this chapter.

#### Subjects

The population for this program consisted of 18 children (10 males and 8 females) between the ages of 13 and 15 who were in residence at the Cromwell Children's Unit of the Mental Health Institute, a state psychiatric hospital located in Independence, Iowa. The children were from small urban, suburban, and rural areas in the eastern half of Iowa. All the children were white and from predominately lower middle to middle class families. All of the subjects were identified by the Cromwell staff as acting-out, emotionally disturbed, and nonpsychotic. The 18 original participants made up almost all of the students at Cromwell between the ages of 13 and 15; one student was excluded because of psychotic behavior, and a few students had not yet been admitted at the beginning of this study and therefore did not participate.

Approximately two weeks after this program began, four participants in the experimental group were discharged from

Cromwell. Post-test measures of self-concept were administered at the time of discharge. This resulted in only six students in the experimental group. The control group was unaffected.

### Instrument

The instrument used to measure the subjects' self-concepts both before and after the program was the Piers-Harris Children's Self-Concept Scale. This instrument is a norm-referenced test which can be administered individually and in group settings. It consists of 80 statements to which the examinee responds "Yes" or "No". In addition to a total score, the Piers-Harris yields six subtest scores. These subtests were derived from factor analysis (Piers, 1969) and consist of the following: I. Behavior, II. Intellectual and School Status, III. Physical Appearance and Attributes, IV. Anxiety, V. Popularity, and VI. Happiness and Satisfaction. For these subtests and the Total score, percentiles and stanines may be obtained from a standardization sample of 1,138 students in grades 4-12 listed in the Piers-Harris manual, or the raw scores may be compared to normative group means listed in the manual or obtained through local norming.

According to the Piers-Harris manual, a 140-item scale obtained from a pilot study was administered to four third grade classes, four sixth grade classes, and four tenth grade classes in a large school system. The 30 highest and 30 lowest scores of the sixth grade sample of 127 students were used for item analysis. Only those items which discriminated between the high and low



groups at the .05 level or better, and only those answered in the expected direction by half or more of the high group, were retained, resulting in the present 80-item scale. Reliability for the eighty-item scale is reported in the manual as .77; concurrent validity with the Lipsitt Children's Self-Concept Scale is reported in the manual as .68 (Piers, 1969).

A generally positive review of the Piers-Harris by Peter M. Bentler is found in Buros (1975). The reviewer reported that the internal consistency of the test ranged from .78 to .93, that its retest reliability was from .71 to .77, and that its correlations with similar instruments was in the mid 60's. The reviewer recommended the Piers-Harris for studies of changes in self-concept but urged the use of a control group because the scores on the scale tended to increase slightly with retesting.

### Procedures

This study was conducted from June 12 to July 26, 1984. The Self-Concept Improvement Program consisted of 12 sessions. Except for the first two weeks of July, the sessions were held on Tuesdays and Thursdays; the exceptions were due to special events at Cromwell, and during these two weeks the sessions were conducted once a week.

Because of certain logistical considerations and scheduling limitations at Cromwell, the 18 students could not be randomly assigned to either the control or the experimental group. The Cromwell staff scheduled the students so that some of them could

participate in the self-concept improvement program while the others were receiving small-group instruction. The students were placed in two groups by the teachers at Cromwell on the basis of academic ability (not by grade placement or I.Q.). The lower ability students were placed together and the higher ability students were placed together. The experimental group consisted of the lower ability students and the control group was composed of the higher ability students. This facilitated group instruction for the Cromwell teachers but resulted in nonrandom assignment for the self-concept improvement program. In addition to the difference in academic ability, other differences between the experimental and control groups existed. To ascertain whether differences between the two groups existed in terms of age and length of residence, the experimenter requested that the participants record their date of birth and date of admission, which was listed on their wristbands, on the pretest Piers-Harris form. The experimental subjects were found to be, on the average, younger (roughly half a year) and to have been in residence longer (over one month longer) than the control subjects. Therefore, the subjects in the experimental group were different from those in the control group in academic ability, age, and length of hospitalization before the self-concept improvement program began.

Sessions for both the experimental and control groups were 40 minutes each; the control group sessions were held immediately after the experimental group sessions. During the first session,

both the experimental and control subjects in their respective groups were administered the Piers-Harris to assess their level of self-concept prior to this study. All subjects were also asked to list all the positive statements about themselves that they could think of on the back of the test form. The pretests were then collected and coded as being pretest measures and the Self-Concept Improvement Program itself began.

The self-concept improvement program consisted of activities obtained from three sources as well as activities designed by the experimenter. The three sources borrowed from were Bessell and Palamores (1969), Canfield (1976), and Vernon (1975). The activities involved worksheets, a filmstrip, lectures and discussions, and other strategies. The goal of the program was to enable the participants to understand themselves better, to realize their good qualities and characteristics, and to use coping strategies to facilitate a more positive existence. A listing of the sessions and a brief description of the activities in them follows:

Session 1: The pretest was administered to the students. The rules of the program were introduced, then the students conducted interviews of each other as a get-acquainted activity.

Session 2: The students took turns asking and answering the question "Who Am I?" Next a "card game" was played in which the students drew questions out of a sack to answer.

Session 3: Journals for the students to write in were presented. Then they were to describe themselves in the past, present, and future using a list of adjectives.

Session 4: At the beginning of this and each subsequent session the students had the opportunity to share something they had written in their journals. They discussed how they would handle their feelings in given situations and the characteristics of good friends.

Session 5: The experimenter read a story called "IALAC" to the students, and this story was discussed in class.

Afterwards each student was assigned the task of giving someone else in the room a compliment.

Session 6: A filmstrip was shown which was about individual skills. The students discussed this film and also the characteristics of someone they admired. Each student ended the session by stating something that he or she was proud of.

Session 7: The students' self-talk in given situations was examined and discussed.

Session 8: Decision-making was discussed in this session. The students were asked to decide what decisions they would make in given situations and what the consequences of their decisions would be.

Session 9: This session centered on goal-setting.

Session 10: The students were taught the concept of saying things to others that make others feel good. They were then asked to think about how different people saw the students' characteristics in different ways.

Session 11: This session centered on two topics: what the students were responsible for in their own lives, and how people affect each other.

Session 12: This final session began with a review of the activities and concepts of the program. Student feedback was solicited, and the students ended the program by constructing "I Like Me Certificates". After this session, the posttest was administered to all in the experimental and control groups.

A complete lesson plan, with brief incidental observations and evaluations of the activities, can be found in the Appendix.

