

1990

Adolescent identity formation: Inpatient influence on self-concept

David John Mueller

College of William & Mary - School of Education

Follow this and additional works at: <https://scholarworks.wm.edu/etd>

 Part of the [Clinical Psychology Commons](#), [Social Psychology Commons](#), and the [Student Counseling and Personnel Services Commons](#)

Recommended Citation

Mueller, David John, "Adolescent identity formation: Inpatient influence on self-concept" (1990). *Dissertations, Theses, and Masters Projects*. William & Mary. Paper 1539618397. <https://dx.doi.org/doi:10.25774/w4-wn16-0813>

This Dissertation is brought to you for free and open access by the Theses, Dissertations, & Master Projects at W&M ScholarWorks. It has been accepted for inclusion in Dissertations, Theses, and Masters Projects by an authorized administrator of W&M ScholarWorks. For more information, please contact scholarworks@wm.edu.

INFORMATION TO USERS

The most advanced technology has been used to photograph and reproduce this manuscript from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book. These are also available as one exposure on a standard 35mm slide or as a 17" x 23" black and white photographic print for an additional charge.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

U·M·I

University Microfilms International
A Bell & Howell Information Company
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
313/761-4700 800/521-0600

Order Number 9024576

**Adolescent identity formation: Inpatient influence on
self-concept**

Mueller, David John, Ed.D.

The College of William and Mary, 1990

Copyright ©1990 by Mueller, David John. All rights reserved.

U·M·I
300 N. Zeeb Rd.
Ann Arbor, MI 48106



**ADOLESCENT IDENTITY FORMATION:
INPATIENT INFLUENCE ON SELF-CONCEPT**

A Dissertation

Presented to

**The Faculty of the School of Education
The College of William and Mary in Virginia**

**In Partial Fulfillment
of the Requirements for the Degree
Doctor of Education**

by

David John Mueller

May 1990

ADOLESCENT IDENTITY FORMATION:
INPATIENT INFLUENCE ON SELF-CONCEPT

by

David John Mueller

Approved May 1990 by

Fred L. Adair

Fred Adair, Ph.D.
Chair of Doctoral Committee

Charles Matthews

Charles Matthews, Ph.D.

Kevin Geoffroy

Kevin Geoffroy, Ed.D.

To my parents, John and Opal Mueller, who instilled in me the belief that the acquisition of knowledge should never end.

Table of Contents

	Page
Acknowledgments.....	vi
List of Tables.....	vii
Abstract.....	viii
Chapter 1. Statement of the Problem.....	2
Need for the Study.....	2
Theoretical Rationale.....	3
Definition of Terms.....	7
Research Hypotheses.....	9
Sample and Data Gathering Procedures.....	9
Limitations of the Study.....	10
Ethical Considerations.....	10
Chapter 2. Review of Literature: Theory-History- Construct.....	11
Theoretical Overview.....	11
Adolescent Self-Concept: Historical Overview.....	16
Critique.....	24
Adolescent Self-Concept: Current Constructs.....	25
Critique.....	37
Research about Institutionalized Adolescents.....	39
Critique.....	47
Conclusion.....	48
Chapter 3. Methods and Procedures.....	51
Sample.....	51
Data Collection.....	52
Instrumentation.....	53
A Semantic Differential Instrument.....	53
Coopersmith Self-Esteem Inventory, School Form...55	55
Statistical Hypotheses.....	57
Research Design.....	64
Statistical Analysis.....	65
Summary.....	66

Table of Contents (continued)

	Page
Chapter 4. Analysis of Data.....	68
General Research Hypothesis One.....	69
General Research Hypothesis Two.....	70
General Research Hypothesis Three.....	72
Chapter 5. Conclusions.....	76
Summary.....	76
Findings and Conclusions.....	79
Implications.....	85
Limitations.....	89
Suggestions for Further Research.....	90
Appendices.....	94
References.....	96
Vita.....	102

Acknowledgements

The formation of this study involved technical assistance, emotional sustenance, and general morale boosting from the following individuals and families:

Special recognition is directed to the author's advisor and committee chairman, Dr. Fred Adair, for his time and imparting of knowledge throughout the shaping of this dissertation. Appreciation for academic assistance is also extended to committee members Dr. Charles Matthews and Dr. Kevin Geoffroy. I further thank each of these academicians for his emotional availability at various stages of my program involvement.

A vote of thanks to Dr. Schlichter and Dr. Waring who allowed me to do my inpatient testing with their adolescent patients, and to the young people who participated in this study.

Sincere gratitude is extended to the Raciborski family for their many forms of support throughout this often times stress filled period of my life. An individual thank you to my sister Doris, my brother-in-law Stan, my nephew Stan Jr., and my niece Sheryl for their respective generosity by listening to my "trials", ensuring intermittent balanced meals, keeping me in "a set of wheels" for the constant commute, and typing and copying "endless" revisions of this paper.

Finally, another special thanks is extended to Stan and Tina Parcell for their unwavering emotional and editorial support and to Sarah Mae who can always make me smile.

List of Tables

Table	Page
1. Change in Self-Esteem, Admission to Discharge from a Psychiatric Hospital.....	71
2. Changes in Identification with Stereotypic Social Labels, Admission to Discharge from a Psychiatric Hospital.....	73
3. Correlations Between Coopersmith and Semantic Differentials, at Admission and Discharge from a Psychiatric Hospital.....	75
4. Correlations Among Variables at Admission and at Discharge.....	94
5. Correlations Between Length of Stay and Changes in Self-Esteem from Admission to Discharge.....	95

**ADOLESCENT IDENTITY FORMATION:
INPATIENT INFLUENCE ON SELF-CONCEPT**

ABSTRACT

The purpose of this investigation was to study the effects of social labeling on the self-concept of adolescents hospitalized in a psychiatric treatment facility. What happens to the self-estimation of a teenager when his or her "rule-breaking" is officially labeled as mental illness and the youth is placed in the role of a psychiatric inpatient? Many theorists see the process of being officially labeled as a psychiatric hospital patient as creating stigma that may alter an adolescent's self-concept.

Stage V of Erikson's theory of personality development is concerned with adolescent self-concept formation. Because of the difficult transition from childhood to adulthood, the adolescent is likely to suffer more deeply than ever from identity confusion. This situation can cause the teenager to feel depressed, isolated, empty, anxious, and indecisive.

This descriptive study focused on the following general hypotheses:

- 1) Is there a measurable difference in self-esteem of an adolescent from the beginning of his or her psychiatric hospitalization through the date of discharge from the hospital?
- 2) Is there a significant change in identification with a stereotypic social label by this same hospital population through their date of discharge?
- 3) Are there similarities between measures of "global" self-esteem and assessments of stereotypic social labels in this same adolescent psychiatric inpatient population?

The sample for this study consisted of 44 adolescent acute care patients in a private psychiatric hospital in Norfolk, Virginia. Their length of stay averaged 20.1 days and ranged from 8 to 38 days in the hospital. Each was diagnosed by an accredited psychiatrist or licensed

psychologist as having exhibited symptoms of depression or dysthymic disorder.

Data for this study were collected over a seven month period of time. The Coopersmith Self-Esteem Inventory and a semantic differential method for assessing identification with stereotypic social labels were administered to each subject at the time of admission and at the time of discharge. The semantic differential instrument was based on methodology developed by Burke and Tully (1977) for assessing one's role/identity in relation to stereotypic labels. The subjects rated two stereotypic labels, "A Popular Teenager in School" and "A Hospitalized Teenager in Psychiatric Treatment," two self-assessment labels, "Me in the World" and "Me in the Psychiatric Institute."

All findings on the first general hypothesis showed a statistically significant gain in self-esteem from the time of admission to the time of discharge. Results were mixed for the second general hypothesis. The findings indicated that identification with stereotypic social labels does change through the course of hospitalization. However, some changes were not statistically significant and the direction of change was not consistent. The results of the analysis conducted on the third general hypothesis indicated that measures of "global" self-esteem were similar to semantic differential assessments of stereotypic social labels. This study concludes with recommendations for longer-term adolescent inpatient studies, follow-up studies of teenage out-patient progress, and mandatory one year follow-up counseling for hospitalized adolescents.

DAVID JOHN MUELLER

PROGRAM: COUNSELING

THE COLLEGE OF WILLIAM AND MARY IN VIRGINIA

**ADOLESCENT IDENTITY FORMATION:
INPATIENT INFLUENCES ON SELF-CONCEPT**

CHAPTER I

Statement of the Problem

The purpose of this investigation was to study the effect of social labeling by family, peers, and self on the self-concept of hospitalized adolescents within a psychiatric treatment facility.

Need for the Study

Labeling theorists agree that the complex processes of social labeling effect both self-concept and the behavior of labeled individuals. An adolescent population involved in psychiatric hospitalization would seem especially vulnerable to the effects of labeling. This conjecture is based on the premise that most teenagers do experientially explore a wide variety of behaviors, including rule-breaking behaviors. What happens to the self-estimation of a given teenager when his or her "rule-breaking" is officially labeled as mental illness and that youth assumes another role, that of psychiatric inpatient? Many theorists see a problem with conceptualizing a person's behavior as a manifestation of mental illness in that the terms "mental illness" and "psychiatric inpatient" are almost instantaneous stigmatizing forces and, as such, may readily become self-concept altering tags for many adolescents. The "official" labeling process to psychiatric hospital inpatient creates the stigmatization that may alter an adolescent's self-concept.

Few studies have been attempted with hospitalized adolescents to examine the immediate effect of being placed in the assigned role of

mental patient. The present study would then add to the limited research data available about hospitalized teenagers who have been clinically diagnosed as depressed. Research in this area may be of special benefit to hospital clinicians and nursing staff by increasing their awareness of the effects of labeling on the hospitalized teenager, his or her family, and his or her social network. Further clinical assessments could then be carried out to record trends in self-concept, possibly as paired with a social stereotypic role label. A heightened clinical staff awareness of the potentially harmful effects of social and self labeling on the psychiatric inpatient may create increased therapeutic intervention about issues with the adolescent and his or her family through the course of hospitalization and follow-up care.

Theoretical Rationale

In its earliest phase, psychoanalysis was interested in exploring the unconscious, focusing upon motivation, emotion, conflict, neurotic symptoms, dreams and character traits. In contrast, the major drive of early psychology was toward the investigation of the processes of consciousness (sensation, perception, memory, and thinking). This discipline formulated as a science within an academic and laboratory setting, with minimal interaction between psychoanalytical and psychological workers.

This separatist policy is rapidly changing. A more interpenetrative perspective has been developing in the past several years. Psychoanalysis, which Freud always considered a "branch" of psychology, has recently shown more interest in "normal" behavior (hence, the formation of ego psychology), and psychology has rapidly moved into the area of motivation and personality. Rapaport (1967) has surmised that

psychoanalytic findings will become common psychological tools only after psychoanalysts and psychologists have applied themselves to translating the fundamentals of psychoanalytic theory into a universal language..."otherwise the confusion concerning psychoanalytic theories, and the misunderstandings and misinterpretations of it, can only grow worse...inasmuch as the investigations on 'emotional influence' lead to unconscious determining factors and to the dynamics of personality organization" (Rapaport, 1967).

Rapaport (1974) states that a systematic approach to psychoanalytic theory should examine Freud's writings, taking into account other contributors who have helped to shape the present form of the theory (i.e., ego psychologists Hartmann and Erikson). He defines the data needed as those which will "elucidate" the relation of style structure to other ego structure, to motivations, and to each other. He deduces that the theory does not need additional data for its development. "It does not need experimental data which replicate clinical relationships to theoretical relationship..." (Rapaport, 1960). He concludes that Erikson's theoretical work has, for the first time, established a ground plan of ego development.

Erikson reformulated Freudian principles to establish a psychosocial theory of development, from which extends a more concrete conceptualization of ego structure. His definition of psychosocial in relation to development is that the stages of a person's life from birth to death are formed by social influences interacting with a physically and psychologically maturing organism. "There is a 'mutual fit' of individual and environment...that is, of the individual's capacity to relate to an ever expanding life space of people and institutions, on the

one hand, and, on the other, the readiness of these people and institutions to make him part of an ongoing cultural concern" (Hall and Lindzey, 1978). This theory consists of eight defined stages at which new forms of behavior appear in response to new social and maturational influences.

Erikson places particular emphasis upon the adolescent period, because it is then that the transition between childhood and adulthood is made. He feels, however, that each stage contributes to the formation of the total personality. "Anything that grows has a ground plan, and that out of this ground plan the parts arise, each part having its time of special ascendancy, until all parts have arisen to form a functioning whole" (Erikson, 1968).

A brief discussion of two important theoretical concepts is required. First, ritualization, which is present in every stage, is a playful but also culturally patterned way of doing or experiencing things in the daily interaction with people. The basic purpose of these ritualizations is to turn the maturing individual into an effective and familiar member of a community. Ritualization can, however, become rigid, perverted "ritualisms".

The second concept is Erikson's definition of the ego. It can and usually does find creative solutions to new problems that occur at each stage of life, being very resilient, with great powers of recovery. The ego does, in fact, thrive on conflict and crisis, but becomes vulnerable and possibly damaged in the face of trauma, anxiety and guilt. His definition of the ego is also a very socialized and historical one. In addition to the genetic, physiological, and anatomical factors that help to determine the nature of the individual's ego, there are also important

cultural and historical influences (originating a space/time orientation to individual behavior).

Erikson's theory of personality is especially relevant in connection with the face validity of his concepts of identity and identity crisis. It would appear that observation alone would verify the accuracy of identity crisis and confusion during adolescence.

Stage V of Erikson's theory of personality development is labeled "Identity versus Identity Confusion" and is concerned with adolescent development. This is a time when the individual begins to sense a feeling of his or her own identity, a feeling that one is a unique human being and yet preparing to fit into some meaningful role in society, whether that be adjustive or innovating. The ego at this stage has the capacity to select and integrate talents, aptitudes and skills in identification with like-minded people and in adaptation to the social environment, and to maintain its defenses against threats and anxiety as it learns to decide what impulses, needs, and roles are most appropriate and effective.

Because of the difficult transition from childhood to adulthood, as well as a sensitivity to social and historical change, the adolescent is likely, during this stage of identity formation, to suffer more deeply than ever before or again from a confusion of roles, or identity confusion. This situation can cause the individual to feel isolated, empty, anxious, and indecisive. During identity confusion, the adolescent may feel he is regressing rather than progressing, and, in fact, probably does exhibit periodic childish behavior. The adolescent's behavior is inconsistent and unpredictable during this confused state.

Another disordered outcome possible at this time is the development of a negative identity, a sense of possessing a set of potentially bad or unworthy characteristics. The most common way of dealing with one's own

negative (delinquent) identity is to project the bad characteristics onto others. These projections can result in extreme social pathology. Erikson states, "The evolution of identity is based upon the human's inherent need to feel that he or she belongs to some particular or special kind of people. The youth's identity gives definition to his or her environment" (Erikson, 1968).

The ritualization realized during the adolescent stage is that of ideology. The estrangement that results from a lack of any integrated ideology is identity confusion. The "perversion" of the ideology ritualization that may occur is totalism. Totalism is the fanatic and exclusive preoccupation with what seems to be unquestionably right or ideal. Ideological confusion paired with already existing flexibility of identity could predispose the adolescent to rebelliousness, deviancy, and/or self-destructive behaviors. Erikson concludes that people must find their identity within the potentials for stability or change of their society, while their development must mesh with the requirements of society, or they will suffer the "consequences."

The intent of this study was to explore the possibility that labeling and institutionalization might result in the loss of normal social role identities from the self-concept hierarchies of deviant adolescents.

Definition of Terms

Attribution theory. The process of trying to interpret and understand the human condition (our own and others). We are inclined to explain our own behavior in terms of situational factors, whereas the behavior of other people is more often explained in terms of their intentions and dispositions.

Self-concept hierarchies. McCall and Simmons (1966) and Stryker (1968)

view the self as a collection of identities, each of which is experienced indirectly through interaction with others. Each identity is associated with particular interactional settings or roles (some identities are associated with a wider variety of situations and performances than are others). These role/identities are the meanings a person attributes to the self as an object in a social situation or social role. These meanings come to be known and understood through interaction with others in situations in which those others respond to the person as a performer in a particular role. These role/identities are initially situation-specific, but over time they are organized into a hierarchy of identities. At the top of this hierarchy are the most central, pervasive, encompassing, influential, and salient role identities.

Self-image. The imagined self; the self one supposes oneself to be. The perfect and ideal self which the individual imagines himself or herself to be after identification with an idealized conception of what he or she should be.

Semantic differential. A technique developed by Charles Osgood for assessing the way in which the same words or idea are understood by different people. (Subjects are asked to rate these terms along dimensions like good-bad or active-passive, and these ratings are then compared.)

Stereotype. A rigid or biased perception in which individuals are ascribed certain, usually negative, traits regardless of whether they possess these traits merely because of their membership in a specific national or social group.

Stigma. Any designated defect which has a serious negative effect on the afflicted individual's social acceptance. (The connotation is similar

to that of stereotype except that the latter is not necessarily negative, whereas stigma is always negative.)

General Research Hypotheses

This descriptive study will collected and analyzed data focuses on the following three research questions:

- 1) Is there a measureable difference in self-esteem of an adolescent from the beginning of his or her psychiatric hospitalization through the date of discharge from that hospital?
- 2) Is there a significant change in identification with a stereotypic social label by this same hospital population through their date of discharge?
- 3) Are there similarities between "global" self-esteem and assessments of stereotypic social labels in this same adolescent psychiatric inpatient population?

Sample and Data Gathering Procedures

The sample for this study consisted of 44 adolescent acute care inpatients. Each of these inpatient adolescents had been given a primary diagnosis of depression or dysthymic disorder by an accredited psychiatrist or a licensed psychologist. All subjects participated on a voluntary basis, with confidentiality guaranteed through the use of a number coded assignment of test material.

Each subject was administered two tests in individual test sessions. These hospital volunteers were asked to retake both of these instruments just prior to their discharge from the hospital.

Both volunteer and legal guardian were briefed on the purpose of administering these "low impact" instruments. Each volunteer was informed that he or she could withdraw at any time prior to or during the evaluative procedure for whatever reason. Treatment team coordinators for these hospitalized volunteers were responsible for all therapeutic

intervention in association with this study. Written permission was granted by a parent or legal guardian of each volunteer prior to any implementation of testing procedures.

Limitations of the Study

There are two limiting factors to be taken into consideration while discussing the strength of this investigation. First, the time limitation that especially exists while working with a hospitalized population is a weakening link in any study. A maximum one and one-third month test/retest interval did not lend a real feel of conclusiveness to a comparison of self-concept changes. And second, there were numerous variables of adolescent self-estimation that were impossible to control for, having to do with the many influences from within a whole environment that cannot and should not be experimentally manipulated. For example, there would appear to be the possibility of any number of "before treatment" untraceable causes for changes in self-concept that have no connection to the fact of that youth's transformation to the role of psychiatric inpatient.

Ethical Considerations

The importance of confidentiality cannot be overemphasized. Individual participation was totally voluntary, with each subject's parents or legal guardian having had the final authority to either grant or deny permission for participation. Any subject could have withdrawn at any time prior to or during the evaluative procedure.

These inpatient subjects were monitored by treatment team staffing, who observed with the intent to intervene if there had been any noticeable signs or stated concerns about changes in a subject's emotional/physical well-being, throughout any 24 hour period.

CHAPTER 2

Review of Literature

Theory - History - Construct

Theoretical Overview

This review will first examine leading theories of adolescent identity formation as exemplified by Erikson's (1950) stage theory, Bandura's (1964) social learning theory, and Scheff's (1984) labeling theory. Next will follow a series of discussions about the history and construct of adolescent identity investigations. Initial focus will be on Marcia's study of identity diffusion occurring in late adolescence and following through to Burke and Tully's (1977) use of a semantic differential instrument to assess self-concept in relation to social roles.

Erikson's construct of identity has become the principle tool for understanding the development of personality from adolescence into adulthood (Waterman, 1982). Erikson provides the most integrated and extensive coverage of the phenomena of adolescence. He details the behavioral changes of adolescence in the context of a series of developmental stages, with stage V detailing adolescent identity formation. It has been described as a complete theory of ontogenetic development, that is, it outlines in stages the entire life span of the individual from birth to death in terms of "critical challenges" to personality development. It also stresses the relationship of each stage and its challenge to each of the other stages, with adolescence being related to all the stages that precede and follow it.

Erikson's in-depth analysis of the process of identity formation provides us with the detailed and multifaceted definition of identity, which is one of his most significant contributions to the understanding of adolescence (Guardo, 1975).

The wholeness to be achieved at this stage I have called a sense of inner identity. The young person, in order to experience wholeness, must feel a progressive continuity between that which he has come to be during the long years of childhood and that which he promises to become in the anticipated future; between that which he conceives himself to be and that which he perceives others to see in him and to expect of him. Individually speaking, identity includes, but is not more than, the sum of all years when the child wanted to be, and often was forced to become, like the people he depended on. Identity is a unique product, which now meets a crisis to be solved only in new identifications with age mates and leader figures outside the family (Erikson, 1968).

It would seem that Erikson does allow for wide variations in development. Adolescence is, as Erikson describes it, that era of life in which the sense of identity begins to take shape. He envisions identity formation as an inordinately complex process, varying extremely from one individual to the next. Some teenagers may experience great storm and stress and others may experience little or none (Gallatin, 1975).

Waterman elaborates upon Erikson's concept of identity formation when he states that the nature of the social expectations pertaining to identity choices arising within family, schools, and peer group will contribute to the particular pathways identity development. He surmises that where a developing individual is exposed to social groups that seldom question perceived authority, an identity crisis would appear less probable than among groups where questioning is more common and/or encouraged. The greater the range of identity alternatives to which an individual is "exposed" to during adolescence, the greater the likelihood of experiencing an identity crisis (Waterman, 1982).

Erikson, does not exclude the potential for serious disturbance during adolescence. Each of the "part" conflicts he describes has both a positive and a negative aspect. To attain a sense of "temporal perspective," for example, the adolescent must combat a sense of "time confusion;" "ideological commitment" occurs as the alternative to a total "confusion of values."

Erikson has been accused of dwelling on the negative aspects of adolescent development, stating that more attention is paid to identity confusion than to identity formation (Gallatin, 1975). Both Piaget, in his prediction that adolescence thought process will begin to follow formal logic and become increasingly more abstract, as well as Bandura, whose social learning theory statements are predictions of relationships between external factors and behavior, question the concept that adolescence is necessarily a turbulent decade, characterized by "storm and stress," tension, rebellion, dependency conflicts, and/or peer group conformity (Muuss, 1974).

These criticisms appear to overlook Erikson's written acknowledgement of the wide variety of adolescent reaction to identity formation, from great storm and stress to virtually none. Erikson cautions clinicians not to be too hasty in labeling any young person as "sick." Even so, these adolescents are to be taken seriously, some young people who give the appearance of being "severely disturbed" may be suffering from "developmental problems" more than from any deep-seated and long developing conflicts of early childhood. "They may have found the complexities of identity formation, with all the decisions and choices that are required, too much to cope with. Rather than being afflicted with 'psychosis' or 'severe neurosis,' such adolescents are in a state of

acute identity confusion; and they may therefore stand a better chance of regaining their bearings" (Gallatin, 1975).

Erikson observes that some adolescents attempt to resolve all the confusion of an "acute identity crisis" by focusing upon a "negative identity." A young person whose parents have always placed more emphasis on what he should not become, rather than on what he should, is a likely candidate for such a choice. "The history of such a choice reveals a set of conditions in which it is easier for the patient to derive a sense of identity out of total identification with that which he is least supposed to be than to struggle for a feeling of reality in acceptable roles which are unattainable with his inner means" (Erikson, 1968).

The delinquent youngster seems to lack the capability, confidence, and opportunity to be like those he admires. Usually, he has much more difficulty with school than his peers, and he exhibits considerably less social poise. Erikson has observed that adults in the community (policeman, teachers, businessmen, etc.) often compound the potential delinquent's problems by "pegging" him as a "good-for-nothing" and then reacting to him accordingly (Gallatin, 1975).

Erikson's stage theory of development and Bandura's social learning theory are in agreement to the extent that both focus upon adolescent age range and both take issue with strict learning approaches to personality that draw their principles from studies of single individuals in an impersonal environment or that picture human behavior as being passively controlled by environmental influences.

Social learning theory is based on the premise that human behavior is largely acquired and that the principles of learning are sufficient to account for the development and maintenance of that behavior. Another

premise states that much important learning takes place vicariously. In the course of observing others' behavior, individuals learn to imitate that behavior or in some way model themselves after others (Hall & Lindzey, 1978).

Exposure alone to others' behavior does not necessarily lead people to learn these responses, or, once they learn them, to actually perform these responses in appropriate situations. The observer must "attend" to the cues provided by the model. If the model's behavior has been rewarded, imitation is more likely than if it has been punished. Not only is direct reinforcement a potent determinant of an individual's behavior, but also vicarious reinforcement, the consequences the individual observes as following another's behavior (Hall & Lindzey, 1978). Social learning descriptions and statements about adolescence are not of such general, all-encompassing nature, as is found in Erikson's theory or in Piaget's prediction that adolescent thought processes will begin to follow formal logic and become increasingly more abstract. Rather, social learning theory statements are predictions of relationships between external factors and behavior (Muuss, 1974).

Bandura and McDonald (1963) demonstrated that age specific social responses, such as moral judgments, can be "modified" through the utilization of appropriate models and the application of social learning principles. It appears as if external social experiences have greater impact on behavior changes than do the internal maturational forces postulated by stage theorists. "In contrast to stage theories, social learning theory is concerned with interindividual rather than intraindividual differences. Some of the environmental variables that are utilized in explaining interindividual variations in behavior are intelligence, sex, age, race, socioeconomic status, culture, home

atmosphere, exposure to models, and different reinforcement schedule" (Muuss, 1974).

Bandura states, "if a society labels its adolescents as 'teenagers,' and expects them to be rebellious, unpredictable, sloppy, and wild in their behavior, and if this picture is repeatedly reinforced by the mass media, such cultural expectations may very well force adolescents into the role of rebel...In this way, a false expectation may serve to instigate and maintain certain role behaviors, in turn, then reinforce the originally false belief" (Guardo, 1975).

A person's original instance of abnormal behavior may arise from many factors, including social, cultural, psychological, and physical causes. However, societal reaction to this primary deviance eventually may result in the creation of secondary deviance, which serves to stabilize and increase this frequency of abnormal behavior. Labeling theory argues that ambiguous deviant behavior is interpreted within some societal stereotype, pushing the individual towards further behavior that conforms to that stereotype (Scheff, 1968). For example, an adolescent's running away from home might be interpreted as criminal or as mental illness. According to labeling theory, if the adolescent is treated within the criminal justice system, his or her future behavior will more likely be criminal in nature. However, if the adolescent is treated within the mental health system, his or her future symptoms will more likely be those of some mental illness. This investigation examined whether hospitalized adolescents identify with a deviant label by measuring self-concept in relation to social role labels.

Adolescent Self-Concept: Historical Overview

Marcia (1966), in order to examine Erikson's concepts of ego identity

and identity diffusion occurring in late adolescence, used measures and criteria congruent with Erikson's formulation of the identity crisis as a psycho-social task. Marcia's measures were a semi-structured interview and an incomplete-sentences blank form. The interview was used to determine an individual's specific identity status. The incomplete-sentences blank form served as an overall measure of identity achievement. The criteria used to establish identity status consisted of two variables, crisis and commitment, applied to occupational choice, religion, and political ideology. Crisis referred to the adolescent's period of engagement in choosing among meaningful alternatives, and commitment referred to the degree of personal investment the individual exhibits. Four task variables were used to validate the newly constructed identity status: A concept-attainment task administered under stressful conditions, a level of aspiration measure yielding goal-setting patterns, a measure of authoritarianism, and a measure of stability of self-esteem in the face of invalidating information.

The subjects were 86 males enrolled in psychology, religion, and history courses. Also, due to the possibility of contamination by subject intercommunication on a small campus, the study employed 10 confederate (task) experimenters who administered the concept-attainment task in one 12-hour period to all subjects.

The results revealed that of the two approaches to the measurement of ego identity, the interview, based on individual styles, was more successful than the incomplete sentence test. The overall, main conclusion of this study was a partial validation of the Eriksonian identity statuses as individual styles of coping with the psychosocial task of forming an ego identity.

Burke et al. (1978) state that the Eriksonian concepts of "identity" and "negative identity" have been widely used and discussed in the literature, but few attempts have been made to test them in any structured manner, with Cohen et al. (1971) representing an exception in this regard. Cohen et al. found that the drug abusers studied had formulated for themselves a "negative ideal" in their interpersonal relationships. These drug abusers differed from controls in expressing a wish to be passive and suspicious. While the drug abuser functioned routinely in an action-oriented manner, he would prefer to not engage in striving behavior for which he would need to take personal or social responsibility. He was shown to reject traditional values and, instead, expressed an ideal of distrust and non-conformity.

Burke et al. (1978) reported that part of their team findings dealt with the formation of identity in the context of object relations, relating specifically to negative identity. The aim was to see whether or not the Cohen et al. (1971) findings would be supported in their present population.

The population of this study was acquired through a large city juvenile probation department and consisted of chemically dependent adolescents who had gotten into trouble with the law. The control group was taken from the McKenna-Harting et al. (1971) studies using the Leary Interpersonal Check List (ICL). The McKenna-Hartung group consisted of 39 subjects, all of whom were students in summer school classes and Peace Corps Training at the same college.

The ICL instrument was devised by LaForge and Suczek and consist of a self-administered adjective check list which was created specifically to measure personality variables consistent with the Interpersonal Personality System constructed by Leary and his workers. The ICL and the

system behind it were rationally devised and assume a circumplex of 16 interpersonal variables ordered around two orthogonal bipolar dimensions, Dominance-Submission and Love-Hostility. The score achieved on a given octant is equal to the number of adjectives on that scale that the subject ascribes to the person who is the object of description (in this case, the subject's self and ideal self). This score should then reflect the degree to which the relevant interpersonal behavioral mode is felt by the subject to be present in one's repertoire. The self-description of the delinquent drug abusers group presented a "pattern" very much higher than the control group on the "skeptical-distrustful" dimension, and lower on the "competitive-exploitive" dimension.

These researchers surmise from their results a need to consider the varying levels of internalized object relations achieved prior to adolescence, as well as any corresponding identity crisis, identity confusion, and identity formation, which they feel may have remained unclarified in Erikson's writings.

A second supposition made by LaForge and Suczek (1955) involves the delinquent drug abuser's defensive organization. "The conflicts that are experienced are not the 'my wishes' versus 'my values' of the neurotic, but are 'my wishes' versus the values of external agents (e.g., parents, teachers, policement) or their internal representation." The hypothesis is that previously inconsistent or ambivalent parenting has produced in the child internalized demands which are extremely high and sadistic. The child then experiences an inability to achieve his perception of parental-societal expectations. Feeling that he can't live up to their hopes, he can at least live up to their fears. In this situation, formation of a "negative identity" serves more than one purpose. Any identity is better than none ("at least I'm someone"), and the negative

identity may receive important peer support.

Rosenthal et al. (1981) state that adolescence is regarded by Erikson as central to his theory, because when the individual reaches this stage, the usefulness of identification as a mode of adjustment ends and identity formation proper begins. If the adolescent does not succeed in forming a strong identity, rooted in family, race or ideology, adulthood becomes very difficult, with genuine intimacy being almost impossible and stable long-term relationships unlikely. These researchers feel that one of the most obvious drawbacks to present research is more reliance upon subjective clinical impression and logical argument than upon empirical data for validation.

Development of the inventory used in the following study occurred out of a need for a measure of Erikson's psycho-social stages to accurately examine a large sample of subjects in early and late adolescence. The Erikson Psycho-Social Inventory Scale (EPSI) has six subscales based on the first six of Erikson's stages. Each subscale has 12 items, half of which reflect successful and half unsuccessful resolution of the "crisis" of the stage. The items are randomly ordered and presented in a questionnaire format suitable for group or individual administration to subjects of about 13 years of age and above. Respondents are asked to register one of five positions from "almost always true" to "hardly ever true" on a Likert rating scale for each item.

The questionnaire was administered to a sample of secondary school students, as part of a pilot program leading to an ongoing study of adolescent adjustment. The sample consisted of 58 students in ninth grade and 44 students in tenth grade. Greenberger and Sorensen's (1974) Psychosocial Maturity Inventory, Form D, was also administered to this sample for comparison. The EPSI was also administered to a test sample of

622 adolescents, 320 from the ninth grade and 302 from eleventh grade. Study results show that the EPSI does measure respondent resolution of the conflicts associated with the first six psychological stages described by Erikson. The authors state a probable need for this inventory in that many other measures focus only on one stage of Eriksonian development theory, failing to do justice to Erikson's formulation, which implies that resolution of the core conflicts of earlier developmental stages can be influenced in part by the crisis characteristic of a late developmental period.

Deitz (1969) takes the position that delinquents are partly the by-product of disturbed family relationships and that they act out their frustrations against society. Juvenile delinquency, as defined by a psychologist, is seen essentially as aggressive "acting out" in a maladaptive manner. Because delinquents characteristically discharge hostility in socially unapproved ways, inner conflict is suspected. Juvenile delinquency would therefore be construed to represent a loosely formulated syndrome of emotionally disturbed behaviors that arise out of faulty interpersonal relationships originating within the family complex. "To the extent that one lacks an acceptable self-image, he perceives rejection in the actions of others toward him and responds to them accordingly" (Deitz, 1969). The author surmises that the degree to which one is identified with his primary models might also function as an index of personal and social adjustment.

Deitz's basic assumption is that juvenile delinquency is a manifestation of personal and social maladjustment residing within family processes, with this study predicting that delinquents will behave as follows: 1) have negative self-concepts, 2) be self-rejecting, 3) have weak identification with parents, 4) perceive parental rejection, and

5) believe themselves misunderstood by parents in comparison with nondelinquents of similar socioeconomic status.

The delinquent group was composed of 86 delinquents from a west coast juvenile detention hall, who were males ranging in age from 14 to 18 years. The control group consisted of 64 nondelinquent males, ranging in age from 14 to 18 years. The primary instrument used was the semantic differential. The Two-Factor Index of Social Position was used to assess social class affiliation on the basis of the father's education and occupation. The procedure consisted of the administration of the semantic differential to all subjects who rated six concepts (Me As I Am; Father As He Is; Mother As She Is; Me As Father Sees Me; Me As Mother Sees Me; Me As I Would Like To Be) according to nine scales.

It was found that while delinquents do not have a lower self-concept or rate themselves lower as seen by parents, they do identify less closely with their parents (particularly father), are less self-accepting, and feel less understood by their parents than nondelinquents. This suggests that delinquents, because of disturbed relationships with their parents, are self-dissatisfied and project self-rejection and rejection of others through the medium of aggressive behavior.