The subjects in the control group met immediately after the experimental group and were given the instructions that they could talk about anything they wanted to talk about. This was done to provide activities as neutral to self-concept improvement as possible. As a result, this group was much less structured than the experimental group. Those in the control group tended to talk about personal or interpersonal difficulties. The experimenter/group leader avoided any sort of counselor role and did not attempt to help the students alleviate these problems.

Keeping the students in both groups on task and behaving according to the program rules became a concern early in the program. In order to manage the students' behavior, the Cromwell system of reinforcement was applied to the program sessions. This system consisted of colored slips which were given to the student for desirable or undesirable behavior, which the student had staff members sign. A pink slip was given to the student whose behavior was undesirable; a yellow slip was given to students exhibiting good behavior. After the initial Self-Concept Improvement Program sessions, the experimenter introduced the pink slip system into the program, and during the course of the program, four pink slips were given out. During the last three sessions of the program, the yellow slip system was introduced to both groups; the yellow

slips proved more effective in controlling student behavior than the pink slips.

After the final sessions of both groups, all subjects were administered the Piers-Harris as a posttest and were also asked to list positive statements about themselves. The tests were then collected and coded as being posttest measures.

### Research Questions

For this study, the following research questions were addressed:

1. Is there an increase in Pier-Harris scores of the experimental group compared to the control group?
2. Is there an increase in the number of positive self statements listed by the experimental group participants compared to control group participants?
3. Are there gender differences in self-concept change of the subjects in the control and experimental groups?

### Statistical Analysis

Because of nonrandomization, the presence of extreme scores, and the small sample size, analysis of the data by inferential statistical methods was not conducted. Rather, the data obtained in this study was examined and reported descriptively.

## CHAPTER 4

## Analysis of the Results

This chapter describes and interpretes the data gathered in this project. It begins by discussing the problem of nonrandomization in the project and then procedes with a descriptive analysis of the findings of the project.

Differences Between the Experimental and Control Groups

As noted previously in Chapter 3, important differences existed between the experimental and control groups before the self-concept improvement program began. In addition to the difference in academic ability between the groups, differences in age and length of residence also existed. The mean differences between the two groups on these variables is listed in Table 1.

Table 1

Differences in the Groups in Age and Length of Residence

	<u>N</u>	<u>Mean Age</u>	<u>Mean Length of Residence</u>
Experim.	10	13.98 years	3.6 months
Control	8	14.60 years	2.5 months



Apparently, the experimental subjects were, on the average, younger (roughly half a year) and had been in residence longer (over a month) than the control subjects. The subjects in the experimental group were different from those in the control group in three ways--academic ability, age and length of hospitalization--before the self-concept improvement program began.

#### Descriptive Analysis of the Data

The existing differences between the two groups resulting from nonrandomization were not conducive to analysis of the data by inferential statistical methods. Another factor present in the data that precluded the use of normal statistical methods was the presence of extreme scores. Table 2 serves to illustrate this problem.

Subjects 1, 7, 9 and 12 had extreme differences between their pretest and posttest scores. For example, Subject 1 gained an unexpected 24 points, while Subject 7 experienced a decrease of 21 points from the pretest to the posttest, a period of six weeks. Subject 1 obtained the lowest pretest score in the group but on the posttest scored near the middle of the total group. This phenomenon was suspect considering that this subject, along with Subjects 2, 3, and 4, were discharged after participating in the program only five sessions. These extreme difference scores suggest that measurement error was a factor in the data; perhaps

Table 2

Piers-Harris Pretest and Posttest Scores

	Subject	Pretest	Posttest	Difference
Experimental Group	1	29	53	+24
	2	52	56	+ 4
	3	70	76	+ 6
	4	71	72	+ 1
	5	57	59	+ 2
	6	52	58	+ 6
	7	57	36	-21
	8	72	72	0
	9	37	65	+28
	10	58	45	-13
Control Group	11	48	46	- 2
	12	31	66	+35
	13	36	43	+ 7
	14	59	60	+ 1
	15	54	59	+ 5
	16	68	77	+ 9
	17	64	65	+ 1
	18	43	57	+14

the subjects in question wished to portray themselves in a certain manner on the test, or more likely, a certain event prior to the taking of the test influenced their mood or attitude in ways that affected their responses on the tests. Whatever the reasons for the outlying scores, they would have affected data analysis using inferential statistics in ways that would have led to misleading conclusions. The presence of outlying scores, as well as a nonrandom sampling, precluded data analysis using parametric or nonparametric statistics. Therefore, the analysis of the data

obtained in this project was of a descriptive nature and did not employ formal inferential statistical techniques.

As mentioned above, four of the subjects (Subjects 1-4 in Table 2) were discharged before the end of the Program; indeed, they only participated in five sessions. For this reason, their scores were excluded in the discussion and figures presented in the remaining part of this chapter except where noted.

#### Experimental Versus Control Data Analysis

Table 3 presents the mean pretest and posttest scores and their standard deviations of the experimental and control groups. Also included are means and standard deviations for all subjects (including those discharged before the end of the Program) in the experimental group.

Table 3

#### Piers-Harris Pretest and Posttest Means and Standard Deviations

Experimental	All Subjects ( $N = 10$ )	Ss Completing Program ( $N = 6$ )
Pretest	$\underline{M} = 55.50$ $\underline{SD} = 14.15$	$\underline{M} = 55.50$ $\underline{SD} = 11.29$
Posttest	$\underline{M} = 59.20$ $\underline{SD} = 12.62$	$\underline{M} = 55.83$ $\underline{SD} = 13.20$
Control	$N = 8$	
Pretest	$\underline{M} = 50.38$ $\underline{SD} = 13.23$	
Posttest	$\underline{M} = 59.13$ $\underline{SD} = 10.95$	

When examining the data in Table 3, one should consider that the apparent differences may not be significant differences, since tests of significance were not employed in the analysis of this data.

A five point difference existed between the mean pretest Piers-Harris score of the experimental group and the control group. This suggested that the experimental group scored as a group somewhat higher on the self-concept pretest measure than the control group; that an initial difference in self-concept scores existed between the two groups before the Program began. When the discharged subjects were included in the experimental group pretest data, the mean score remained the same, but the standard deviation increased due to the outlying score of Subject 1. The standard deviation was smaller in the experimental group (Subjects 1-4 excluded) than in the control group on the pretest, but on the posttest the experimental group standard deviation was larger, suggesting more of a score range in the experimental group posttest.