Wells (1980) explains that one way in which the personal significance of delinquency to adolescents can be assessed is through an examination of adolescents' explanations for it. Dispositional attributions (explanations referring to enduring traits) and situational attributions (explanations referring to external forces) are the two types of attributions under study. This study examines: 1) attributions for one's own delinquent behavior, the delinquent behavior of others, and the relationship between the two; 2) the impact of being institutionalized as delinquent on attributions; and 3) the relationship between attributions

for one's own delinquent behavior and the degree of involvement in the behavior.

The subjects included 70 institutionalized adolescents from two state schools for juvenile offenders and 69 ninth graders enrolled in a public school; all were randomly selected. The average age of the institutionalized sample was 16 years. Participants were rated on a five-point, Likert-type scale, with the likelihood of 12 attributions explaining a set of delinquent behaviors. These attributions were developed from reasons for delinquent behavior given by a pilot sample.

Wells concluded that adolescents attribute their own and others' delinquent behavior to situational or dispositional causes. The study did show that although adolescents use situational explanations to a greater extent than dispositional explanations, they used both types of explanations to a greater degree when explaining others' behavior than when explaining their own behavior. Individuals may be less willing to subject their own behavior to a causal analysis or to consider their behavior as needing a causal analysis than the behavior of others.

Institutionalized adolescents are less likely to attribute delinquent behavior to dispositional causes than are noninstitutionalized adolescents; both groups use situational attributions to about the same degree. This finding, as the author states, may represent institutionalized adolescents' rejection of stereotypes of delinquents, beliefs which may imply that teenagers are delinquent because of the "kind of people" they are, as a meaningful explanation for delinquent behavior. Wells concludes with the inference that delinquent involvement may be more strongly related to reasons for not engaging in such behavior (negative identity) than for reasons for it.

Critique

Rosenthal et al. (1981) argue that Marcia's (1966) interviews, limited to the stage of identity versus identity confusion, may be useful for those seeking a more detailed examination of that stage, but it has less merit for those wishing to take a broader approach. Since in Erikson's view the crisis typically is resolved towards the end of a stage, it might be argued that the application of Marcia's ego identity status approach to any but older adolescents is inappropriate.

Bourne (1978), in his criticism of Marcia's identity statuses, concluded that "certain difficulties hamper the conceptual-operational formulation of ego identity developed by Marcia". Bourne concedes that while methodological criticisms can be made, the identity status interview is no less adequate a measure than any other used in this field of research.

Burke et al. (1978) alter Erikson's theory base by including the supposition that "negative identity" is a separate identity, in that it gives a sense of self. "It is stable and it represents the best available level of object relatedness," which conclusion differs greatly from Erikson's concept of a negative identity being functional only as a borderline personality. The authors conclude that untreated, it is highly likely to become a prominent aspect of character structure, manifested in antisocial or other adult maladaptive behavior. On the other hand, if treated by a team of professionals aware of these complicated issues, progress may be possible toward the formation of an "ego identity," as Erikson understands it.

Deitz (1969) introduces an important aspect of adolescent self-concept in his statement, "To the extent that one lacks an acceptable self-image, he perceives rejection in the actions of others toward him and

responds to them accordingly...the degree to which one is identified with his primary models might also function as an index of personal and social adjustment." Wells (1980) extends the above concept of adolescent behavior in her concluding statement that delinquent (deviant) involvement may be more strongly related to reasons for not engaging in such behavior (negative identity) than for reasons for it.

Adolescent Self-Concept: Current Constructs

Farina et al. (1966) proposed to investigate and measure the favorability of perception and the amount of pain inflicted upon an individual as a function of learning that he is normal or mentally ill, and believing either that he is personally responsible or that the environment is responsible for his condition. This was measured through an examination of the role played by stigmata in interpersonal relationships, and then a consideration of the "set" of the individual perceiving the stigma.

The subjects of this study were 41 students enrolled in the introductory psychology course at a northeastern university. Only males were used as subjects, "since it has been shown repeatedly that there are marked sex differences in the perception of others." These subjects were randomly assigned to one of the four conditions of the study.

The apparatus consisted of a teacher's panel and a learner's panel, which were connected by wires and placed in adjoining rooms. The teacher's panel, supposedly assigned by chance, was always assigned to the naive subject. This panel was equipped with a button which supposedly administered a shock for as long as it was pressed and a dial which permitted the naive subject to set the shock intensity at any of 10

levels, from weak to very strong. The learner's panel permitted the experimenter to determine the intensity of each shock administered and to measure each shock in fractions of a second. A "confederate" (drama student) was introduced to the naive subject as a student from another psychology section. A 2x2 independent group design was employed, with subjects assigned randomly to each of the four conditions of the study (involving normal versus pathogenic; normal versus stigmatized experiences).

Of the 16 items composing the post-experimental questionnaire, six were concerned with the success of the set and stigma manipulations. The confederate was described as getting along more poorly with others and as being less well-adjusted when he presented himself as having been mentally ill in comparison to normal.

The overall results of this study show that stigma and the extent to which a person is held responsible for his stigma plays a significant role in interpersonal behaviors, influencing the amount of pain inflicted upon someone. It was found, in regard to set, that a bad childhood experience tempers the harshness of the treatment accorded a person believed to be mentally ill. But, it was also found that this same experience has an opposite and extremely strong effect for the normal. The most painful shocks were administered to the confederate when he presented himself as normal and as having had a bad childhood. The experimenters suggest that it may be that when a person has had a deviant upbringing, he is perceived as mentally ill even if he claims good adjustment, or perhaps any deviant experience is stigmatizing. Clearly shown is that a normal and rather typical person is treated more favorably than someone who deviates from this norm. Whether this "departure" takes the form of poor adult adjustment or bad childhood experiences, the deviant is dealt with in a

harsher way. This is in agreement with Goffman's (1963) observation that we believe the person with a stigma is not quite human.

Gossett et al. (1975) review previously published adolescent follow-up studies that delineate six variables reported to be reliably and significantly related to long-term outcome of teenagers who were hospitalized for psychiatric treatment. Three variables concern the patients themselves: 1) the severity of psychopathology, 2) the process or reactive onset of symptomatology, and 3) intelligence. Two other correlates refer to the nature of the hospital treatment: 4) presence of a specialized adolescent program, and 5) completion of in-hospital treatment. The final factor pertains to aftercare: 6) continuation of individual psychotherapy following hospital discharge. Other important factors include early separation from parents, runaway reactions, parental disciplinary practices, peer relationships, academic performances, psychotic symptoms, and suicidal behaviors.

The sample consisted of 55 teenagers treated at a private psychiatric facility between July, 1966 and November, 1968. Their ages were between 13 and 19 years, at the time of admission, with modal age of 16. The majority of the subjects (31) were diagnosed as behavior disorders, 14 overtly psychotic, and 10 as neurotic. The symptomatic behaviors shown by the patients prior to admission often included severe academic disability, runaways, sexual promiscuity, physical aggressiveness, and unmanageability by parents, school, or other control agents. There ensued a rigorous follow-up assessment after each patient had had sufficient time to establish a clear style of post-hospitalization functioning, at least one year after discharge. Most of the patients in this groups had been out of the hospital for periods ranging from 20 months to four years.

General predictions that can be gleaned from this study include the observations that those patients who are diagnosed as neurotic have a higher probability of being evaluated as functioning several years after hospital discharge, regardless of the duration of the symptoms prior to hospitalization. Patients given a diagnosis of process or chronic psychosis during adolescence have a very low probability of being able to function well several years after hospital treatment. Patients experiencing psychotic or behavioral disorders of shorter duration generally have good long-term outcome. Those patients with many years of behavior disorder symptomatology (process behavior disorder) have very mixed outcome, without specific predictors about this group being available. In the group of 19 followed up in this study, 9 had good or fair outcome while 10 were functioning poorly at follow-up (neither energy level nor the type of treatment termination helped predict outcome within this group).

Chassin et al. (1981a) suggest the difficulty of measuring identification with a deviant label. They state that most self-concept research has relied on measures of "global" self-esteem, which would not be a suitable way in which to measure the adoption of a deviant identity since one can adopt a deviant identity with either high or low self-esteem.

This group proposes the use of methodology originated by Burke and Tully (1977) for assessing self-concept in relation to social roles. Using a semantic differential technique, subjects rated themselves as well as role stereotypes. Discriminant function analysis was used to classify each self-profile as "closest" to one of the multivariate role stereotypes.

The authors subscribe usage of the above instrument with the examiner guided by a classified distinction of "identifiers" and "resisters". Identifiers were previously defined as patients who voluntarily sought professional help for at least two years and who referred to themselves as mentally ill. Resisters were defined as those who denied any need for treatment and who had to be actively coerced into receiving psychiatric treatment.

The goals of the Chasn et al. (1981a) study were to evaluate the validity of applying Burke and Tully's (1977) methodology to the measurement of role identities in deviant adolescents and to investigate Borgman and Monroe's (1975) hypothesis about which adolescents would be most likely to identify with their deviant labels.

The subjects were 96 male juvenile offenders (mean age = 16.3), all admitted to the orientation unit of a correctional facility. A broad spectrum of crimes was represented, ranging from status offenses to violent felonies. Seventy-two percent of the subjects were recidivists. Each subject described himself within the correctional institution using a semantic differential scale consisting of 11 bipolar adjectives (i.e., rebellious/obedient; normal/abnormal; good/bad, etc.). These self-ratings were compared with three social role stereotypes (Popular Teenager, Juvenile Delinquent, and Emotionally Disturbed Teenager). Only the perspective of peer labelers was included, due to the unavailability of stereotypes by parents and correctional personnel.

Utilizing Burke and Tully's (1977) approach, discriminant function analysis was used to classify the self-ratings of the delinquent subjects. Each subject's self-rating was classified as closest to either a popular, a delinquent, or a disturbed stereotype as defined by the "normal" adolescents from an earlier pilot study using subjects from a

public high school. Subjects with delinquent and disturbed self-concepts were considered identifiers and subjects with popular self-concepts were considered resisters.

In order to validate the Burke and Tully technique as applied to deviant individuals, subject's self-concepts were compared with their responses on a free response self-concept measure, on a measure of self-reported deviance, and on ratings of their actual behavior in the institution.

The validity of the Burke and Tully technique as applied to the measurement of deviant role/identities was evaluated in three ways: through the "Who Am I?" test, the MMPI Pd Scale, and direct behavioral observation. All findings were consistent with the conclusion that the technique is a valid measure of identification with a deviant label. These current findings do not support the hypothesis derived from Borgman and Monroe's adult research which predicted that adolescents would be most likely to accept their deviant label.

Three hypothesized determinants of self-esteem within a group of labeled adolescents was examined by Stager et al. (1983). The group chosen for investigation as an example of a labeled population consisted of 50 educable mentally retarded (EMR) high school students, who were formally labeled by their public school and did spend part of each day in special education classes and part of each day in regular "mainstream" classes. The relevant deviant label was "A Special Education Student." EMR subjects were evenly distributed over grades nine to twelve.

This team intended to investigate the following hypotheses:

1) Individuals who see the societal view of their groups' characteristics as similar to the self will have lower self-esteem; 2) For those individuals who see the societal view of their groups' characteristics as similar to

the self, a negative evaluation of their label will be associated with lower self-esteem; and 3) For those individuals who see the societal view of their groups' characteristics as similar to the self, greater relative importance will be placed on aspects of the self influenced by their label and will be associated with lower self-esteem. "Normal" adolescents (N=330) from the EMR subjects' mainstream classes provided ratings of the deviant and non-deviant labels. These control subjects were predominantly ninth and tenth graders.

All subjects completed group-administered questionnaires within their mainstream classes (presented in a non-threatening/"no pressure" circumstance). Subjects used a five category semantic differential instrument to rate the following concepts: 1) Me in this Class, 2) A Popular Teenager, 3) A Juvenile Delinquent, 4) A Special Education Student, 5) A Football Player, and 6) An Honor Student. The last two concepts were used strictly as disguise measures and were eliminated from analysis.

Thirteen adjective pairs (e.g., quiet/loud, many friends/few friends, healthy/sick) on the scale were chosen on the basis of a review of both the special education and delinquency literature, and pilot testing with another group of normal adolescents. The subjects also completed the Rosenberg-Simmons Self-Esteem Scale. And finally, the subjects were asked to rate the importance of seven different aspects of self (two school related aspects, five non-school related) on a three-point scale, ranging from "very important" to "not at all important".

In order to examine the attributes associated with a typical "Special Education Student" to see how closely such a profile of characteristics would match a profile of an EMR subject's own self-ratings, the researchers utilized a technique proposed by Burke and Tully (1977). As a

group, the self-esteem of normal and educable mentally retarded adolescents did not differ. The researchers surmise that deviant social labeling is associated with low self-esteem when the individual has a negative view of his or her label. If an individual rejects the label as not similar to the self or rejects a negative evaluation of the label, then self-esteem will be protected. Another suggested phenomena within this data is that individuals who are committed to deviant identities have high self-esteem, possibly rejecting the negative evaluations of their group held by the larger society and, instead, view it in a positive manner.

The hypothesis that EMR subjects who saw their label as similar to the self, and who placed greater importance on school-related aspects of self, would show low self-esteem was not supported. The study did support the importance of the personal relevance of deviant label and an individual's own evaluation of the label as important determinants of self-esteem among mentally retarded adolescents.

Chassin and Young (1981) discuss the issue of developmental changes in self-concept in regard to the study of self-concept in "deviant" adolescents. They state that work in other areas of social cognition has suggested that deviant children and adolescents may function at lower developmental levels than their normal peers, i.e. disturbed and delinquent children have been reported to be developmentally delayed in role-taking abilities.

This study investigates whether deviant adolescents function at lower levels of social cognition than their normal peers, and if self-concept development depends on the development of social cognition, with the expectation that deviant adolescents would be "immature" in their self-concepts as well. Comparisons were made in the self-conceptions of

normal, delinquent, and disturbed adolescents.

The subjects were 119 students from two public high schools (mean age of 17.4 years), 53 male delinquents from a correctional facility (mean age of 16.5 years), and 33 adolescent inpatients from three psychiatric hospitals (mean age of 16.3 years). These participants were asked for five answers to the question "Who Am I?". The standard 20-response procedure was shortened due to time constraint and to produce more social role identities and fewer psychological referents. Responses were coded using the 30-category system developed by Gordon (1968). Two raters were trained in using the system.

No significant differences in self-conceptions were discovered in relation to sex, race, or socioeconomic status. There were significant differences between the groups in their frequency of use of 5 of 32 categories. Compared to the control group, the "deviant" groups made less frequent references to kinship roles and student roles. However, the deviant groups made more frequent references to criminal deviance and "other" deviance and also gave more "uncodable" responses.

There were very few between-groups differences in self-conceptions. The pattern of these few differences did not show that the control subjects were any more "abstract," nor were the deviant subjects any more "concrete," than the controls. The fact that all groups responded very similarly, both on abstract and concrete categories, does not support a hypothesis of cognitive developmental differences in self-concept. The authors project that the between groups differences in self-concept that were found reflect the subjects' deviant social status. The deviant groups were found to be less "socialized" in their self-conceptions. Compared to control subjects, they saw themselves less often in terms of social roles (kinship and student roles), and more often in terms of

antisocial roles (criminal or "other" deviant roles).

The investigators further deduce that these deviant adolescents have replaced conceptions of themselves as individuals within society with conceptions of themselves as deviants. This is a shift from social to antisocial identities which may have been caused by process of social labeling and institutionalization. Delinquent and inpatient subjects had all been formally diagnosed and placed in a residential facility, formally "labeled" as deviant individuals. The realities of institutionalization would attest to this shift, since these adolescents have, in fact, been removed from their normal social roles as students and family members and placed in the deviant roles of mental patient or juvenile delinquent. These data suggest the possibility that labeling and institutionalization may result in the loss of normal social role identities from the self-concept hierarchies of deviant adolescents.

Rosenberg et al. (1989) question the adequacy of past research in recognizing the reciprocal effects of adolescent self-concept and various social and personal factors. These researchers believe that many previous studies focus on self-concept either as a social product (a consequence of social influence) or as a social force (a cause of social behavior). These past studies prejudge the issue because they specify, rather than investigate, whether the self-concept is the cause or the effect of the correlated variable. In this study, Rosenberg et al. empirically investigate causal connections between low self-esteem and juvenile delinquency, poor academic performance, and psychological depression.

The data for this "secondary analysis" was drawn from Youth in Transition, a panel study directed by Jerold G. Bachman (1974) at the Institute for Social Research at the University of Michigan. Wave I, conducted in the fall of 1966, is based on a probability sample of 2213

tenth-grade boys in 87 high schools throughout the contiguous 48 states; 1886 of these subjects participated in the second wave of data collection in the spring of 1968.

The self-esteem measure used in this study consists of 6 of the 10 items of the Rosenberg Self-Esteem Scale. The investigators state that this scale serves as a measure of "global" self-esteem, therefore it is essentially "content free" in that it excludes items dealing with specific attributes. They reason that self-esteem, as reflected in this measure, does not imply feelings of superiority or perfection, but feelings of self-acceptance, self-respect, and generally positive evaluation. Except for the interviewer's assessment of the respondents' physical appearance, complexion, and physical maturity, all measures were self-reported.