Regarding pretest-posttest differences between the experimental and control groups, the experimental group mean score showed little difference from what it was on the pretest. However, the control group experienced almost a nine point increase in their self-concept mean score. Caution must be exercised once again in interpreting this finding due to the presence of extreme scores in both the experimental and the

control groups. Some degree of increase may be expected in both groups simply because of the nature of the therapeutic treatment at the Cromwell Children's Unit; the fact that the experimental group's mean Piers-Harris score remained unchanged casts further questions upon the data obtained on the instruments.

Also of interest in analyzing the effects of the self-concept improvement program were the number of positive self-statements recorded by the subjects before and after the program. After taking the Piers-Harris pretest, and again after completing the posttest, the subjects in the experimental and control groups were asked to list all the positive things they could about themselves. The mean number of statements listed by the subjects was obtained and is shown in Table 4.

Table 4

Mean Positive Statements Listed by Subjects

	Pretest	Posttest
Experimental	7.33	4.17
Control	8.75	10.38

Those in the experimental group tended to list fewer positive self-statements after the Program than before, and the control

group subjects on the average listed more statements on the posttest than on the pretest. The number of statements listed by both groups before the program was slightly more for the control group. For the control group, the higher mean of positive self-statements on the posttest is consistent with their increased Piers-Harris scores, suggesting that the control group as a whole experienced an increase in self-concept during the six week period of the program. For the experimental group however, the apparent decline in the number of listed positive self-statements is not consistent with their stable Piers-Harris mean score from pretest to posttest. Also of interest is that, of the experimental subjects, only one increased the number of listed positive self-statements from pretest to posttest; the other subjects listed fewer statements at the end of the Program than at the beginning. Of the control subjects, four listed more statements after the program than before; two listed the same number and one listed fewer statements.

#### Analysis of the Data by Sex

A question of interest in this project was gender differences in the Piers-Harris scores. Table 5 lists the mean scores and the mean change of all males and all females (excluding those discharged) in the program.

Table 5

Piers-Harris Mean Differences By Sex For All Subjects

	Pretest <u>M</u>	Posttest <u>M</u>	Change <u>M</u>
Females (N=5)	44.83	61.17	+16.33
Males (N=9)	58.38	55.25	- 3.50

The females in both the experimental and control groups began the project with self-concept scores lower than the males.

However, their self-concept scores increased, and they ended the project with higher scores than the males in both groups. The males in the experimental and control groups experienced a slight decline in their self-concept scores even though they began the project with higher scores than the total females.

Table 5 groups all subjects into male and female categories without regard to group placement. A more illustrative analysis would be to examine score means in regard to both gender and group assignment. Table 6 accomplishes this.

Table 6

Piers-Harris Mean Differences by Sex and Group Assignment

	Pretest <u>M</u>	Posttest <u>M</u>	Change <u>M</u>
Exp.Males ( <u>N</u> = 5)	59.20	54.00	- 5.60
Con.Females ( <u>N</u> = 4)	44.50	60.75	+16.25
Con.Males ( <u>N</u> = 4)	56.25	57.50	+ 1.25

The means for experimental females were not listed because only one subject was involved. The difference mean of the control females was influenced by an extreme (increase of 35 points) score, as was the experimental male change mean, which was influenced by two extreme score decreases of 21 and 13 points. These considerations limit the usefulness of interpreting Table 6. However, the decline in male self-concept scores observed in Table 5 seemed to be due to the males in the experimental group. The females' self-concept scores tended to increase, the males' scores in the control group tended to remain fairly stable, and the males' scores in the experimental group tended to decrease slightly.

#### Summary

In conclusion, the data obtained in this project must be interpreted with caution due to the presence of extreme scores, nonrandomization, and the apparent difference between control and experimental groups in age and length of hospitalization. Based on a purely descriptive analysis of the data, the experimental group as a whole did not increase their self-concept scores from pretest to posttest; their scores did not change. The control group's self-concept scores, however, did increase. The subjects in the experimental group listed fewer positive self-statements at the end of the program than at the beginning. Those in the control group tended to list a greater number of positive self-statements at the end of their 12 sessions than before. Finally, an analysis of the data by sex indicated that the females in both the experimental and control groups increased their self-concept



scores. The scores of the males in the control group tended to remain stable, and the scores of the experimental group males tended to decrease slightly. Again, these results should be considered tentative because of the possibility of measurement error. An adequate evaluation of this Program cannot be accomplished due to this factor.

#### Findings of This Study Related to Previous Research

The data described above suggested that this program was ineffective in enhancing the self-concepts of its institutionalized, emotionally disturbed adolescent subjects, at least in terms of increasing their Piers-Harris scores and their number of listed positive self-statements. The apparent lack of success of this program is consistent with the general lack of success of self-concept improvement programs (Scheirer and Kraut, 1979). Research findings on the efficacy of strategies to enhance children's self-concept tends to be inconsistent, subjective, and in some cases poorly designed (Aubrey, 1975; Hudgins, 1981; Silvernail, 1981). This study's lack of success is inconsistent, however, with Wurtz's (1982) study involving emotionally disturbed children of similar ages who were in a residential treatment facility. Wurtz's program, which was reported to be successful in enhancing the self-concept scores of its experimental group, was longer than this program in terms of minutes per day, days per week and number of weeks. Length of time may be an important variable in the success of affective education programs (Medway and Smith, 1978).

The finding that Piers-Harris scores differed between males and females, both prior to and after the Self-Concept Improvement Program, is inconsistent with the large body of evidence indicating no gender differences in Piers-Harris scores or the scores of other self-concept measures. The observed differences in this study were unexpected considering Evans' (1977) finding that no sex differences in self-concept (albeit measured by a different instrument) existed in a population of Cromwell Children's Unit residents.

In sum, the findings of this particular study were in accordance with the findings of many other studies involving self-concept improvement programs. Its findings of sex differences in self-concept contrasted with other studies addressing this question.

## CHAPTER 5

## Conclusions and Recommendations

In discussing the conclusions of this study, it should be remembered that inferential statistical analysis was not conducted, but rather the obtained data was analyzed descriptively. Therefore, the differences described cannot be considered significant differences; indeed they may conceivably have been due to chance.