School performance was measured by the students' self-reported grade point average. Juvenile delinquency was measured by the following indicators: 1) a 7-item index of self-reported delinquent behavior in school (e.g., damaged school property on purpose; hit a teacher), 2) a 9-item index of frequency of delinquent behavior (e.g., how often run away from home, taken part in a fight where a bunch of your friends are against another bunch), 3) a 10-item index of seriousness of delinquent behavior (e.g., hurt someone badly enough to need bandages or a doctor, uses a knife or gun to get something from a person), 4) a 9-item index of theft and vandalism (e.g., taken something from a store without paying for it, set fire to someone else's property on purpose), 5) a single item dealing with whether the youth was ever expelled from school, and 6) a single item dealing with trouble with police. The depression measure was based on five items: 1) the respondent's feeling that the future does not look bright, 2) that things are hopeless, 3) that he is bored, 4) that he is down in the dumps, 5) and that he is depressed. Finally, socioeconomic

status was measured by an index consisting of the following equally weighted indicators: 1) father's occupational status, 2) parent's education, 3) possessions in the home, 4) number of books in the home, and 5) number of rooms per person.

Self-esteem, delinquency, and depression were each estimated at two points in time as parts of full-information linear structural equation models, estimating the extent to which each variable effects the other through the use of linear structural equation-based reciprocal effects analysis. In regard to juvenile delinquency, evaluation results reveal that low self-esteem is significantly associated with an increase in delinquency. On the other hand, the data suggest that delinquency may possibly be associated with an increase in self-esteem. This positive path from delinquency to self-esteem is significant for certain subgroups, but not for others. As these researchers predicted, self-esteem plays a somewhat greater role in producing delinquency in the higher SES group than in the lower SES group, but delinquency is a more effective device for boosting self-esteem in the lower SES group than in the middle and higher SES groups. The authors conclude that the reciprocal effects of self-esteem and delinquency appear to be conditional on the norms that prevail among adolescent males in different SES groups. The effect of self-esteem on delinquency is stronger in the higher SES group than in the lower SES group, but it is significant in both. On the other hand, the effect of delinquency on self-esteem is stronger in the lower SES group, where it is highly significant, than in the higher SES group, where it is not significant.

In modeling the relationship between global self-esteem and grade point average, the data indicate that grades have a much stronger positive effect on self-esteem than self-esteem has on grades. Global

self-esteem appears to have little or no effect in enhancing academic performance.

Finally, the analysis of the reciprocal effects of self-esteem and depression show that they significantly effect one another. However, the negative relationship between the two variables is due somewhat more to the effect of depression on self-esteem. The authors conclude that low self-esteem leading to depression is consistent with self-esteem theory, which holds that people are motivated to maximize their self-esteem. It also becomes clear that depression can be responsible for low self-esteem. Once the depression takes root, it comes to include the self in its orbit of pessimistic thoughts, as would be expected in light of the self-consistency theory, which holds that people change in their self-concepts because of an "inborn preference for things that are predictable, familiar, stable, and uncertainty reducing".

Critique

Farina et al. (1966) uncover the very important implication that people can be made to behave more favorably toward stigmatized others while still retaining their feelings of contempt and aversion. This study would suggest the need for extended investigation into the nature of the process which leads to the unfavorable treatment and evaluation of stigmatized individuals, especially the implications surrounding the phenomena that full awareness of how a person is behaving toward the mentally ill reduces the harshness of the behavior.

Further study is also indicated in the Gossett et al. (1976) for follow-up predictors of long-term outcome of hospitalized adolescents. Severity of psychopathology and the type of onset of symptomatology were found, as in previous studies, to be the most useful predictors of long-term

outcome, but more work is required in order to examine the influence played by the patients' energy level, the type of treatment termination, and the continuation of psychotherapy after discharge. Other areas of psychiatric hospitalization that warrant probing in order to improve treatment successes are methodology of obtaining follow-up information, examination of the relative impact of milieu (inpatient community) variables upon long-term outcome, as well as patient assimilation and patient self-identity status following hospitalization.

A key deduction was made in relation to labeling effect upon self-concept (Chassin et al., 1981a) in discovering the relative scarcity of delinquent self-concepts and the frequency of emotionally disturbed self-concepts among "legally processed" adolescents. The "emotionally disturbed teenager" role was seen as "sadder" and "weaker" than the other role choices. Extension of this study would have been helpful, especially in the area of exploring determinants of adolescent identification with the deviant label.

EMR subjects (Stager et al., 1983) were investigated as only one example of a group that has been officially labeled as deviant. It is very probable that the effects of deviant labeling vary from different types of deviant behavior.

Chassin and Young (1981) found that being labeled delinquent had a stronger impact on adolescents' situation specific self-concepts than did being labeled as "emotionally disturbed." The determinants of self-concept among labeled populations might well vary in regard to the kind of deviant behavior. These authors raise the possibility that labeling and institutionalization might result in the role loss of normal social role identities from the self-concept hierarchies of deviant adolescents. Labeling and institutionalization might actually make deviant identities

more "salient." As identity formation has previously been tested and acknowledged to be an important developmental task of adolescence, it can be seen that behavioral implications of deviant self-labeling is an extremely important topic for this age group. A verification of whether deviant identities precede or result from labeling and institutionalization can only be accomplished through longitudinal studies.

Rosenberg et al. (1989) state that they are not aware of any studies that have examined the reciprocal effects of self-esteem and depression. Their data indicate that each has a substantial effect on the other, but that further research on this question is clearly needed. In general, the Rosenberg findings are in agreement with self-esteem theory. They are in congruence with the view that human beings are motivated to protect and enhance their self-esteem and that self-esteem levels depend heavily on reflected appraisals, social comparisons, and self-attributions.

Research about

Institutionalized Adolescents

There are two basic orientations taken by theorists who study the effects of institutionalization (Townsend, 1976). The first is the "conversion" approach, exemplified by the works of Goffman (1961), Gruenberg (1967), and Zusman (1973). These authors approach the phenomenon of institutionalization through the notion of basic changes in self-concept. They believe that the hospital "converts" the patient, that the patient eventually comes to accept the hospital's definition of him as sick.

The second approach is more behavioral in orientation, tending to "operationalize" its concepts and focus more on observable behavior.

These theorists do not necessarily believe that the institutionalization of mental patients consists of the hospital convincing the patient that he is sick. Instead, they tend to define a patient as institutionalized if he is apathetic about leaving the hospital. Townsend suggests that part of the conversion approach to institutionalization which emphasizes the patient's acceptance of himself as mentally ill has not proven very useful in empirical research. To this time, empirical studies of mental patients have consistently failed to reveal the expected differences in self-concept. All studies reviewed did, however, support the notion that institutionalization involves an acceptance of institutional life and utilization of the "recreational" aspects of the given institution, rather than its rehabilitative aspects. In these studies, then, institutionalization becomes a lack of desire to leave on the part of the patient. Townsend questions whether it might be necessary for the future researcher to be made to "feel what it's like to be a mental patient" in order to sensitize and develop concepts and strategies in examining the institutionalized individual.

Follow-up studies of psychiatrically hospitalized patients are draining tasks in time, money, and energy. The unusual degree of research commitment (one-third to one-half of an investigator's research career, on the average), has been a discouragement to most investigators. In the past 30 years, only eight research groups have published long-term follow-up studies of psychiatrically hospitalized adolescents (Garber, 1972).

This type of study can be seen to be extremely important to obtaining empirical data that would permit psychiatric hospital treatment to be based upon established long-term effectiveness of different programs. The usefulness of such follow-up studies would be greatly enhanced if they were linked to existing theories of psychopathology or treatment or if

these studies were actually used to generate theoretical designs.

Garber's (1972) study followed 120 adolescent patients treated at a psychiatric and psychosomatic institute in the Midwest, between the years of 1958 and 1968. The patients were generally one to ten years beyond hospital discharge. The author also provides extensive descriptive information concerning these patients, their families, and the treatment program.

Garber found six variables to be directly related to long-term outcome. Generally, the observations can be made that those patients who were least disturbed upon admission continued to function better at follow-up, while the more seriously disturbed patients did not do as well.

Those patients with better relationship skills, at the time of hospitalization, continued to function much better at follow-up than those admitted with extremely inadequate relationship skills. "Among a group of psychiatrically hospitalized adolescents, those admitted with relatively mild psychopathology and well socialized relationship skills will have a more optimal long-term life adaptation than their more disturbed, more poorly socialized peers" (Garber, 1972).

Chassin et al. (1981b) summarize the main theme of various labeling theories as those activities such as diagnosis and psychiatric hospitalization that will result in the client's being assigned to play a sick role. The more people are told they are abnormal, the more they will think of themselves as deviants and the more they will behave in an aberrant manner.

The authors further emphasize the need to distinguish between primary and secondary deviance. A person's original instance of abnormal behavior may originate from several factors, including social, cultural, psychological, and physical causes. "However, societal reaction to this

primary deviance eventually results in the creation of secondary deviance, which serves to stabilize and increase the frequency of abnormal behavior" (Chassin et al., 1981b).

These researchers state that labeling theory does actually address the etiology of secondary deviance. They say that this theory makes several predictions concerning the etiology of secondary deviance in the following manner: 1) If self-concept is redefined as deviant, then the likelihood of further symptoms occurring will increase. 2) Ambiguous deviant behavior is interpreted within some societal stereotype (label), pushing the individual towards further behavior that conforms to that stereotype. If the adolescent is processed through the criminal justice system for the aberrant act, then future behavior will most likely be criminal in nature; if, however, the adolescent is treated within the mental health system, future "symptoms" will more likely be those of some mental illness/adjustment in life diagnosis. And, 3) labeling effects will "crystallize" a person's symptoms into a chronic pattern (the concept of "social breakdown syndrome," as applied to chronic mental patients).

Chassin's final statement, regarding the basic assumption that individuals come to identify with their deviant labels, is that it has not yet been empirically proven. They state the most problematic area for research in labeling theory has been the definition and measurement of self-concept. "Most self-concept research has been restricted to an examination of global self-esteem" (Chassin et al., 1981b), how positive or negative a person feels about himself, in general. "However, self-esteem and self-labeling are theoretically separate dimensions" (Rosenberg, 1979). Chassin et al. assert that in order to measure identification with a deviant label, self-concepts should be assessed in relation to stereotypic social labels.

The Chasin study, examining whether institutionalized adolescents identify with a deviant label, measured self-concepts in relation to social role labels, following a method proposed by Burke and Tully (1977). Subjects rated both themselves and various social labels using a semantic differential instrument. Self-concepts of two groups of institutionalized adolescents (delinquents and psychiatric inpatients) and public high school students were investigated in relation to three relevant social labels: popular teenager, juvenile delinquent, and emotionally disturbed teenager. It was hypothesized that the self-concepts of the high school students would lie closest to the popular teenager label, whereas juvenile delinquents would think of themselves more as juvenile delinquents and inpatients would think of themselves more as emotionally disturbed teenagers.

Their findings can be summarized as follows: 1) Control, delinquent, and inpatient subjects differed in their perceptions of the three roles. Control subjects had the most positive view of the popular role and the most negative views of the deviant roles. 2) Self-concepts assessed, in relation to society's labels (control group definition), did not support labeling theory. Although deviant subjects generally had more deviant self-concepts, they did not adopt their specific socially assigned label. 3) Self-concepts assessed in relation to a subject's own group's definitions of the role of labels supported labeling theory. Delinquent and inpatient subjects were significantly different from each other, with each group tending to adopt its specific label. And, 4) comparing global and situation-specific self-concepts, delinquents viewed themselves as more deviant than did inpatients.

Link et al. (1989) propose a modified labeling perspective which claims that even if labeling does not directly produce mental disorder, it

can lead to negative outcomes. These authors state that in recent years labeling theory propositions that directly link the emergence of mental illness to societal reaction have received sustained and severe criticism. They state that most critics down play the salience of social factors such as stigma and stereotyping, asserting that for the vast majority of mental patients stigma appears to be transitory and does not appear to pose a severe problem. Link et al. argue that such an assessment is misguided in suggesting that stigma is unimportant. Their argument draws on Scheff's labeling theory, but qualifies and extends it to arrive at a "modified labeling approach." These authors have examined whether stigmatization effects the social support networks of patients who have been officially labeled by a mental health clinic or hospital.

Their hypotheses were tested by comparing data on five groups:

- 1) psychiatric patients experiencing their first treatment contact,
- 2) current psychiatric patients with repeated treatment contact,
- 3) community residents who report having been in treatment, but who are not currently in treatment,
- 4) community residents who are classified as untreated cases on the basis of systematic evaluations of their symptomatology, and
- 5) "well" community residents who show no evidence of severe pathology and who have no history of treatment.

Samples of community residents (N=429) and psychiatric patients (N=164) from the Washington Heights section of New York City were administered two face-to-face interviews between 1980 and 1983. The authors recruited the community respondents initially to participate in a methodological study of symptom scales, interviewing them approximately six months later for this study. In the original community sample, researchers enumerated households and contacted them to learn whether an eligible respondent between 19 and 59 years of age lived there. They also

obtained information about ethnic background to permit them to sample equal proportions of blacks, Hispanics, and non-Hispanic whites from this urban neighborhood. The patient sample was selected from out-patients clinics and inpatient facilities in the same area of New York City. The researchers selected patients in two diagnostic categories, major depression and schizophrenia/schizophrenia-like psychotic disorders. Considerable effort was made to locate cases in their first episode of each of these types of disorders. The authors emphasize that it was extremely difficult to locate this sample of first episode cases.

Measures of stigma (devaluation-discrimination) consisted of 12 six-point Likert items. These were designed to assess the extent to which respondents believed that most people would devalue or discriminate against a person with a history of psychiatric treatment. Items in a secrecy, withdrawal, and education scale were answered with the same six point Likert format that was used in the devaluation-discrimination measure. These three multiple-item measures were written to tap coping orientations that mental patients might use to deal with stigmatization (appropriate only for individuals who had been officially labeled by treatment contact).

Measures of social network were elicited with Fisher's (1982) questions. The researchers asked respondents to name individuals with whom they had or could have had supportive exchanges during that past year. This covered nine areas of activity, e.g., care of children, watching the house, discussing personal problems, borrowing money, and social-recreational activities. The authors focused on two types of measures generated from this particular data: extensiveness and availability of instrumental support.

The authors conclude that their approach posits widespread endorsement of the perception that mental patients are devalued and discriminated against. Also, contrary to the claims of some labeling theory critics, they found that current patients, former patients, and nonpatients agreed that mental patients will be rejected by most people. They also determined that first- and repeat-contact patients do not differ significantly in their endorsement of the coping orientations (secrecy, withdrawal, and education), thus suggesting a widespread belief that such protective responses are required. And finally, the research findings suggest relatively constant effects of stigma across major depression and schizophrenia. This was not the case, however, for former patients who had not undergone the stigma-inducing experience of hospitalization.

The authors hypothesize that in the course of being socialized, individuals develop negative conceptions of what it means to be a mental patient. Individuals then form beliefs about how others will view and then treat someone in that status. Usually this array of beliefs is fully in place before an individual enters treatment. As a result, when patients enter treatment for the first time, they are likely to confront the stigmatizing effects of self-labeling immediately. This is because they have often internalized a generally negative view about what it means to be a mental patient. Moreover, they tend to endorse coping orientations such as secrecy, withdrawal, and education. With time, their beliefs about the implications of the label they carry and their way of dealing with it shape the nature of their social connectedness. Those patients who are most concerned with stigma are likely to have insular support networks consisting of safe and trusted persons on whom they rely extensively. At the same time, such patients have considerably less support available from individuals outside their immediate household.

Critique

To summarize, labeling effects on self-concept seem more complex than previously conceived. Different types of societal reactions seem to have different impacts on self-concept. It is too simplistic to think that labeling processes equally effect all deviant populations. Studies that focus on labeling effects should be initiated in a variety of populations and treatment settings.

Adolescents were chosen as the subject in the Chassin et al. (1981b) study because it has been hypothesized that they are particularly vulnerable to labeling effects, an explanation offered by several other researchers. This is based on the concept that adolescents are experimenting with a wide variety of behaviors, including rule-breaking behaviors, and that they have not yet established a firm sense of identity (Erikson, 1950).

Link et al. (1989) show that the stigma variables have consistent effects across two diagnostic groups (schizophrenia and major depression). This result suggests that even when psychopathology varies, the stigma variables have relatively constant effects. These authors state that perhaps the most important work that can be motivated by this and related studies is a test of the still unexplored fifth step of the modified labeling perspective. The authors conclude in this step that if labeling and stigma are connected to outcome variables, such as self-esteem, employment status, and support networks, then it will become more and more plausible to conceive of these factors as playing a role in producing a chronic course for some people. Environmentally oriented investigators point to these variables as major risk factors for the onset of episodes of mental disorder. These authors conclude that it is possibly labeling and stigma that can leave patients and former patients vulnerable to the

likelihood of experiencing another episode of disorder. These authors suggest that a modified labeling position offers the possibility of deepening our understanding of chronic mental disorder as a process within an influential social context.

Conclusion

The concept of adolescent self-concept formation has been broached in a wide variety of theoretical perspectives. Both Erikson's stage theory of development and Bandura's social learning theory take issue with strict learning theory approaches to personality that draw their principles from studies of single individuals in an impersonal environment or that picture human behavior as being passively controlled by environmental influences.

Burke et al. (1978) have stated that the Eriksonian concepts of "identity" and "negative identity" have not often been tested in any structured manner. Rosenthal et al. (1981) believe that if the adolescent does not succeed in forming a strong identity, rooted in family, adulthood becomes very difficult. These researchers think that one of the most obvious drawbacks to present research findings on this subject is too much reliance upon subjective clinical impression and logical argument rather than upon empirical data.