This project involved a self-concept improvement program for institutionalized, emotionally disturbed adolescents. Subjects were 18 adolescents between the ages of 13 and 15 who were in a residential treatment center for emotionally disturbed, acting out early adolescents. The 18 subjects were divided into two groups by Cromwell staff on the basis of academic ability. The lower academic ability group became the experimental group and the higher academic ability group became the control group. Those in the experimental group, in addition to being of lower academic ability, tended to be somewhat younger and on the average were hospitalized one month longer than the control group members. Both groups completed the Piers-Harris Children's Self-Concept

Scale as a pretest and were asked to list all the positive self-statements they could think of. The experimental group was exposed to the program, while the control group met in "discussion sessions" which were as nontherapeutic in nature as possible. Four of the students in the experimental group were discharged two weeks after the program began, leaving six in the experimental group. On the final day of the sessions, all students in both groups completed the Piers-Harris as a posttest and listed positive statements. The data was then collected and analyzed descriptively due to the presence of extreme scores, nonrandomization, and the small number of subjects. Findings were that the self-concept improvement program did not enhance the self-concept scores and did not increase the number of positive statements listed by the experimental group. The control group evidenced an increase in their Piers-Harris self concept scores and an increase in the mean number of positive self-statements listed. Females began the Program with lower self-concept scores than the males and ended the program with higher scores relative to the males. Females in both groups tended to show increased self-concept scores, while the males' scores remained stable or decreased slightly. These results could not be considered conclusive due to the factors which precluded analysis by inferential methods.

### Limitations of the Study

Despite efforts to control for extraneous variables, the following limitations applied to this investigation:

1. Because of certain scheduling problems in the program at the Cromwell Children's Unit of the Mental Health Institute, the subjects' placement in either the control or the experimental group was not randomized.
2. The population of the study consisted of male and female adolescents between the ages of 13 and 15 whose home residence was in the eastern half of Iowa. The subjects were nonpsychotic, acting out, emotionally-disturbed children in treatment at a state psychiatric hospital. The findings of this study may not apply to other populations.
3. The small number ( $N = 18$ ) of subjects and the experimental mortality encountered may have affected the results of this investigation.
4. Because of nonrandomization, the presence of extreme scores, and the small number of subjects, the data obtained in this study was not analyzed using inferential statistics, but rather it is presented descriptively. Therefore, the data cannot be considered conclusive or generalizable.

### Conclusions

Conclusions based on the obtained data must be viewed with some skepticism because of problems in this study. First, nonrandomization is a definite limitation, as is the small number of subjects. The researcher attempted to control for a nonrandom sample by assessing the differences between the experimental and control groups in age and length of hospitalization. Differences between the groups were discovered: the experimental group members, on the average, were younger, had been hospitalized for a longer period of time, and had slightly higher self-concept scores, than those in the control group. Of even greater concern to interpretation is the presence of extreme scores on the self-concept instrument, suggesting that, at least in part, the data is unreliable.

Reasons to account for the somewhat large number of extreme scores vary. It is possible that some of the subjects misinterpreted the statements on the Piers-Harris. A more likely possibility is that some of the students wished to portray themselves in a certain way (such as having higher or lower self-concepts than was actually the case). It is possible, too, that a precipitating event may have influenced how some of the subjects responded to the items. For example, a distressing event, such as getting into trouble with staff, may have led a student to respond to the items more negatively than usual. However, this explanation is inconsistent with the findings of some researchers

(e.g. Taylor, 1955; Schroeder & Pendleton, 1983) that self-concept is not affected to a significant degree by temporary moods.

Another explanation is that self-concepts of emotionally disturbed children are less consistent than those of normals. Perhaps those who gave answers on the Piers-Harris posttest extremely different from their pretest answers indeed responded as accurately as possible; the phenomenon may have been the result of a fluctuating self-image. This possibility deserves further research.

The finding that this self-concept improvement program did not improve the self-concept scores of its emotionally disturbed adolescent participants is consistent with the results of other studies attempting to change self-concept. It may be that self-concept, at least the core self-concept, is indeed fairly stable and not amenable to great change. It is possible, too, that this program was too brief an intervention to affect any significant change. Wurtz's (1982) study, which was successful in enhancing self-concept among emotionally disturbed adolescents, was a semester long program which met 55 minutes five days per week. An intervention such as the present program, which was conducted for only 40 minutes twice a week for six weeks, may have been much too short to have had an effect on self-concept, particularly on the self-concepts of adolescents with a history of conduct disturbance. Another explanation of the lack of positive effect of this program may be that the subjects in the experimental group

had certain expectations of this project which were unfulfilled. Perhaps the program did not accomplish what the adolescents had hoped it would accomplish, and their disappointment was reflected in their lower self-concept posttest scores. Yet another plausible explanation that deserves consideration is that the experimenter was an unfamiliar outsider to the students, and that this may have influenced their responses to the program. The adolescents may have been mistrusting of the experimenter and may have been hesitant to share personal thoughts and feelings, despite the experimenter's efforts to build trust and rapport within the group.

An interesting result of this study was that the control group's mean self-concept score increased from pretest to posttest. At first glance, this was an unexpected finding, since the control group was subjected to a "neutral" intervention which certainly did not attempt to enhance self-concept. However, some degree of self-concept change for the better during the period covered by the project was expected for residents of the Cromwell Children's Unit, because of the nature of the psychological therapy conducted there. One measure of a patient's progress at Cromwell is an increase in Piers-Harris scores, hopefully signaling the attainment of a positive self-regard. The finding that the control group subjects attained higher self-concept scores was not unexpected, although the degree of change was, since the mean posttest score was inflated by one extreme (+ 35)



score. What was unexpected was that the scores of the students in the experimental group did not significantly change, since they were subjected to psychotherapy as well in addition to participating in a self-concept improvement program. Certainly the mean score was affected by the extreme scores (a 28 point increase and a 21 point decrease) and therefore could not be conclusively interpreted.

The results of analysis of the scores by gender are suggestive but, because of the extreme scores, inconclusive. The finding that the female subjects' self-concepts were different from the male subjects' (the females' were lower than the males' before the program and higher than the males' after the program) was inconsistent with the substantial evidence that gender differences in self-concept do not exist. However, the data suggested that the females attained greater benefit from the program than the males. Casual observations of student behavior during the program indicated that the girls were generally more attentive and participated more fully than the boys, although there was no objective evidence, of course, to affirm or deny this.

#### Suggestions For Further Research

The issue of self-concept and its relation to emotionally disturbed children and adolescents is an important issue that has been relatively neglected in the research on self-concept. Researchers have conducted few studies such as this one; the

question of whether this or a similar program would benefit emotionally-disturbed students in a residential setting remains unanswered. Certain factors in this particular project limit the contribution it makes toward addressing this question. However, this study may serve as a guide for more controlled, more extensive projects. Toward this end, suggestions are made for further research.

Projects not limited by the methodological concerns of this study would help to fill a significant void in the self-concept field of study. A project using these or similar techniques that applies randomization to the population, as well as using a larger population, may be successful in increasing the self-concept scores of the experimental group subjects.

In addition, this study was limited in the time devoted to the project execution. A similar program conducted over a longer period of time, perhaps a semester, may yield more significant and conclusive results.

An important factor in this or any intervention involving emotionally disturbed or behavior disordered children and adolescents is an effective system of behavior management. Too often in this study the students became off-task and testing of the rules established in the program. A system of slips of colored paper for good and poor behavior was implemented after the beginning of this program and was successful to some extent in controlling student behavior. Future researchers should consider

carefully a comprehensive system of behavior management to elicit cooperation from the students. Positive reinforcement for desirable behavior is especially important.

The possibility that the presence of an unfamiliar person conducting the program may have influenced the participants' self-concept scores may be controlled by having someone familiar to the students, and with whom the students have good rapport, carry out the program. As with any group counseling intervention, a positive setting in which the participants feel comfortable in sharing their personal feelings with each other is important to the success of this program.

Finally, the question of possible gender differences in self-concept levels of emotionally disturbed children and adolescents should continue to be investigated. In fact, the issue of self-concept and the emotionally disturbed, institutionalized adolescent would benefit greatly from further research.

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## APPENDIX

Table 7

Subject Data and Piers-Harris Factor and Total Scores

Subject	Sex	Age	Residency	Factor Scores							Total
EXPERIMENTAL GROUP											
1	F	13-10	six days	Pre	I	II	III	IV	V	VI	Total
				Post	4	5	6	2	7	4	29
2	F	14-2	4 months	Pre	17	14	8	7	10	5	53
				Post	12	11	7	6	8	8	52
3	M	14-10	5 months	Pre	13	14	10	5	9	8	56
				Post	14	13	12	11	11	10	70
4	F	14-7	5 months	Pre	18	17	11	10	12	8	76
				Post	16	12	12	13	12	10	71
5	M	13-2	5 months	Pre	18	16	11	11	11	8	72
				Post	10	11	11	11	10	9	57
6	M	13-7	2 months	Pre	10	12	11	11	10	8	59
				Post	10	9	13	7	10	8	52
7	M	14-1	3 months	Pre	11	11	13	7	9	8	58
				Post	10	12	7	11	7	10	57
8	M	13-10	4 months	Pre	6	5	4	10	6	6	36
				Post	15	16	12	9	11	8	72
9	F	13-1	2 months	Pre	14	16	14	11	12	8	72
				Post	5	6	10	6	10	3	37
10	M	14-7	2 months	Pre	15	11	11	11	11	10	65
				Post	11	13	9	9	10	7	58
				Post	15	11	11	11	11	10	65

Table 7 - Continued

Subject	Sex	Age	Residency	Factor Scores							
CONTROL GROUP											
11	M	14-5	1 day	Pre	6	5	10	10	11	6	48
				Post	7	8	9	8	10	1	46
12	F	14-10	2 months	Pre	5	5	5	3	8	3	31
				Post	12	16	10	13	10	10	66
13	F	14-10	2 months	Pre	10	10	1	2	5	6	36
				Post	11	12	3	2	7	1	43
14	M	13-7	4 months	Pre	8	16	12	12	8	6	59
				Post	12	16	8	8	7	7	60
15	M	14-6	1 month	Pre	14	13	3	8	7	5	54
				Post	10	15	11	10	8	7	59
16	F	15-4	4 months	Pre	13	15	13	10	12	8	68
				Post	16	17	13	12	12	10	77
17	M	13-4	2.5 months	Pre	9	16	12	11	10	8	64
				Post	10	16	11	13	11	9	65
18	F	15-8	2 months	Pre	4	14	9	6	6	6	43

I = Behavior

IV = Anxiety

II = Intellectual Status

V = Popularity

III = Physical Appearance

VI = Happiness &amp; Satisfaction

Note: Subjects 1 through 4 were posttested on 6-28-84 and thus did not finish the program.

**SELF-CONCEPT IMPROVEMENT PROGRAM**

**LESSON PLAN**

## SESSION 1 - Introductions

1. Administration of Self-Concept Measure.
  
2. Introduction And Setting Of Ground Rules: The class was introduced to the students as a class to help them feel good about themselves and to understand themselves better. The students were introduced to the following rules that were to be followed whenever the class was in session:
  - A. Anything said in this room will not go outside the room.
  
  - B. Whoever is speaking has the right to be listened to.
  
  - C. Whoever is speaking will not be interrupted by anyone else.
  
  - D. No putdowns or negative statements will be said by one group member about another during the sessions.

E. Every member of the group has the right not to respond or say anything if he or she does not wish to.

3. Interviewing: In order to "break the ice" and enable the group members to become acquainted with each other, the students were asked to pair up with someone whom they did not know well and interview him or her using a list of prepared questions. The interviewer was to write down the answers that the interviewee gave, then in turn was interviewed. Afterwards, each student was asked to present the interviewee to the class by introducing him or her and telling the answers to the questions. The students responded well to this activity.

## Session 2 - Introductions

1. Owl Game: The idea that the question "Who Am I?" is often a difficult one to answer was presented and briefly discussed. The students were then asked to pair up, and one student was to ask the other repeatedly the question "Who are you?" This activity did not seem overly effective, as it became a game to some students. It probably would have been better to have the students write down five or so answers to the question. As it was, this activity may not have been sufficiently structured. The students in general seemed to have a difficult time thinking of responses to the question. Afterwards, this difficulty in answering was discussed in the group.
  
2. Card Game: The students were asked to arrange their chairs in a circle. As a sort of get-acquainted activity, a sack containing cards with questions or statements (See Materials Section) printed on them was passed around the circle, and the students were invited to respond to them. Many of the students exercised their right to pass by not responding; some of the questions may have been too personal at this stage of the program.



### Session 3 - Self-Understanding

1. Introduction to Journals: The idea was presented to the students that sometimes it helps a person to understand himself or herself better if he or she writes down his or her thoughts down on paper. In order to facilitate this, each student was given a spiral notebook and was encouraged to write in it anything of a personal nature, such as thoughts, feelings, poetry, events of the day, etc. The students were also told that, at the beginning of each subsequent class, an opportunity would be provided for anyone who wished to share something he or she had written in the journal with the class. This seemed to be a positive activity. Although few actually ever shared something they had written with the class, many of the students (particularly the girls) seemed to write in their journals fairly regularly; some said that it did help to express their feelings on paper. Perhaps more student participation could have been elicited if the experimenter had also kept a journal and shared some things in it with the class, being a sort of model for the class.
2. Self-Adjectives List: An extensive list of self-descriptive adjectives was put on the chalkboard. The activity was introduced by discussing the idea that sometimes things about us change over time, and that we may be different now

from what we were a year ago or what we will be a year from now. The students were asked to write down adjectives that described them right now. Then they were to write down adjectives that described them a year or so in the past and that they thought might describe them a year or so in the future. Differences and similarities in the three lists were then discussed. In general, the students felt that they were now as they had been and were going to be. They particularly seemed to have difficulty imagining themselves in the future in this and other activities.