Chassin et al. (1981a) talked about the difficulty of measuring identification with a deviant label. This group utilized methodology developed by Burke and Tully (1977) for assessing self-concept in relation to social roles. Using a semantic differential technique, subjects rated themselves as well as rating stereotypic labels. The validity of the Burke and Tully technique was evaluated in three ways: through the "Who Am I?" test, the MMPI Pd Scale, and direct behavioral observation. Stager et al. (1983) examined determinants of self-esteem within a group of

labeled (EMR) high school students. Subjects used a five category semantic differential instrument to rate the following concepts: 1) Me in this Class, 2) A Popular Teenager, 3) A Juvenile Delinquent, 4) A Special Education Student, 5) A Football Player, and 6) An Honor Student. These subjects also completed the Rosenberg-Simmons Self-Esteem Scale, and rated the importance of seven different aspects of self on a three-point scale, ranging from "very important" to "not at all important." Chassin and Young (1981) investigated whether deviant adolescents function at lower levels of social cognition than their normal peers, and if self-concept development depends on the development of social cognition. A population of public high school students, male delinquents from a correctional facility and adolescent psychiatric inpatients were asked to answer five responses to the question "Who Am I?" The standard 20-response procedure was shortened due to time constraints, and to produce more social role identities and fewer psychological referants. The authors report that the between groups differences in self-concept that were found to reflect the subject's deviant social status. Chassin and Young (1981) examined whether institutionalized adolescents identify with a deviant label, measuring self-concepts in relation to social role labels. Following the method proposed by Burke and Tully (1977), subjects rated both themselves and various social labels using a semantic differential instrument. Self-concepts of two groups of institutionalized adolescents (delinquent and psychiatric) and public high school students were investigated in relation to three relevant social labels: Popular Teenager, Juvenile Delinquent, and Emotionally Disturbed Teenager. Control subjects had the most positive view of the popular role and the most negative views of the deviant roles. Although deviant subjects generally had more deviant self-concepts, they did not adopt their specific socially assigned label.

Comparing global and situation-specific self-concepts, delinquents viewed themselves as more deviant within the correctional facility, with psychiatric inpatients showing a more varied pattern.

As has been seen throughout this review, individual self-concept hierarchies can be thought of as a collection of identities that have differing "salience" to the individual. It is possible that an individual might adopt a deviant identity that has little effect on his or her actual behavior. In order to most logically investigate the degree to which an adolescent may identify with a deviant label, it would seem relevant to also measure a teenager's identification of self with stereotypical social labels.

This study used the Coopersmith Self-Esteem Inventory and a semantic differential instrument, modified from Burke and Tully (1977), to test adolescent psychiatric inpatients at two points in time. The Coopersmith and a semantic differential with two self-labels and two stereotypic labels were administered to the teenagers at time of admission and at time of discharge. Information was gleaned about these institutionalized youths' "global" self-esteem and their identification with stereotypic labels through the period of their hospitalization. The methodology of this study is detailed in the following chapter.

Chapter 3

Methods and Procedures

This study measured changes in self-concept through a period of inpatient hospitalization. Forty-four adolescent subjects from a private psychiatric hospital in Norfolk were administered two separate methods of measuring self-concept. Data were collected over a seven month period of time using both a well-established measure of "global" self-esteem, the Coopersmith Self-Esteem Inventory, and a semantic differential approach which assesses identification with stereotypic social labels. Both methods were administered to the adolescent subjects at the time of admission to the hospital and again at the time of discharge from the hospital.

Sample

This study's sample consisted of forty-nine adolescent inpatients from a private psychiatric hospital located in Norfolk. Twenty-one male and twenty-three female teenage volunteers completed two self-assessments shortly after admission to the hospital and just prior to discharge from the hospital. Five subjects failed to complete the re-test portion of the task, and they have been excluded from this study. Two of these volunteers had been discharged from the hospital before adolescent unit staff members were able to alert this researcher. Three other volunteers failed to complete the re-test portion of the study due to an abrupt exit from the hospital program "against medical advice." The average length of stay for these subjects was 20.1 days. The longest period of

hospitalization was 38 days, and the shortest length of stay was eight days. The range of ages was from eleven to seventeen years old, while the average age of the sample was fifteen years old. Each adolescent had been given a diagnosis of depression or dysthymic disorder.

Data Collection

Each subject was administered a semantic differential instrument (Osgood et al., 1957; Burke and Tully, 1977) and the Coopersmith Self-Esteem Inventory (Coopersmith, 1967) shortly after admission to and just prior to discharge from the psychiatric hospital. The semantic differential and the Coopersmith were administered to each subject by this researcher within the framework of individualized testing. The average length of time required for each subject to complete these assessments was fifteen minutes.

Information about all testing procedures was provided to each subject's parent or guardian and written permission was obtained from the parent or legal guardian prior to implementation of any testing procedures. All subjects and their parent or legal guardian were told that this research project was not associated with the volunteer's school performance or their hospital treatment plan. A prepared consent form was signed by the subject and his or her parent or guardian. The signed consent forms were entered in each subject's hospital chart. Explaining the study and obtaining signatures from the subjects and their parents or guardians was usually part of the hospital intake counselor's admission procedure.

All identities, parental disclosures, and subject participation were kept in the strictest confidence. Each subject was identified through a code number. Confidentiality safeguards and the researcher's ethical

obligations were explained in detail to all subjects and their parents or guardians.

In order to further ensure the emotional and physical well-being of the participant, each subject was encouraged to communicate freely with this researcher or any on-unit staff member. There were no reports from treatment team members nor any personally observed incidents of negative or "acting out" behavior or unpleasant experiences associated with subject participation in this study. This examiner found each subject cooperative and conversationally "open." At times it was necessary to request that the volunteer redirect parts of their dialogue to their primary-care therapist or members of their on-unit staff.

Instrumentation

A Semantic Differential Instrument

The self as a whole is a collection of identities, each of which is experienced indirectly through interaction with others. These identities are the meanings that an individual attributes to self as an object (Stryker, 1968). Each identity is associated with specific interactional settings or roles. This link between self and role may be seen more definitively by referring to role/identities.

These role/identities are initially situation-specific. But over time they are organized into what McCall and Simmons (1966) and Stryker (1968) refer to as a hierarchy of identities. To measure an identity, then, one must measure the meaning of self-in-role as an object to the self, and this measure must compare one role/identity to other counter role/identities. This is accomplished by following Osgood et al. (1957), who developed the semantic differential as an instrument for measuring meaning, and Schwartz and Stryker (1970), who used the semantic

differential to measure certain components of self-concept.

The semantic differential was designed to measure meaning defined as a mediated response, and consists of a series of bipolar adjective rating scales (Osgood et al., 1957). A subject is asked to judge, against the rating scales, the concept whose meaning is to be measured. The polar adjectives defining the ends of each scale represent opposing mediated responses.

Burke and Tully's (1977) procedure for measuring those components of self-concept called role/identities, using the semantic differential format with four different role labels, is a relatively unexplored technique. Their population consisted of a sample of sixth, seventh, and eighth graders from 58 classrooms in 15 metropolitan schools in a midwestern city. The method was illustrated by measuring the gender role-identity of this sample.

No information about the reliability of this measure was found; presumably this was not studied. To assess the validity of their instrument, Burke and Tully examined the correlation between their test content and some of the respondents' interpersonal experience relevant to their gender role/identities. They also examined the relationship between their attribution of the gender role stereotype to others and to themselves. The authors concluded that the measure's construct validity was very good (Burke and Tully, 1977).

Subjects in this study used a semantic differential instrument to rate the following concepts: a popular teenager in school, a hospitalized teenager in psychiatric treatment, me in the psychiatric institute, me in the world. The word construction of this semantic differential consisted of eleven bipolar adjective pairs that were identified by Chassin et al. (1981b) as most important for teenagers in distinguishing among three

social labels. The adjective pairs are rebellious-obedient, normal-abnormal, sad-happy, strong-weak, nervous-relaxed, accepted-rejected, rough-gentle, good-bad, behavior under own control-behavior beyond own control, friendly-unfriendly, and passive-active. Subjects rated two stereotypic social labels as well as themselves in the world and themselves in the psychiatric hospital. Each of the paired bipolar adjectives had a possible score of minus three to plus three. This created a possible range of scores on each of the four social labels of this instrument of -33 to +33.

Coopersmith Self-Esteem Inventory, School Form

The Coopersmith Self-Esteem Inventory was designed to measure in any individual those evaluative attitudes toward the self that one holds in social, academic, family, and personal areas of experience. Coopersmith (1967) defined the concept of self-esteem as "the evaluation a person makes, and customarily maintains, of him- or herself; that is, overall self-esteem is an expression of approval or disapproval, indicating the extent to which a person believes him- or herself competent, successful, significant and worthy."

The School Form consists of 50 items measuring self-esteem and an eight item Lie Scale, and it is designed for children ages 8 through 15. Questions 1 through 58 are preceded by two boxes, one to be marked as in agreement ("Like Me") or disagreement ("Unlike Me") with the statement as it describes how the person usually feels. A total score on the Coopersmith is derived by multiplying the raw score by two. The basis for scores is that a totally positive self-esteem score is 100 and a totally negative score is zero.

In its final form, the School Form was administered to two classes (grades 5th and 6th; N=86) including both male and female participants whose scores ranged from 40 to 100, with a mean score of 82.3 and a standard deviation of 11.6. The mean score for 44 males was 81.3 with a standard deviation of 12.2, and the mean score for 43 females was 83.3 with a standard deviation of 16.7. Differences between the two sexes were not significant. Subsequently, the inventory was administered by the research staff to 1,748 public school children in central Connecticut, with a mean for females of 72.2 with a standard deviation of 12.8, and a mean score for males of 70.1 with a standard deviation of 13.8. Both populations produced a score distribution that was skewed in the direction of high self-esteem.

Adair (1984) stated that the School Form of the inventory may be used by counselors, researchers, or teachers to provide an initial baseline measure of self-esteem, prior to initiating a program to enhance self-esteem in children. He re-emphasizes the positive correlation of high self-esteem with creativity, academic achievement, resistance to group pressure, willingness to express unpopular opinions, and effective communication between parents and youth.

One way of estimating the validity of the constructs for any testing instrument is to demonstrate that the subscales are measuring what they intend to measure. Kokenes (1974) performed a factor analysis of the CSEI responses of 7,600 children in grades 4th through 8th and discovered that the four bipolar dimensions obtained were highly congruent with the test's subscales. Robinson and Shaver (1973) report good convergent, discriminant, and predictive validity.

The Coopersmith Self-Esteem Inventory (School Form) manual reports several studies demonstrating the reliability of this test at several

grade levels. To estimate the internal consistency of the instrument, Spatz and Johnson (1973) administered the School Form to over 600 students in grades 5th, 9th, and 12th. With an N=600, they randomly selected 100 subjects from each grade level and calculated Kuder-Richardson reliability estimates (KR20). At all three grade levels they obtained coefficients in excess of .80, considered adequate for the instrument. In another study, not cited in the manual, Taylor and Reitz (1968) found a .90 split-half reliability, a .88 test/re-test reliability over five weeks, and a .70 test/re-test reliability over three years.

The Coopersmith Inventory has much to recommend it as a measure of global self-esteem. It is among the best known and most widely used of the various self-esteem measures. It is brief and easily scored. It is reliable, stable and there exists an impressive amount of information about it's construct validity.

In this study, adolescent psychiatric inpatient self-concept has been tested by the use of two measures of self-assessment. The Coopersmith Self-Esteem Inventory was administered at time of admission and at time of discharge to measure levels of "global" self-esteem, and a semantic differential instrument was administered at time of admission and at time of discharge to measure patient identification with stereotypic social labels.

Statistical Hypotheses

This study was designed to answer three general theoretical questions. The first general research hypothesis addresses change in self-concept through the course of hospitalization. Six variables and three null hypotheses were employed to evaluate this general hypothesis.

"Coopersmith at Admission" and "Coopersmith at Discharge" were

operationalized as the total scores on the Coopersmith Self-Esteem Inventory. The null hypothesis and the research hypothesis utilizing these variables are as follows:

- $H_{(0)1}$ There is no significant difference between the mean score on the "Coopersmith at Admission" and the mean score on the "Coopersmith at Discharge."
- $H_{(R)1}$ The mean score on the "Coopersmith at Discharge" is greater than the mean score on the "Coopersmith at Admission."

"Me in the World at Admission" and "Me in the World at Discharge" were operationalized as mean scores on the semantic differential instrument for "Me in the World." The null hypothesis and the research hypothesis utilizing these variables are as follows:

- $H_{(0)2}$ There is no significant difference between the mean score on "Me in the World at Admission" and "Me in the World at Discharge."
- $H_{(R)2}$ The mean score on "Me in the World at Discharge" is greater than the mean score on "Me in the World at Admission."

"Me in the Psychiatric Institute at Admission" and "Me in the Psychiatric Institute at Discharge" were operationalized as mean scores on the semantic differential instrument for "Me in the Psychiatric Institute." The null hypothesis and the research hypothesis utilizing these variables are as follows:

- $H_{(0)3}$ There is no significant difference between the mean score on "Me in the Psychiatric Institute at Admission" and "Me in the Psychiatric Institute at Discharge."
- $H_{(R)3}$ The mean score on "Me in the Psychiatric Institute at Discharge" is greater than the mean score on "Me in the Psychiatric Institute at Admission."

The second general hypothesis addresses changes in identification with stereotypic social labels through the course of hospitalization. Eight variables and four null hypotheses were employed to evaluate this general hypothesis.

"Identification of Me in the World with A Popular Teenager in School at Admission" and "Identification of Me in the World with A Popular Teenager in School at Discharge" were operationalized as the mean differences between "Me in the World" and "A Popular Teenager in School." The closer to zero the score on this variable, the stronger the identification with the stereotypic social label. Negative scores on this variable indicate that the subject viewed him- or herself less favorably than the stereotypic label. Positive scores indicate a subject self-view was more favorable than the stereotypic social label. The null hypothesis and the research hypothesis utilizing these variables are as follows:

- $H_{(0)4}$ There is no significant difference between the mean score on "Identification of Me in the World with A Popular Teenager in School at Admission" and "Identification of Me in the World with A Popular Teenager in School at Discharge."
- $H_{(R)4}$ The mean score on "Identification of Me in the World with A Popular Teenager in School at Admission" is significantly different than the mean score on "Identification of Me in the World with A Popular Teenager in School at Discharge."

"Identification of Me in the World with A Hospitalized Teenager in Psychiatric Treatment at Admission" and "Identification of Me in the World with A Hospitalized Teenager in Psychiatric Treatment at Discharge" were operationalized as the mean differences between "Me in the World" and "A Hospitalized Teenager in Psychiatric Treatment." The null hypothesis and the research hypothesis utilizing these variables are as follows:

H_(O)5 There is no significant difference between the mean score on "Identification of Me in the World with A Hospitalized Teenager in Psychiatric Treatment at Admission" and "Identification of Me in World with A Hospitalized Teenager in Psychiatric Treatment at Discharge."

H_(R)5 The mean score on "Identification of Me in the World with A Hospitalized Teenager in Psychiatric Treatment at Admission" is significantly different than the mean score on "Identification of Me in the World with A Hospitalized Teenager in Psychiatric Treatment at Discharge."

"Identification of Me in the Psychiatric Institute with A Popular Teenager in School at Admission" and "Identification of Me in the Psychiatric Institute with A Popular Teenager in School at Discharge" were operationalized as the mean differences between "Me in the Psychiatric Institute" and "A Popular Teenager in School." The null hypothesis and the research hypothesis utilizing these variables are as follows:

H_(O)6 There is no significant difference between the mean score on "Identification of Me in the Psychiatric Institute with A Popular Teenager in School at Admission" and "Identification of Me in the Psychiatric Institute with A Popular Teenager in School at Discharge."

H_(R)6 The mean score on "Identification of Me in the Psychiatric Institute with A Popular Teenager in School at Admission" is significantly different than the mean score on "Identification of Me in the Psychiatric Institute with A Popular Teenager in School at Discharge."

"Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment at Admission" and "Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment at Discharge" were operationalized as the mean difference between "Me in the Psychiatric Institute" and "A Hospitalized Teenager in Psychiatric Treatment." The null hypothesis and

the research hypothesis utilizing these variables are as follows:

- H₍₀₎₇ There is no significant difference between the mean score on "Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment at Admission" and "Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment at Discharge."
- H_{(R)7} The mean score on "Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment at Admission" is significantly different than "Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment at Discharge."

The third general hypothesis addresses correlations between Coopersmith and the four semantic differential labels. Ten variables and eight null hypotheses were employed to evaluate this general hypothesis.

"Coopersmith at Admission" and "A Popular Teenager in School at Admission" were operationalized as the total scores on the Coopersmith Self-Esteem Inventory and the semantic differential instrument for "A Popular Teenager in School." The null hypothesis and the research hypothesis utilizing these variables are as follows:

- H₍₀₎₈ There is no significant relationship between scores on "Coopersmith at Admission" and scores on "A Popular Teenager in School at Admission."
- H_{(R)8} There is a positive relationship between scores on "Coopersmith at Admission" and scores on "A Popular Teenager in School at Admission."

"Coopersmith at Admission" and "A Hospitalized Teenager in Psychiatric Treatment at Admission" were operationalized as the total scores on the Coopersmith Self-Esteem Inventory and the semantic differential instrument for "A Hospitalized Teenager in Psychiatric Treatment." The null hypothesis and the research hypothesis utilizing

these variables are as follows:

- $H_{(0)9}$ There is no significant relationship between scores on "Coopersmith at Admission" and scores on "A Hospitalized Teenager in Psychiatric Treatment at Admission."
- $H_{(R)9}$ There is a positive relationship between scores on "Coopersmith at Admission" and scores on "A Hospitalized Teenager in Psychiatric Treatment at Admission."