## Session 4 - Self-Understanding

1. **Journal Sharing:** An opportunity was provided for those students who wished to share something they had written in their journals with the class.
  
2. **Let's Handle Feelings:** The experimenter explained that each of us has certain feelings in reaction to certain events, and that we may choose to express what we are feeling in different ways. The following situations were read orally, and the students discussed how they would feel in these situations, and then how they would express these feelings:
  - A. You get blamed for something your best friend did.
  
  - B. You wanted to get picked to play on a team, but nobody picked you.
  
  - C. Your friend tells everyone something about you that you wanted him or her to keep secret.
  
  - D. You break your mom's expensive watch accidentally.
  
  - E. Someone tells you that you are his or her best friend.

In general, the students responded with appropriate feelings and acceptable responses. However, one student consistently expressed socially unacceptable responses to his feelings, such as "beating up on" a friend in A and C; this may have been an attention-seeking behavior.

3. What Is A Friend?: The students were asked to think of the characteristics that make up good friends, which the experimenter listed on the chalkboard. A significant portion of the characteristics that the students thought of had to do with loyalty and affective support (e.g. "A good friend sticks by you", "A good friend is someone who you can tell your problems to.") The students were then asked to decide whether or not they were good friends to other people. Few of the students volunteered to discuss this, although those that did tended to think they were good friends to certain people.

## Session 5 - Self-Concept Improvement

1. Journal Sharing
  
2. IALAC: The experimenter presented the idea that the way we feel about ourselves is sometimes affected by what happens to us, and that each of us figuratively carries an IALAC (I Am Likeable And Capable) sign around with us. This IALAC sign can be torn apart and put back together because of certain events that occur every day. The experimenter then read a story about a boy named Michael who goes through a typical school day having his IALAC sign affected by the day's events (See Materials Section). A piece of construction paper with the letters IALAC printed on it was held up during the reading of the story, and when something negative or positive happened to Michael, the students were asked to decide whether it tore a piece off or added a piece to Michael's sign. The experimenter accordingly tore a piece off or taped a piece on the construction paper. Afterwards, the group discussed the types of things that happen to people to harm or build up their IALAC sign and, more importantly, how much control and responsibility we have regarding what happens to our IALAC signs. The students responded very well to this activity, probably because it was interactive and had a concrete example.

3. Complimenting: As a closing activity related to the preceding one, each student was asked to give someone else in the group a compliment. This proved to be a difficult task for some of the students, and they raised the issue of giving compliments when they are insincere compliments.

## Session 6 - Self-Concept Improvement

1. Journal Sharing.
2. Filmstrip--"Who Are You?": This filmstrip emphasized that people are individuals with different characteristics, abilities and strengths useful for society. Afterwards the group discussed what skills they had that could be useful for society. The students were generally attentive and cooperative during this activity.
3. Someone I Admire: The students were asked to choose and talk about someone that they admired and the qualities that they admired about the person, with the experimenter first giving an example. The students were then asked to compare themselves with that person to see if they had traits in common with the admired person. Afterwards, the students thought about what they could do to acquire some of the admirable traits of the person. During this activity many of the students were off-task. This may have been because it was a less structured activity; it may have been more effective had this been a written exercise.
4. "I'm Proud That I...": Each student was asked to complete this sentence, stating something regarding characteristics, abilities or accomplishments that he or she was proud of.

This was a positive activity--one girl related that she was proud she had completed a drug treatment program at a hospital.



## Session 7 - Self-Talk Improvement

1. Journal Sharing.
  
2. What Do You Tell Yourself?: The experimenter presented the idea that events are often stressful because of the things we tell ourselves; negative self-statements often doom us to fail where, had we had a more positive attitude, we could have succeeded. The students were asked to write down and share what they would tell themselves if they found themselves in the following situations:
  - A. Your teacher hands you a test which you've studied hard for. You look at the first question and find that you can't answer it.
  
  - B. Some of your friends are planning to go to a movie. You expect them to invite you, but when they get ready to go, they don't ask you to go along. You are left alone to think about what happened.
  
  - C. You and several other kids are trying out for a part in the school play. You are each asked to act out a short scene in front of the director. You see that many of the other kids are very good.

D. In gym you're required to climb a rope to the top. You've never done that before, but now you must.

Some of the students gave generally positive statements to the situations (e.g. "I'll just try to do my best."). Others tended to give negative and self-defeating reactions ("I know I can't do it"). The experimenter commented on the positiveness or negativeness of the student's self-statements and emphasized that the things one says to one's self can help or hurt performance.

## Session 8 - Decision-Making

1. Journal Check.
2. Types of Decisions: This activity was a lecture on different types of decisions. MAJOR DECISIONS are ones that are very important and may have a significant impact on one's life, such as deciding to go to college or to get married. MINOR DECISIONS are less important, such as what clothes should I wear today? LONG-TERM DECISIONS are far-reaching decisions that will affect the long-term future, such as moving to another town. SHORT-TERM DECISIONS affect only a brief period of time, for example, should we go to the 7:00 show or the 9:30 one? The students were asked to think of examples of these types of decisions and to think of a decision they had to make recently and to classify this decision as to which categories this decision fit. Most of the students actively participated in the discussion.
3. Vinettes: The experimenter explained that all of us find ourselves in situations in which we must make decisions. The experimenter read moral dilemmas (See Materials Section) to the students and asked them to decide what decision they would make in each case. For the most part, the students responded with appropriate decisions; a few, however, decided on decisions that would have had negative

consequences. The students were asked to discuss the consequences of both appropriate and inappropriate decisions.

areas, a worksheet (See Materials Section) was given to them on which they were to list goals (up to three) that they wanted to accomplish for the week in school, on the ward, and with friends. They were also to describe briefly how they were to accomplish these goals, which three goals were most important, and what might prevent them from accomplishing these goals. They were to fill out a worksheet during the first class session of a week, and then in the last class session of the week we were to evaluate their progress toward these goals. The students seemed to have difficulty with filling out the worksheets and very few actually completed them over the remainder of the program, despite the amount of time devoted to this activity during the sessions.