"Coopersmith at Admission" and "Me in the World at Admission" were operationalized as the total scores on the Coopersmith Self-Esteem Inventory and the semantic differential instrument for "Me in the World." The null hypothesis and the research hypothesis utilizing these variables are as follows:

- $H_{(0)10}$ There is no significant relationship between scores on the "Coopersmith at Admission" and scores on "Me in the World at Admission."
- $H_{(R)10}$ There is a positive relationship between scores on "Coopersmith at Admission" and scores on "Me in the World at Admission."

"Coopersmith at Admission" and "Me in the Psychiatric Institute at Admission" were operationalized as the total scores on the Coopersmith Self-Esteem Inventory and the semantic differential instrument for "Me in the Psychiatric Institute." The null hypothesis and the research hypothesis utilizing these variables are as follows:

- $H_{(0)11}$ There is no significant relationship between scores on the "Coopersmith at Admission" and scores on "Me in the Psychiatric Institute at Admission."
- $H_{(R)11}$ There is a positive relationship between scores on "Coopersmith at Admission" and scores on "Me in the Psychiatric Institute at Admission."

"Coopersmith at Discharge" and "A Popular Teenager in School at Discharge" were operationalized as the total scores on the Coopersmith Self-Esteem Inventory and the semantic differential instrument for "A Popular Teenager in School." The null hypothesis and the research hypothesis utilizing these variables are as follows:

- $H_{(0)12}$ There is no significant relationship between scores on the "Coopersmith at Discharge" and scores on "A Popular Teenager in School at Discharge."
- $H_{(R)12}$ There is a positive relationship between scores on "Coopersmith at Discharge" and scores on "A Popular Teenager in School at Discharge."

"Coopersmith at Discharge" and "A Hospitalized Teenager in Psychiatric Treatment at Discharge" were operationalized as the total scores on the Coopersmith Self-Esteem Inventory and the semantic differential instrument for "A Hospitalized Teenager in Psychiatric Treatment." The null hypothesis and the research hypothesis utilizing these variables are as follows:

- $H_{(0)13}$ There is no significant relationship between scores on the "Coopersmith at Discharge" and scores on "A Hospitalized Teenager in Psychiatric Treatment at Discharge."
- $H_{(R)13}$ There is a positive relationship between scores on "Coopersmith at Discharge" and scores on "A Hospitalized Teenager in Psychiatric Treatment at Discharge."

"Coopersmith at Discharge" and "Me in the World at Discharge" were operationalized as the total scores on the Coopersmith Self-Esteem Inventory and the semantic differential instrument for "Me in the World." The null hypothesis and the research hypothesis utilizing these variables are as follows:

H_(O)14 There is no significant relationship between scores on the "Coopersmith at Discharge" and scores on "Me in the World at Discharge."

H_(R)14 There is a positive relationship between scores on "Coopersmith at Discharge" and scores on "Me in the World at Discharge."

"Coopersmith at Discharge" and "Me in the Psychiatric Institute at Discharge" were operationalized as the total scores on the Coopersmith Self-Esteem Inventory and the semantic differential instrument for "Me in the Psychiatric Institute." The null hypothesis and the research hypothesis utilizing these variables are as follows:

H_(O)15 There is no significant relationship between scores on the "Coopersmith at Discharge" and scores on "Me in the Psychiatric Institute at Discharge."

H_(R)15 There is a positive relationship between scores on the "Coopersmith at Discharge" and scores on "Me in the Psychiatric Institute at Discharge."

Research Design

As has been stated in previous sections of this study, very few studies have been accomplished that specifically examine the effects of officially labeling an adolescent as a psychiatric inpatient. Chassin et al. (1981b) state in their study of institutionalized adolescents that even though deviant self-concepts were found, this concept was not necessarily inevitable. Their population included teenage subjects who were able to maintain positive conceptions of their "deviant role." These reserachers further suggest in order to more thoroughly investigate the behavioral effects of identifying with a deviant label, "some measure of identity salience should provide a viable methodology for investigating the behavioral and prognostic consequences of accepting, rejecting, and distorting deviant identities" (Chassin et al., 1981b).

It has also been suggested that in order to specifically measure identification with a deviant label, self-concepts should be assessed in relation to stereotypic social labels (Chassin et al., 1981a). In order to achieve a clear perspective of the overall self-esteem of an individual from the time of hospital admission to the time of his or her exit from that hospital, a "global" monitor of self-concept differences was necessary. Hence, a combination of the Coopersmith Self-Esteem Inventory and a semantic differential technique to indicate the direction of self-labeling were administered at the time of admission and once again at the time of discharge from a private hospital in Norfolk.

This was a descriptive study of adolescent psychiatric inpatients which has netted information about forty-four hospital subjects' self-assessments at the time of entry into the hospital program and a repeat test procedure by these same teenagers just before they were discharged from the hospital. This test/re-test procedure, separated by an average of 20 days, was done in order to detect any changes in identification with two stereotypic social labels as well as monitoring possible changes in "global" self-esteem. The first part of these self-assessments were accomplished through the use of a semantic differential instrument which included the following variables: "A Popular Teenager in School," "A Hospitalized Teenager in Psychiatric Treatment," "Me in the World," and "Me in the Psychiatric Institute." The second part of this testing program involved the Coopersmith Self-Esteem Inventory. The same testing procedures were used at admission to the hospital and at discharge from the hospital.

Statistical Analysis

The data collected for this study were numerically coded for computer

analysis using SAS (1982). Standard descriptive statistics were generated for each variable. One-tailed t-tests for paired samples were implemented for the first general research hypothesis in order to compare mean differences between test results at admission and test outcomes at discharge.

Two-tailed t-tests for paired samples were generated to examine the changes in means for the variables used to test general research hypothesis two. Mean scores were compared at admission and at discharge for the identifications of the semantic differential self-labels with the semantic differential stereotypic labels.

Pearson product-moment correlations were introduced in order to compare variable scores in the third general research hypothesis. This research question was searching for similarities between measures of "global" self-esteem and scores on each of the semantic differential labels, at admission and at discharge.

Summary

The purpose of this study was to determine if there would be any changes in adolescent self-concept through a period of psychiatric hospitalization. Two methods of self-assessment were introduced, with the first comparing self to stereotypic social labels and the second measuring "global" self-esteem. This program of testing was administered to forty-four teenage psychiatric patients. Each adolescent was tested shortly after being admitted to a private psychiatric hospital in Norfolk and tested once again just before he or she was discharged from the hospital. The average length of stay was 20.1 days, and the average age of this sample of adolescents was 15 years old.

This descriptive study employed paired sample t-tests and Pearson

product-moment correlations to evaluate the three general research hypotheses. The level of significance for all statistical tests was set at .05.

Chapter 4

Analysis of Data

The data presented in this chapter represent 44 cases that were tested at time of admission and at time of discharge on an acute care adolescent unit in a private hospital. While the data reported in this chapter should provide an accurate description of this sample, caution is advised in extending these findings to other hospitalized adolescents or to other psychiatric patients.

The Coopersmith Self-Esteem Inventory was used to measure "global" self-esteem at admission to the hospital. The mean score on the "Coopersmith" at admission was 62.1 with a standard deviation of 19.9. This self-assessment of self-esteem ranged from a low score of 22 to a high score of 94. The Coopersmith Self-Esteem Inventory at discharge produced a mean score of 72.9 with a standard deviation of 19.9. Scores ranged from a low of 30 to the highest possible score of 100.

A semantic differential instrument was used to assess identification with the following roles: A Popular Teenager in School, A Hospitalized Teenager in Psychiatric Treatment, Me in the World, and Me in the Psychiatric Institute. At admission, the mean score on "A Popular Teenager in School" was 14.5 with a standard deviation of 10.5. Scores ranged from a low of -7 to a high score of 33. At discharge, the label "A Popular Teenager in School" produced a mean score of 14.0 with a standard deviation of 11.1. Scores ranged from -16 to 33.

The mean score at admission on "A Hospitalized Teenager in Psychiatric Treatment" was -5.1 with a standard deviation of 14.1. Scores

ranged from a low score of -27 to a high score of 33. "A Hospitalized Teenager in Psychiatric Treatment" at discharge revealed a mean score of - 0.7 with a standard deviation of 15.9. Scores ranged from -33 to 32.

At admission, the mean score of the label "Me in the World" was 12.8 with a standard deviation of 10.4. Scores ranged from a low score of -18 to a high score of 27. "Me in the World" at discharge produced a mean score of 16.1 with a standard deviation of 11.0. Score ranged from -8 to 33.

The mean score at admission on the label "Me in the Psychiatric Institute" was 12.2 with a standard deviation of 13.7. The scores ranged from a low score of -33 to a high score of 32. "Me in the Psychiatric Institute" at discharge resulted in a mean score of 18.6 with a standard deviation of 9.9. Scores ranged from -6 to 33.

These variables were used in various combinations to test the null hypotheses specified in Chapter 3. A correlation matrix for these variables is located in Appendix A.

General Research Hypothesis One

Is there a measureable difference in self-esteem of an adolescent from the beginning of his or her psychiatric hospitalization through the date of discharge from that hospital?

Three null hypotheses were specified to evaluate this general hypothesis:

- H₍₀₎₁ There is no significant difference between the mean score on the "Coopersmith at Admission" and the mean score on the "Coopersmith at Discharge."
- H₍₀₎₂ There is no significant difference between the mean score on "Me in the World at Admission" and "Me in the World at Discharge."

- H₍₀₎₃ There is no significant difference between the mean score on "Me in the Psychiatric Institute at Admission" and "Me in the Psychiatric Institute at Discharge."

The data for testing these null hypotheses are reported in Table 1. The data found in Table 1 clearly indicate that each of these null hypotheses is rejected. These reported findings establish that there was a significant gain in self-esteem from time of admission to time of discharge.

General Research Hypothesis Two

Is there a significant change in identification with a stereotypic social label by this same hospital population through their date of discharge?

Four null hypotheses were specified to evaluate this general hypothesis:

- H₍₀₎₄ There is no significant difference between the mean score on "Identification of Me in the World with A Popular Teenager in School at Admission" and "Identification of Me in the World with A Popular Teenager in School at Discharge."
- H₍₀₎₅ There is no significant difference between the mean score on "Identification of Me in the World with A Hospitalized Teenager in Psychiatric Treatment at Admission" and "Identification of Me in the World with A Hospitalized Teenager in Psychiatric Treatment at Discharge."
- H₍₀₎₆ There is no significant difference between the mean score on "Identification of Me in the Psychiatric Institute with A Popular Teenager in School at Admission" and "Identification of Me in the Psychiatric Institute with A Popular Teenager in School at Discharge."
- H₍₀₎₇ There is no significant difference between the mean score on "Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment at Admission" and "Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment at Discharge."

TABLE 1. Change in Self-Esteem, Admission to Discharge from a Psychiatric Hospital.

	Mean at Admission	Mean at Discharge	Mean Gain	t (one-tailed)
Coopersmith	62.14	72.86	10.73	4.60*
Semantic Differential (Me in the World)	12.80	16.05	3.25	1.86*
Semantic Differential (Me in the Psychiatric Institute)	12.23	18.54	6.32	2.78*

* Significant at alpha level .05 ($t \geq 1.68$, $df=43$).

The data for testing these null hypotheses are reported in Table 2. The data in Table 2 show mixed results. $H_{(0)4}$ and $H_{(0)6}$ are rejected in that each showed a statistically significant mean change in identification with respective stereotypic labels. $H_{(0)5}$ and $H_{(0)7}$ are accepted because the changes in identification with these stereotypic labels were not statistically significant.

The findings shown in Table 2 indicate that identification with stereotypic social labels does change through the course of hospitalization. However, some of the identifiable changes were not statistically significant, and the direction of change was not consistent. These findings will be discussed in more detail in Chapter 5.

General Research Hypothesis Three

Are there similarities between measures of "global" self-esteem and assessments of stereotypic social labels in this same adolescent psychiatric inpatient population?

Eight null hypotheses were specified to evaluate this general hypothesis:

- $H_{(0)8}$ There is no significant relationship between scores on "Coopersmith at Admission" and scores on "A Popular Teenager in School at Admission."
- $H_{(0)9}$ There is no significant relationship between scores on the "Coopersmith at Admission" and scores on "A Hospitalized Teenager in Psychiatric Treatment at Admission."
- $H_{(0)10}$ There is no significant relationship between scores on the "Coopersmith at Admission" and scores on "Me in the World at Admission."
- $H_{(0)11}$ There is no significant relationship between scores on the "Coopersmith at Admission" and scores on "Me in the Psychiatric Institute at Admission."

TABLE 2. Changes in Identification with Stereotypic Social Labels, Admission to Discharge from a Psychiatric Hospital.

	Mean at Admission	Mean at Discharge	Mean Change	t (two-tailed)
Identification of Me in the World with A Popular Teenager in School	-1.73	2.09	3.82	2.11*
Identification of Me in the World with A Hospitalized teenager in Psychiatric Treatment	17.93	16.73	-1.21	-.47
Identification of Me in the Psychiatric Institute with A Popular Teenager in School	-2.30	4.59	6.89	3.03*
Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment	17.36	19.23	1.86	.68

* Significant at alpha level .05 ($t \geq 2.02$, $df=43$).

- H₍₀₎₁₂ There is no significant relationship between scores on the "Coopersmith at Discharge" and scores on "A Popular Teenager in School at Discharge."
- H₍₀₎₁₃ There is no significant relationship between scores on the "Coopersmith At Discharge" and scores on "A Hospitalized Teenager in Psychiatric Treatment at Discharge."
- H₍₀₎₁₄ There is no significant relationship between scores on the "Coopersmith at Discharge" and scores on "Me in the World at Discharge."
- H₍₀₎₁₅ There is no significant relationship between scores on the "Coopersmith at Discharge" and scores on "Me in the Psychiatric Institute at Discharge."

The correlation coefficients evaluating these hypotheses can be found in Table 3. While all eight of the correlations were found to be positive, five were statistically significant. H₍₀₎₉, H₍₀₎₁₀, H₍₀₎₁₁, H₍₀₎₁₃, and H₍₀₎₁₄ were rejected, while H₍₀₎₈, H₍₀₎₁₂, and H₍₀₎₁₅ are accepted. In general, measures of "global" self-esteem are similar to measures of identification with stereotypic social labels in this adolescent inpatient sample.

Further analysis examined the possible effects of length of hospitalization on change in self-esteem and changes in identification with stereotypic social labels. The zero-order correlations revealed no significant relationship between length of stay and changes in scores on the Coopersmith Self-Esteem Inventory nor with changes in scores on the semantic differential instrument. Of the seven correlation coefficients examined for this analysis, six were negative and only one was statistically significant. The correlations used to assess the effect of length of stay are recorded in Appendix B.

TABLE 3. Correlations Between Coopersmith and Semantic Differentials, at Admission and Discharge from a Psychiatric Hospital.

<u>Semantic Differentials</u>	Coopersmith (At Admission)	Coopersmith (At Discharge)
A Popular Teenager in School	.12	.25
A Hospitalized Teenager in Psychiatric Treatment	.30*	.38*
Me in the World	.65*	.62*
Me in the Psychiatric Institute	.54*	.28

* Statistical significance $\leq .05$

CHAPTER 5

Conclusions

The statement of the problem, a selected review of the literature, a report on methods and procedures, and the analysis of the data were presented in the first four chapters. This chapter contains a summary of the study, a discussion of the findings, as well as recommendations for further studies. Suggestions for possible implementation of the adolescent self-assessment measures in therapeutic programs are also discussed.

Summary

The purpose of this investigation was to study the effects of social labeling on the self-concepts of hospitalized adolescents within a psychiatric treatment facility. Labeling theorists agree that the complex processes of social labeling effect both self-concept and the behavior of labeled individuals. What happens to the self-estimation of a teenager when his or her "rule-breaking" is officially labeled as mental illness and the youth is placed in the role of a psychiatric inpatient? Many theorists see the process of being officially labeled as a psychiatric hospital patient as creating stigma that may alter an adolescent's self-concept. Few studies have been attempted with hospitalized adolescents to examine the immediate effect of being placed in the assigned role of mental patient.

E.H. Erikson's theory of personality is especially relevant in connection with the face validity of his concepts of identity and identity

crisis. Observation alone will verify the accuracy of identity crisis and confusion during adolescence. Stage V of Erikson's theory of personality development is labeled "Identity vs. Identity Confusion" and is concerned with adolescent self-concept formation. This is a time when the individual begins to sense a feeling of his or her own identity, a feeling that one is a unique individual and yet preparing to fit into some meaningful role in society, whether that role be "adjustive or innovating" (Erikson, 1968). Because of the difficult transition from childhood to adulthood, the adolescent is likely to suffer more deeply than ever before, or again, from identity confusion. This situation can cause the teenager to feel depressed, isolated, empty, anxious, and indecisive.

This descriptive study collected data that focused on the following three general research hypotheses:

1. Is there a measurable difference in self-esteem of an adolescent from the beginning of his or her psychiatric hospitalization through the date of discharge from the hospital?
2. Is there a significant change in identification with a stereotypic social label by this same hospital population through their date of discharge?
3. Are there similarities between measures of "global" self-esteem and assessments of stereotypic social labels in this same adolescent psychiatric inpatient population?

The sample for this study consisted of forty-four male and female adolescent acute care psychiatric inpatients who completed two self-assessment measures, initially at the time of admission and again at the time of discharge from a private hospital. The average length of stay for these inpatients was 20.1 days, with length of stay ranging from eight to thirty-eight days in the hospital. Each of these teenagers was diagnosed by an accredited psychiatrist or a licensed psychologist as having

exhibited symptoms of depression or dysthymic disorder.

Selected literature was reviewed from three perspectives: adolescent self-concept, self-concept influenced by stigma and identification with a deviant label, and research about institutionalized adolescents. The theoretical rationale for this study was based on Erikson's stage theory of development, and the conceptual framework of this study relied upon Erikson's stage theory, Bandura's social learning theory, and Scheff's labeling theory.

Data for this study were collected over a seven month period of time from a private psychiatric hospital in Norfolk. Subjects were administered two separate measurements of self-concept at the time of admission and at the time of discharge from the hospital. The Coopersmith Self-Esteem Inventory and a semantic differential method of measuring identification with stereotypic social labels were administered twice to each subject. The semantic differential instrument was based on methodology developed by Burke and Tully (1977) for assessing one's role/identity in relation to stereotypic social labels. The subjects rated themselves as well as two stereotypic labels, "A Popular Teenager in School" and "A Hospitalized Teenager in Psychiatric Treatment." The two self-assessment labels on this semantic differential instrument were "Me in the World" and "Me in the Psychiatric Institute."

The three general research hypotheses were reformulated into fifteen null hypotheses which were tested for statistical significance at the .05 level of confidence. All null hypotheses were rejected in the testing of the first general research hypothesis. Essentially all findings on this question showed a statistically significant gain in self-esteem from the time of admission to the hospital to the time of discharge. The results of these one-tailed t-tests for paired samples were consistent with the

predictions formulated in the three research hypotheses. The results were mixed for the second general research hypothesis. The findings indicate that identification with stereotypic social labels does change through the course of hospitalization. However, some of the changes were not statistically significant and the direction of change was not consistent. Two of the four null hypotheses developed for this general research hypothesis were accepted, and two were rejected. The results of these two-tailed t-tests for paired samples were generally consistent with the predictions expressed in the four research hypotheses, but half of these findings were not statistically significant at .05 level. The results of the analysis conducted for the third general research hypothesis strongly indicated that measures of "global" self-esteem were similar to semantic differential assessments of stereotypic social labels. Of the eight null hypotheses used to test this general research hypothesis, five were rejected and three were accepted. All of the correlations were positive, but three were not statistically significant. These correlations were generally consistent with the predictions expressed in the eight research hypotheses, but some of these findings were not statistically significant.

Findings and Conclusions

One-tailed t-tests for paired samples were implemented to test the three null hypotheses used to evaluate the first general research hypothesis. Mean differences were compared on three measures of self-concept between scores at time of admission to the psychiatric hospital and time of discharge from that hospital. These comparisons clearly show a significant gain in adolescent self-esteem through the period of hospitalization. These subjects scored significantly higher on the Coopersmith Self-Esteem Inventory at time of discharge when compared with

scores at time of admission. The change in Coopersmith scores ranged from a loss of 30 points to a gain of 50 points, with a mean gain of 10.7 points and a standard deviation of 15.5. The same held true for the semantic differential assessments of both self labels. A higher mean self-evaluation was found on "Me in the World at Discharge" than on "Me in the World at Admission." The change in this semantic differential self-assessment ranged from a loss of 18 points to a gain of 36 points, with a mean gain of 3.3 points and a standard deviation of 11.6. An even greater gain was observed between "Me in the Psychiatric Institute at Discharge" and "Me in the Psychiatric Institute at Admission." The change on this semantic differential self-assessment ranged from a loss of 22 points to a gain of 54 points, with a mean gain of 6.3 points and a standard deviation of 15.1. All three of these variables show a statistically significant gain in self-esteem from time of admission to time of discharge from the psychiatric hospital. This study concludes that there was a measurable improvement in self-esteem from time of admission to time of discharge for this sample of hospitalized adolescents.

Two-tailed t-tests for paired samples were generated to examine the four null hypotheses used to evaluate the second general research hypothesis. This general research hypothesis assesses changes in identification of self with two stereotypic labels over the course of hospitalization. Four variables were created to measure identification with stereotypic social labels. These variables were operationalized as mean differences between semantic differential assessments of self and semantic differential assessments of stereotypic labels. The closer the scores were to zero, the stronger was the subjects' identification with the stereotypic role. Negative scores indicated the subject saw him- or herself less favorably than they viewed the stereotypic label. Positive

scores showed a subject self-view more favorable than they saw the stereotypic social label. Differences in these identification scores from time of admission to time of discharge measured changes in identification of self with the stereotypic social label.

These adolescent subjects viewed "Me in the World at Admission" less positively than they viewed "A Popular Teenager in School at Admission." The scores on "Identification of Me in the World with A Popular Teenager in School at Admission" ranged from -48 to 29, with a mean of -1.7 and a standard deviation of 13.2. However, they saw "Me in the World at Discharge" more positively than they evaluated "A Popular Teenager in School at Discharge." The scores on "Identification of Me in the World with A Popular Teenager in School at Discharge" ranged from -33 to 32, with a mean of 2.1 and a standard deviation of 11.5.

For the variable "Identification of Me in the World with A Popular Teenager in School," there was a mean gain of 3.8 from admission to discharge. These changes ranged from a loss of 28 points to a gain of 29 points, with a mean of 3.8 and a standard deviation of 12.0. The change was statistically significant, and this null hypothesis was rejected. These data indicated that the subjects evaluated themselves less favorably than "A Popular Teenager in School" at admission, but they evaluated themselves more positively than "A Popular Teenager in School" at discharge.

The scores on "Identification of Me in the World with A Hospitalized Teenager in Psychiatric Treatment at Admission" ranged from -16 to 48, with a mean of 17.9 and a standard deviation of 16.1. Scores on this variable at time of discharge were slightly closer to identification with the stereotypic label. "Identification of Me in the World with A Hospitalized Teenager in Psychiatric Treatment at Discharge" ranged from

-10 to 51, with a mean of 16.7 and a standard deviation of 16.0. This slight lessening of scores at time of discharge on identification with a hospitalized teenager may be due to subject attribution of this stereotypic image with increased "human" qualities that the patient has observed in the context of daily interaction with hospitalized peers.

For the variable "Identification of Me in the World with A Hospitalized Teenager in Psychiatric Treatment," there was a mean loss of 1.2 from time of admission to time of discharge. These changes ranged from a loss of 45 points to a gain of 37 points, with a mean of -1.2 and a standard deviation of 17.1. This change was not statistically significant. These data indicated that the subjects evaluated themselves more favorably than "A Hospitalized Teenager in Psychiatric Treatment" at admission. At discharge, the subjects saw themselves in a more positive fashion than "A Hospitalized Teenager in Psychiatric Treatment," although slightly less so than at admission. In this instance, the null hypothesis was accepted.

The scores on "Identification of Me in the Psychiatric Institute with A Popular Teenager in School at Admission" ranged from -42 to 29, with a mean of -2.3 and a standard deviation of 17.7. The scores on "Identification of Me in the Psychiatric Institute with A Popular Teenager in School at Discharge" ranged from -15 to 41, with a mean of 4.6 and a standard deviation of 11.7. This may reveal a self-concept enhancement due to lessening of manifested diagnostic dysfunctioning, allowing for a strengthening self-concept that surpassed the subject's projected assessment of positive self-concept in the popular stereotypic model.

For the variable "Identification of me in the Psychiatric Institute with A Popular Teenager in School," there was a mean gain of 6.9 from time of admission to time of discharge. These changes ranged from a loss of 24

points to a gain of 34 points, with a standard deviation of 15.1. This change was statistically significant, and the null hypothesis was rejected. These data revealed that the subjects evaluated themselves less favorably than "A Popular Teenager in School" at admission, and substantially more positively at time of discharge.

The scores on "Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment at Admission" ranged from -11 to 49, with a mean of 17.4 and a standard deviation of 13.2. Scores on this variable at discharge showed a slight increase in subject self-esteem, higher than the projected estimation of a hospitalized teenager's self-concept at time of discharge. "Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment at Discharge" scores ranged from -7 to 51, with a mean of 19.2 and a standard deviation of 15.4.

For the variable "Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment," there was a mean gain of 1.9 from time of admission to time of discharge. These changes ranged from a loss of 41 points to a gain of 48 points, with a mean of 1.9 and a standard deviation of 18.2. These data showed that the subjects viewed themselves more favorably than "A Hospitalized Teenager in Psychiatric Treatment" both at admission and somewhat more so at discharge. However, this change was not statistically significant, and the null hypothesis was accepted.

This study concludes that there is some change in identification with stereotypic social labels from time of admission to time of discharge for this sample. However, some of the identifiable changes were not statistically significant and the direction of change was not consistent. Possibly the most interesting change involved subject evaluation of self

less favorably than a popular teenager at admission, but an evaluation of self more positively than a popular teenager at discharge.

Pearson product-moment correlations were used to compare scores on the Coopersmith Self-Esteem Inventory with assessments of the four labels on a semantic differential instrument. The eight null hypotheses were developed to address the issue of possible similarities between measures of "global" self-esteem and assessments of the semantic differential labels.

There was no statistically significant relationship between "Coopersmith" and the stereotypic social label of "A Popular Teenager in School," neither at admission nor at discharge. However, a statistically significant correlation was found between "Coopersmith at Admission" and "A Hospitalized Teenager in Psychiatric Treatment at Admission," and a somewhat stronger correlation was seen between "Coopersmith at Discharge" and "A Hospitalized Teenager in Psychiatric Treatment at Discharge." This may be explained in the context of a number of subjects responding to this semantic differential by projecting a view of a peer within the same psychiatric hospital. The assessment of a fellow patient, whether that had been a more positive or negative estimation in contrast to self, would generally be within the scope of scores generated by self-evaluation. "Me in the World at Admission" and "Coopersmith at Admission" produced the strongest correlation, with the second strongest relationship being found between "Me in the World at Discharge" and "Coopersmith at Discharge." This would appear to confirm the presence of significant similarities between measures of "global" self-esteem and assessments with stereotypic social labels. Another substantiating relationship was found between "Coopersmith at Admission" and "Me in the Psychiatric Institute at Admission." However, there was no statistically significant relationship

realized between "Coopersmith at Discharge" and "Me in the Psychiatric Institute at Discharge."

Implications

Important inferences can be drawn from the results of this study in regard to Erikson's stage theory of development, Bandura's social learning theory, and Scheff's labeling theory. Strong indications of increased positive self-concept, during the course of hospitalization, is congruent with Erikson's belief that an adolescent's focus upon a "negative identity" during the confusion of an acute identity crisis can be changed with the appropriate kind of attention. Even though Erikson cautions clinicians not to be too eager to label any adolescent as "sick," depressed, acting out teenagers should be taken very seriously for the behavior patterns they are manifesting. When behavioral problems in life and the confusion of identity formation require hospitalization, adolescents probably stand a better chance of regaining a positive self-concept and reducing their identity confusion through professional intervention.

The overall outcome of this study would appear to dispute Scheff's concept of societal labeling pushing the adolescent closer to identification with a deviant label. Rather, the outcome of this labeling process seems closer to that described by Stager et al. (1983): "If an individual rejects the label as not similar to the self or rejects a negative evaluation of the label, then, self-esteem will be protected." This author contends that the statistically significant increases in positive self-concept through the period of hospitalization, as were shown in Table 1, implies more information than just the rejection of identification with a stigmatized social label. It is quite possible that

the professional influences associated with inpatient hospitalization, the encompassing "sounding out" of the adolescent's motivations and overt behavior of staff and peers within this therapeutic milieu have created positive changes in the individual's self-estimation. These influences combined with the implicit forces of character modeling by all personnel associated with an adolescent inpatient hospital program are emphatic influences on a teenager's changing self-esteem. Individuals who have been "committed" to the institutional identity may increasingly pull into their personal repertoires the concepts and norms of the hospital milieu. Along with this probably positive and usually extreme change in environment, the adolescent may regain an optimism and a strengthened purpose or life plan. Bandura and McDonald (1963) have been cited for their demonstration of a modification of social responses through the use of appropriate models and the application of social learning principles. However, other studies have cited the consistent pairing of self-identification with a sick-role label with longer terms of psychiatric hospitalization. Longitudinal studies of hospitalized adolescents are needed to evaluate the relative impact of positive role model identification versus sick-role self-labeling.

As was found in both Chassin et al. (1981a) and Stager et al. (1983), it is quite likely that the effects of deviant labeling vary as much as there are types of deviant behavior. Chassin and Young (1981) found that social labeling as a delinquent had a stronger impact on adolescents' self-concepts than did labeling as emotionally disturbed. These authors suggested the possibility that labeling and institutionalization might result in the loss of normal social role identities from the self-concept hierarchies of adolescents, making deviant identities more "salient." This study did not find that to be the case. Both the first and second

general research hypotheses addressed this issue. The data in Table 1 clearly demonstrated not only a significant gain in self-esteem through the course of hospitalization, but also mean scores at time of discharge on the Coopersmith Self-Esteem Inventory which are well within the ranges cited by Coopersmith for several "normal" populations (Coopersmith, 1987). Table 2 revealed a mix of identifications with stereotypical labels. Nevertheless, the general trend was for subjects to view themselves less positively than a popular teenager at the beginning of hospitalization and to see themselves much more favorably than the popular teenager at time of discharge. Subject identification with the hospitalized teenager was less consistent, and the outcomes lacked statistical significance. Again, the trend was for subject self-estimations to be more favorable than subject evaluations of a hospitalized teenager. "Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment at Discharge" showed the more favorable self-view than "Identification of Me in the World with A Hospitalized Teenager in Psychiatric Treatment at Discharge," with respective mean scores of 16.7 and 19.2. This phenomena may be due to the nature of an adolescent unit setting with its relative safety and highly structured atmosphere. Consequently, when these subjects projected their capabilities into a more uncertain, less scheduled "world" environment, they may have judged themselves closer in behavioral characteristics to the stereotypical teenager in psychiatric treatment.

A general trend toward more positive self-concepts may be influenced by the effects of attribution theory. Wells (1980) stated that institutionalized adolescents are less likely to attribute deviant behavior to reasons of their own making than are noninstitutionalized adolescents. Individuals may be less willing to subject their own

behavior to a causal analysis or to consider their behavior as needing a causal analysis than the behavior of others. This explanation may be more relevant during the beginning of an adolescent's hospital stay, but it is this author's contention that more dynamic changes occur within the psychological makeup of the teenage patient through the time of hospitalization that create a boosting of self-concept.

Rosenberg et al. (1989) report a causal connection between low self-esteem and depression. These authors concluded that self-esteem and depression significantly effect one another. They discovered that the negative relationship between the two variables was due more to the effect of depression on self-esteem than was the case for reciprocal action. Since depression has been found to be directly responsible for low self-concept, it would appear to be a most influential factor in this study with subjects reporting lower self-esteem at time of admission to the hospital. All subjects were diagnosed at time of admission to the hospital as depressed or to have been exhibiting signs of dysthymic disorder. Stronger self-concepts at time of discharge would likely be paired with the inpatient therapeutic attentiveness to the etiology of the subject's depressive state. An adolescent inpatient program should address many facets of the teenager's life, most importantly, family dynamics and social peer influences, in an attempt to turn around the most pervasive influences of negative affect. With the gradual lessening of major life problems and/or the complete resolution of a situational, developmental crisis through the intervention of hospital treatment, a subject's self-concept would predictably become stronger as each patient learned new coping skills and the major issues creating the depressive attitudes were dissipated with professional support. Rosenberg et al. state that human beings are motivated to protect and enhance their self-esteem

and that self-esteem levels depend heavily on reflected appraisals, social comparisons and self-attributions (Rosenberg et al., 1989).

Limitations

As discussed in Chapter 1, the two most profoundly limiting factors within this study have to do with length of hospitalization and the existence of unknown variables prior to hospitalization that necessarily influenced the adolescent's self-concept. Since the average length of hospitalization for the subjects in this study was only 20.1 days, it is difficult to discern whether the increasing self-concept would continue through the course of a longer hospitalization. Many labeling theorists believe that the longer a patient is associated with a psychiatric hospitalization, the stronger the probability that the individual will develop a sick-role identity. This was not found to be the case within the relatively short-term acute care program, which is increasingly required by insurance providers at the present time.

Another uncontrollable element of this study had to do with the predisposition of the adolescent self-concept prior to admission to the psychiatric hospital. It was impossible to control for variables existing outside of the hospital prior to the beginning of treatment. The problem of aversive effects of being hospitalized on adolescent self-concept and implications for further "follow-up" studies is discussed in the last segment of this chapter. Other limiting factors found in this study include the situation-specific element surrounding this specialized sample of subjects. Conclusions and assumptions gleaned from the outcome of this study cannot be readily generalized to any other population. And finally, socioeconomic status of the family was not taken into consideration as a variable. It has been found, for example, that among some lower SES

groups, the teenager with the highest self-concepts are often associated with deviant role/identities (Chassin et al., 1981a).