## Session 10 - Interpersonal Relations

1. Journal Sharing.
2. Goal Setting Check.
3. Feeling Good Statements: The experimenter presented the topic of things that people say to make other people feel good. The students were taught that one way to make someone else feel good is to give him or her "positive feedback", such as "I liked the way you...", etc. The students were to turn to another person in the group and give him or her a "feeling good statement." As with the activity in Session Five, some of the students found it difficult to think of something to compliment another student about. More examples should have been given and the "homework assignment" (to give some else positive feedback) should have been followed up on.
4. How Others See Me: The idea was presented that, because we may act different around different people, and because different people have different opinions of us, sometimes the way we see ourselves is not the same as the way others see us. The students were asked to think about their own perceptions and the perceptions of friends, parents and Cromwell staff regarding their behavior, personality,

strengths and weaknesses. A worksheet (See Materials Section) was used for this purpose. Some of the students resisted completing this worksheet. One possible explanation may have been that they found it difficult to think of other's perceptions of themselves.

## Session 11 - Responsibility and Interpersonal Relations

1. Journal Sharing.
2. Goal Setting Check.
3. Responsibility: Referring back to the I Plan/Others Plan activity of the ninth session, the experimenter explained that every person responsible for his or her behavior, decisions, and much of what happens to the person. The students were asked to talk about what kinds of things they were responsible for. Next, a worksheet was presented to them (See Materials Section) in which they were to decide whether they or someone else was responsible for the behavior listed. Their responses were then discussed. The students for the most part seemed to accept their responsibility for what happens in their lives; the worksheet helped to reinforce the concept.
4. Ways People Affect Each Other: One of the things we are responsible for is making and keeping friends. The concept that we are responsible for getting along with others, and that others are responsible for getting along with us, was presented. The students were asked to give examples of and discuss the following:



- A. I did something that somebody liked.
- B. Somebody did something that I liked.
- C. We did something for each other.
- D. I did something that somebody didn't like.
- E. Somebody did something that I didn't like.
- F. We did something against each other.

By this time the students were getting restless; thus this activity was probably not as effective as it could have been.

## Session 12 - Closure

1. Journal Check.
2. Review of Goals for the Week.
3. Review of Sessions: The experimenter summarized the program by briefly reviewing the concepts and activities of the class. The students did remember and could accurately explain most of the concepts presented. They were also anticipating the special activity promised them at the end of the session and thus were well-behaved.
4. Feedback: In order to assess the efficacy of the program from the students' perspectives, the examiner passed out index cards and asked the students to answer the following questions:
  - A. I thought this class was...
  - B. Something I learned was...
  - C. My favorite activity was...
  - D. My least favorite activity was...
5. Positive Sentence Certificates: As a sort of reward for participating as well as a self-concept improvement activity, the experimenter gave each student an "I Like Me Certificate" (See Materials Section) on which they were to

complete four positive sentences. The experimenter made available colored construction paper, stickers, and glue so that each student could make a colorful certificate. Small candy bars were also given to the students. As expected, the students enjoyed this activity and for the most part cooperated in sharing the glue and other materials. They seemed to depart this final session in good spirits.

MATERIALS SECTION

## SESSION 2 Card Game Items

1. What is your favorite sport?
2. Name 3 skills that you have.
3. Tell about a time you were angry this week.
4. Tell about a time you were sad this week.
5. Tell about a time you were happy this week.
6. What would you like to do better than you do now?
7. Girls are \_\_\_\_\_.
8. Boys are \_\_\_\_\_.
9. Name 3 words that describe your personality.
10. If you could go anywhere in the world, where would you go and why?
11. One way I'm different from everyone else is \_\_\_\_\_.
12. One way I'm like everyone else is \_\_\_\_\_.
13. If I could teach everyone in the world one thing, it would be  
\_\_\_\_\_?
14. My mom is \_\_\_\_\_.
15. My dad is \_\_\_\_\_.
16. I'm happiest when \_\_\_\_\_.
17. If I were President, one thing I would do is \_\_\_\_\_.
18. Tell something about yourself that none of us knows about you.
19. Tell what decisions you had to make this week.
20. What do you like to do in your free time?
21. Complete this statement: I used to be \_\_\_\_\_, but now I am  
\_\_\_\_\_.

22. Name something you've learned about yourself this week.

23. Who is your favorite movie or TV star?

24. Name something you like about yourself.

25. Name something you would like to change about yourself.

26. What does being a friend mean to you?

## SESSION 5 IALAC Activity

## "Michael's IALAC Sign"

One fine morning Michael, a 7th grader at North Junior High, got up and got ready for school. As he was getting ready to brush his teeth, he noticed that he had forgotten to pick up some toothpaste on his way home from school yesterday, thus the whole family would be without toothpaste and everyone would be mad at him.\*\* As he was getting dressed, he found that his mom had washed and ironed his favorite shirt. Now he could go to school in style.\*\* As he was getting breakfast for himself, Michael accidentally dropped a whole jug of orange juice. His mom screamed at him "How could you be so stupid!"\*\* Because he had to clean up the mess, Michael was late in leaving and missed the bus. He had to walk.\*\*

Because he had to walk, Michael was late for his first class, which was math. His teacher, Mrs. Krinklebein, gave him a dirty look as he walked into the classroom.\*\* In math, the first order of business was handing back the test that they had taken the day before. Michael was scared--he didn't get to study for the test the night before because of the track meet. But when he got his paper back, Michael was shocked to find that he had received an A!\*\*

Michael's joy continued on to the next class, Shop, which was his favorite class. He was making a beautiful wooden pipeholder for his dad's pipes, and he was almost finished with it. It would be a good gift for his father's birthday next week.

But Michael's happiness soon turned to depression. He found that somebody had taken his almost completed pipeholder. And to make matters worse, when he reported it to his shop teacher, Mr. Johnson, Mr. Johnson said "Ah, well, it wasn't very good anyway!"\*\* Michael was angry and hurt.

Michael came to his next class in an extremely sour mood. He came into the room, slammed his books on his desk, and put his head on his arms. The girl next to him, Amy, noticed his emotional state. Now Michael liked Amy alot but, being shy, he could never get up the courage to talk to her. Amy felt sorry for Michael and asked him what had happened. Surprised that this girl whom he really wanted to meet had broken the ice for him, Michael started to feel better. After talking to Amy, by the time his teacher walked in and class started, Michael was feeling better about what had happened in Shop.\*\*

Lunch was another disaster, however. As he was walking with a full tray of the cafeteria delicacies, Michael tripped on his own untied shoelaces and very gracelessly went sailing across the cafeteria floor. Not only had he spilled his lunch all over the floor, everyone in the cafeteria was laughing at him! They continued laughing as Mrs. Carlson, the principal, made him clean it all up.\*\* Suddenly Michael wasn't hungry anymore.

The day wore on. English class was boring, as usual, but at least nothing bad happened in that class. Between classes, Amy came up to him and talked to him at his locker.\*\* But then in History class his teacher yelled at him for talking (when actually it was the kid behind him who was making the noise).\*\* At the end



of class, his history teacher called Michael to his desk and told him that 1) he got an F on his assignment because it wasn't typed, and 2) he would have to make up time before school tomorrow because he had been talking in class.\*\*

Track practice made things better. Michael cleared 5ft. 4in. in the high jump, the highest he had ever gone. "Now only if I can do that in the meet Friday," he thought as he walked home.\*\*

As Michael walked in the door of his home, his older sister jumped on him for forgetting the toothpaste yesterday and again today.\*\* Michael ignored her and went to his room. At supper he found that his mother, who had forgotten the episode with the orange juice, had fixed his favorite dessert--chocolate pie.\*\* After dinner, Michael remembered that he had a test tomorrow in English, which meant he had to study rather than going over to his friend's house to play Atari games.\*\* As he got out his books, Michael found that he had left his English book at school, consequently he will probably do poorly on the test tomorrow.\*\* As the day came to a close, Michael was not sure if he even wanted to get out of bed the next day.

### Questions

1. What kinds of things did other people do to Michael to make him feel bad or good?
2. What kind of things did Michael do himself to make things bad or good?

3. How could Michael have prevented some of the bad things that happened to him?
4. Who was more responsible for what happened to Michael--himself or other people?
5. Who is more responsible for the bad and good things that happen to you--yourself or others?
6. What kinds of things can you do to prevent some of the bad things that happen to you? How can you have some positive experiences?

Note: \*\* denotes a place in the text where the experimenter stopped briefly to ask how the event might effect Michael's IALAC sign.

## SESSION 8 Moral Dilemmas

1. A friend of yours has a bike for sale that you'd really like to have. He tells you that, because you are his friend, he will sell you the bike if you can raise the money by the end of the day. Otherwise he will sell the bike to another kid who has the money already. You earn money by mowing lawns. Although you work as fast as you can, you can only finish two lawns by nightfall. After you collect the five dollars from your last customer, you find that you are still five dollars under the amount you need to buy the bike. As you are counting the money, you suddenly find that your last customer mistakenly gave you two fives instead of only one. You now have enough money, but you'd be cheating your customer, too.

2. When in art class, you see your friend Frank stealing another friend's expensive pen and ink set. Both kids are your good friends. Without her pen and ink set, your one friend cannot finish her project. But you don't want to lose Frank's friendship, either.

3. It's Thursday night and you are studying for a test. A bunch of your friends come over and want you to go to the video arcade. You really want to go, but you know that you must pass this test--otherwise you'll get a D in the class.

4. It's raining and you're having to walk home because you had to stay after school. A man pulls up in his car and offers you a ride home. The man knows your father, but neither you nor your family know him very well. He seems friendly, and his car is warm and dry.

5. You are out with your friends Saturday night. There's not much to do, and you are all bored. One of your friends suggests that you all break into a school--she says she knows a way in. You think it's a bad idea, but the others think it'll be exciting. They say you're chicken because you don't want to do it, but if you get caught, it'll be a disaster.

6. You are responsible for taking care of your neighbor's prized purebred cat while he is on vacation. The last day of your new "job", you open the door of the house to go in and feed the cat. Although your neighbor told you always to close the door behind you so the cat doesn't get out, you forget and the cat runs out and gets hit by a car and killed. Your neighbor is due back in an hour.

GOALS TO ACCOMPLISH

1. This coming week, I want to accomplish the following goals:

In School

How?

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

On The Ward

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

With Friends

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2. The 3 most important goals stated above are \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

3. What might prevent me from accomplishing my goals?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## THE WAY DIFFERENT PEOPLE SEE ME

I see

1. my behavior as	my personality as	my strengths as	my weakness as
a.	a.	a.	a.
b.	b.	b.	b.
c.	c.	c.	c.

My Parents see

1. my behavior as	my personality as	my strengths as	my weakness as
a.	a.	a.	a.
b.	b.	b.	b.
c.	c.	c.	c.

My friends see

1. my behavior as	my personality as	my strengths as	my weakness as
a.	a.	a.	a.
b.	b.	b.	b.
c.	c.	c.	c.

Staff at Cromwell see

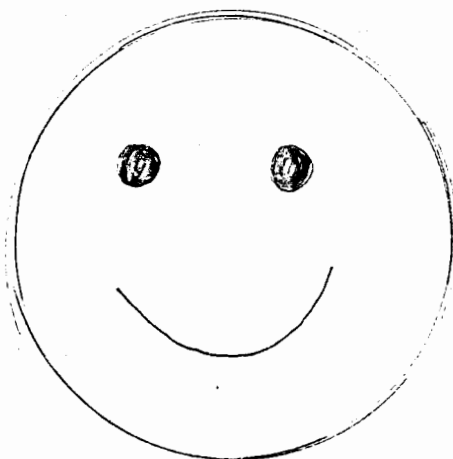
1. my behavior as	my personality as	my strengths as	my weakness as
a.	a.	a.	a.
b.	b.	b.	b.
c.	c.	c.	c.

## COPY OF WORKSHEET

## WHO IS RESPONSIBLE?

Me      Somebody Else

For getting me out of bed  
For getting my breakfast  
For picking out what clothes I wear  
For me getting to school on time  
For me not breaking the rules  
For getting my homework done  
For getting good grades on my tests  
For getting yellow slips  
For getting pink slips  
For getting along with my friends  
For getting along with mom and dad  
For making friends  
For reaching my goals  
For getting off-wards  
For getting out of Cromwell  
For my own happiness





# Certificate of Completion

This is to certify that

---

has successfully completed  
Mr. Canaday's discussion  
class and therefore attains  
the title Very Important Person.

David C. Canaday

# I Like Me Certificate

Let It Be Known to All People  
that:

One thing I like about me is \_\_\_\_\_.

I'm proud that I \_\_\_\_\_.

Something I do well is \_\_\_\_\_.

I feel GREAT when I \_\_\_\_\_.

Signed \_\_\_\_\_