Suggestions for Further Research

Gossett et al. (1976) began to realize the need for follow-up studies in relation to long term outcome of teenagers who had been in psychiatric hospital programs. Their teenage sample had been hospitalized in private psychiatric facilities from July, 1966, through November, 1968. The authors were able to implement rigorous follow-up assessments after each patient had had sufficient time to establish a clear style of post-hospitalization functioning, monitoring their behavior for at least one year following hospital discharge. This format of follow-up study on a nationwide scale would seem most beneficial to the study of self-concept. In conjunction with this recommended regimen, mental health professionals must not neglect a routine establishment of out-patient, aftercare for all adolescents who have been hospitalized in a psychiatric facility. It is during this early phase of re-adjustment back into the community that the teenager is most vulnerable to lapses into pre-hospital dysfunctional behavior. It is also at this time that the previously hospitalized teenager is most susceptible to negative peer influences within the community. Supportive counseling following hospitalization is essential in order to maintain motivation toward the positive goals and life plan established in hospitalized treatment and to allow the teenager to "vent" the grievances collected in the community because of the social complications of being an ex-mental patient. It is during aftercare that a counselor should attempt to reinforce the positive work the adolescent has accomplished, to continue to practice the interactional approaches best suited to responding to a community that may have stigmatized the teenager

for having been in a mental hospital, and to continue to work on the issues that had initially created the need for hospitalization. Through this period of adolescent re-adjustment, as well as at admission and discharge stages of hospitalization, a quickly administered evaluation of a teenager's level of self-esteem and assessment of stereotypic social labels could be utilized in order to better prepare mental health professionals to deal with the adolescent on several levels of functioning.

Link et al. (1989) agree that social factors such as stigma and stereotyping play an important role in the life of the mental patient following his or her psychiatric hospitalization. They examined whether stigmatization effects the social support network of patients who have been officially labeled by a hospitalization. They found that current patients, former patients, and nonpatients agreed that mental patients will be rejected by most people. These research findings suggest the relatively constant effects of stigma toward an officially diagnosed adolescent. This was not the case for former patients who had not undergone the substantially stigma-inducing experience of hospitalization. These authors conclude that ex-patient's beliefs about the implications of the label they carry and their way of dealing with it shape the nature of their social connectedness. This writer recommends programs to educate teenagers about the possible influences of stereotyping and social stigma. Supportive dialogue in such a program could also assist the teenager to direct more enlightened responses to a general public that questions the internal workings of a mental hospital. These efforts should begin during hospitalization and should continue through the patients aftercare program. It is confirmed that, throughout a period of hospitalization into a program of outpatient counseling, the adolescent's self-concept must be

attended to in order to diminish the chances of re-established depressive symptomology. As this study has addressed the issue of self-esteem in a population of adolescent psychiatric inpatients who had been diagnosed with depressive disorders, the main policy implication would appear to involve the type and length of therapeutic intervention.

In 1986, the California legislature voted to establish a State Task Force to Promote Self-Esteem and Personal and Social Responsibility. Among the main charges to the Task Force was "to promote public and personal awareness of the role of developing healthy self-esteem as a way of preventing social problems" (Rosenberg et al., 1989). Williams (1990) writes that the California Task Force continues to promote adolescent self-esteem enhancement and that it has begun to peak national interest. Hundreds of school districts across the country have added self-esteem motivational materials to their curricula. However, many researchers and social scientists say self-esteem is being oversold. There appears to be a lack of academic consensus on how to measure self-esteem. Martin Ford, an Associate Professor of Education at Stanford University who has done extensive research on self-esteem and confidence, states that this lack of standardized measurement makes it difficult to formulate techniques or interventions to enhance self-esteem.

As stated by Adair (1984), the School Form of the Coopersmith Self-Esteem Inventory may be used by counselors, researchers, or teachers to provide an initial baseline measure of self-esteem, prior to initiating a program to enhance self-esteem. This author suggests that a semantic differential technique to measure identification with stereotypic social labels is also a useful method of monitoring adolescent self-concept. This study confirmed the efficacy of the pre-test/post-test

model for measuring changes in self-concept through the course of psychiatric hospitalization. This author recommends employing this methodology to evaluate the growing number of programs and interventions designed to enhance self-esteem.

APPENDICES

APPENDIX A. Correlation Among Variables at Admission and at Discharge.

Variable	At Admission				
	(1)	(2)	(3)	(4)	(5)
(1) Coopersmith	---				
(2) A Popular Teenager in School	.11	---			
(3) A Hospitalized Teenager in Psychiatric Treatment	.30*	-.20	---		
(4) Me in the World	.65*	.20	.16	---	
(5) Me in the Psychiatric Institute	.54*	.07	.55*	.51*---	

* Statistical significance .05

Variable	At Discharge				
	(1)	(2)	(3)	(4)	(5)
(1) Coopersmith	---				
(2) A Popular Teenager in School	.25	---			
(3) A Hospitalized Teenager in Psychiatric Treatment	.38*	.06	---		
(4) Me in the World	.62*	.46*	.34*	---	
(5) Me in the Psychiatric Institute	.28	.39*	.35*	.67*	---

* Statistical significance $\leq .05$

APPENDIX B. Correlations Between Length of Stay and Changes in Self-Esteem from Admission to Discharge.

	Length of Stay
Change in Coopersmith	-.13
Change in "Me in the World"	-.13
Change in "Me in the Psychiatric Institute"	-.18
Change in "Identification of Me in the World with A Popular Teenager in School"	-.28
Change in "Identification of Me in the World with A Hospitalized Teenager in Psychiatric Treatment"	.00
Change in "Identification of Me in the Psychiatric Institute with A Popular Teenager in School"	-.31*
Change in "Identification of Me in the Psychiatric Institute with A Hospitalized Teenager in Psychiatric Treatment"	-.07

* Statistical significance $\leq .05$

REFERENCES

REFERENCES

- Adair, F. (1984). Coopersmith self-esteem inventories. In D. Keyser and R. Sweetland (eds.) Test Critiques, vol. I. Kansas City, Mo.: Test Corporation of America.
- Bachman, Jerald G. (1974). Young men in high school and beyond: a summary of findings of the youth in transition project, 1966-1974. Ann Arbor: Survey Research Center, University of Michigan.
- Bandura, A. (1964). The stormy decade: fact or fiction? Psychology in the Schools, 1, 224-231.
- Bandura, A. and McDonald, F.J. (1963). Influence of social reinforcement and the behavior of models in shaping children's moral judgements. Journal of Abnormal and Social Psychology, 67, 274-281.
- Blasi, Augusto, (1983). The self and cognition: the roles of the self in the acquisition of knowledge, and the role of cognition in the development of the self. In B. Lee and G. Noom (Eds), Developmental Approaches to the Self. New York: Plenum Press.
- Borgman, R. and Monroe, N. (1975). Life experiences and the decision to become a mental patient. Journal of Nervous and Mental Diseases, 160, 428-434.
- Bourne, E. (1978). The state of research on ego identity: a review and appraisal. Part III. Journal of Youth and Adolescents, 7. 371-392.
- Broughton, John M. (1983). The cognitive-developmental theory of adolescent self and identity, In B. Lee and G. Noom (eds). Development Approaches to the Self. New York: Plenum Press.
- Burke, P.J., and Tully, J.C. (1977). The measurement of role identity. Social Forces, 55, 881-897.
- Burke, Edward L., Zilberg, Nathan J., Fariborz, Amini, Salasnek, Sheil, and Forkin, Daniel. (1978). Some empirical evidence for Erikson's concept of negative identity in delinquent adolescent drug abusers. Comprehensive Psychiatry, 19, 141-152.
- Chassin, Laurie, Eason, Barbara J., and Young, Richard D. (1981a). Identifying with a deviant label: the validation of a methodology. Social Psychology, 44, 31-66.
- Chassin, Laurie, Light, Roger, Presson, Clark C., and Young, Richard D. (1981b). Self-concepts of institutionalized adolescents: a framework for conceptualizing labeling effects. Journal of Abnormal Psychology, 90, 143-151.
- Chassin, Laurie, and Young, Richard D. (1981). Salient self-conceptions in normal and deviant adolescents. Adolescence, 14, 611-618.

- Cohen, C.P., White, E.H. and Schoolar, J.C. (1971). Interpersonal patterns of personality for drug-abusing patients and their therapeutic implications. Archives of General Psychiatry, 24, 353-358.
- Coopersmith, Stanley. (1967). The antecedents of self-esteem. San Francisco: Freeman.
- Coopersmith, Stanley, (1987). SEI, self-esteem inventories. Palo Alto, CA: Consulting Psychologists Press, Inc.
- Deitz, George E. (1969). A comparison of delinquents with nondelinquents on self-concept, self-acceptance, and parental identification. The Journal of Genetic Psychology, 115, 285-295.
- Demo, D. and Savin-Williams, R. (1983). Early adolescent self-esteem as a function of social class: Rosenberg and Pearlin Revisited. American Journal of Sociology, 88, 763.
- Duke, Marshall P. and Fenhagen, Eulalie. (1975). Self-parental alienation and locus of control in delinquent girls. The Journal of Genetic Psychology, 127, 103-107.
- Elder, Glen H., Jr. (1979). Adolescent socialization and personality development. Chicago: Rand McNally and Company.
- Erikson, E. H. (1950). Childhood and society. New York: Norton.
- Erikson, E. H., (1964). Insight and responsibility. New York: Norton.
- Erikson, E. H., (1968). Identity: youth and crisis. New York: Norton.
- Erikson, E. H., (1976). Toys and reasons. New York: Norton.
- Farina, Amerigo, Holland, Charles H., and Ring, Kenneth. (1966). Role of stigma and set in interpersonal interaction. Journal of Abnormal Psychology, 71, 421-428.
- Fischer, Claude. (1982). To dwell among friends: personal networks in town and city. Chicago: University of Chicago Press.
- Fischer, Jerome B. and Bersani, Carl A. (1979). Self-esteem and institutionalized delinquent offenders: the role of background characteristics. Adolescence, 14, 197-214.
- Friedberg, Robert D. (1982). Locus of control and self-concept in a status offender population. Psychological Reports, 50, 289-290.
- Galfo, Armond J. (1983). Educational research design and data analysis: an integrated approach. The College of William and Mary. University Press of America, Inc. Landham, Maryland.
- Gallatin, Judith E. (1975). Adolescence and individuality: a conceptual approach to adolescent psychology. New York: Harper and Row.

- Garber, Benjamin. (1972). Follow-up study of hospitalized adolescents. New York: Brunner/Mazel.
- Goffman, Irving. (1963). Stigma: notes on the management of spoiled identity. Englewood Cliffs, NJ: Prentice Hall.
- Goffman, Erving. (1961). Asylums. New York: Anchor.
- Gordon, C. (1968). Self-connections: Configurations of content, in C. Gordon & K.J. Gergen (Eds.), The self in social interactions. New York: Wiley.
- Gossett, J.T., Lewis, S.B., and Lewis, J.M. (1973). Follow-up of adolescents treated in a psychiatric hospital: I. a review of studies. The American Journal of Orthopsychiatry, 43, 602-610.
- Gossett, J.T. (1974). Review of follow-up study of hospitalized adolescents, and the discharged mental patient: a 5-year statistical survey. The American Journal of Orthopsychiatry, 44, 473-474.
- Gossett, J.T., Meeks, J.E. and Barnhart, F.D. (1976). Follow-up of adolescents treated in a psychiatric hospital: the onset of symptomatology scale. Adolescence, 11, 195-211.
- Gossett, John T., Barnhart, David, Lewis, Jerry M., and Phillips, Virginia A. (1977). Follow-up of adolescents treated in a psychiatric hospital. Archives of General Psychiatry, 34, 1037-1042.
- Greenberger, E. and Sorensen, A.B. (1974). Toward a concept of psychosocial maturity. Journal of Youth and Adolescence, 3, 329-358.
- Gruenberg, E.M. (1967). The social breakdown syndrome - some origins. American Journal of Psychiatry, 123, 12-20.
- Guardo, Carol J. (1975). The adolescent as an individual: issues and insights. New York: Harper and Row.
- Hall, C. S. and Lindzey, G. (1978). Theories of personality. New York: John Wiley and Sons.
- Hall, Peter M. (1966). Identification with the delinquent subculture and level of self-evaluation. Sociometry, 29, 146-158.
- Hoult, Thomas F. (1974). Dictionary of modern sociology. New Jersey: Littlefield, Adams & Co.
- Kahle, Lynn R., Julka, Richard A., and Klingel, David M. (1980). Low adolescent self-esteem leads to multiple interpersonal problems: a test of social-adaptation theory. Journal of Personality and Social Psychology, 39, 496-502.
- Kokenes, B. (1974). Grade level differences in factors of self-esteem. Developmental Psychology, 10, 954-958.

- LaForge, R. and Suczek, R.F. (1955). The interpersonal dimension of personality: III. an interpersonal check list. Journal of Personality, 24, 94-112.
- Leary, T. (1962). How to change behavior, in G.S. Nielson, editor, Clinical Psychology, Proceedings of the XIV International Congress of Applied Psychology, Vol 4. Copenhagen: Munksgaard.
- Link, Bruce G., Cullen, Francis T., Struening, Elmer, Shrout, Patrick E., and Dohrenwend, Bruce P. (1989). A modified labeling theory approach to mental disorders: an empirical assessment. American Sociological Review, 54, 400-423.
- Marcia, James E. (1966). Development and validation of ego identity status. Journal of Personality and Social Psychology, 3, 551-558.
- McCall, G.J. and Simmons, J.L. (1966). Identities and interactions. New York: Free Press.
- McKenna-Hartung, S., Hartung, J.R., Baxter, J.C. (1971). Self and ideal self-concept in a drug-using subculture. Journal of Personality, 40, 463-471.
- Mitchell Jr., J. (ed.). (1985). Ninth edition. mental measurement yearbook. The University of Nebraska: Buros Institute of Mental Measurements.
- Muuss, Rolf E. (1974). The implications of social learning theory for an understanding of adolescent development. Theories of Adolescence, 230-241.
- Nie, Norman H., Hull, C. Haldlai, Jenkins, Jean G., Steinbrenner, Karin, and Bent, Dale H. (1975). SPSS/statistical package for the social sciences. McGraw-Hill, Inc.
- Osgood, C.C., Suci, G.J., and Tannenbaum, P.H. (1957). The measurement of meaning. Urbana: University of Illinois Press.
- Philips, D. C., and Orton, Rob. (1983). The new causal principle of cognitive learning theory: perspectives on Bandura's reciprocal determinism. Psychological Review, 90, 158-165.
- Price, H. (1978). Abnormal behavior perspective in conflict. New York: Holt, Rinehart and Winston.
- Rapaport, D., (1960). The structure of psychoanalytic theory: a systematizing attempt. (1960). New York: International Universities Press, Inc.
- Rapaport, D., (1967). Emotions and memory. (1967). New York: International Universities Press, Inc.
- Rapaport, D., (1974). The history of the concept of association of ideas. (1974). New York: International Universities Press, Inc.

- Reber, Arthur S., The penguin dictionary of psychology. (1985). Viking, New York.
- Robinson, John P., and Shaver, Phillip R. (1969). Measure of social psychological attitudes. The University of Michigan: Institute for Social Research.
- Robinson, J. and Shaver, P. (1973). Measures of social psychology attitudes. Ann Arbor, Mich: Institute for Social Research.
- Rosenberg, M. (1965). Society and the adolescent self-image. Princeton: Princeton University Press.
- Rosenberg, M. (1979). Conceiving the self. New York: Basic Books.
- Rosenberg, Morris, Schooler, Carmi, and Schoenbach, Carrie. (1989). Self-esteem and adolescent problems: modeling reciprocal effects. American Sociological Review, 54, 1004-1018.
- Rosenthal, Doreen A., Ross, Gurney M., and Moore, Susan M. (1981). From trust to intimacy: a new inventory for examining Erikson's stages of psychosocial development. Journal of Youth and Adolescence, 10, 525-537.
- SAS Institute. (1982). SAS user's guide: basics, 1982 edition. Cary, N.C.: SAS Institute, Inc.
- Scheff, T. (1968). The role of the mentally ill and the dynamics of mental disorder. In S.P. Spitzer & N.K. Denzin (Eds.). The mental patient: studies in the sociology of deviance. New York: McGraw-Hill, 1968.
- Scheff, Thomas J. (Ed.). (1975). Labeling madness. New Jersey: Prentice-Hall, Inc.
- Scheff, Thomas J. (1984). Being mentally ill: a sociological theory. New York: Aldine Publishing Company.
- Schur, Edwin M. (1980). The politics of deviance: stigma contests and the uses of power. New Jersey: Prentice-Hall, Inc.
- Schwartz, Michael, and Stryker, Sheldon. (1970). Deviance, selves and others. Washington: American Sociological Association, Rose Monograph Series.
- Shaffer, J. B. (1978). Humanistic psychology. Englewood, New Jersey: Prentice-Hall.
- Shoham, S. G. and Rahav, G. (Eds.). (1982). The mark of Cain: the stigma of crime and social deviance. New York: St. Martin's Press.
- Simmons, Jerry L. (1969). Deviants. University of California: The Glendessary Press.

- Spatz, K. and Johnston, J. (1973). Internal consistency of the Coopersmith self-esteem inventory. Educational and Psychological Measurement, 33, 875-876.
- Spitzer, S. P. & Denzin, N. K. (1968). The mental patient: studies in the sociology of deviance. New York: McGraw-Hill.
- Stager, Susan F., Chassin, Laurie, and Young, Richard D. (1983). Determinants of self-esteem among labeled adolescents. Social Psychology Quarterly, 46, 3-10.
- Stryker, S. (1968). Identity salience and role performance: the relevance of symbolic interaction theory for family research. Journal of Marriage and the Family, 30, 558-564.
- Statt, David (1981). Dictionary of Psychology. Barnes & Noble Books, New York.
- Taylor, J. and Reitz, W. (1968). The three faces of self-esteem. Research Bulletin 80, Dept. of Psychology, University of Ontario.
- Townsend, Marshall J. (1976). Self-concept and the institutionalization of mental patients: an overview and critique. Journal of Health and Social Behavior, 17, 263-271.
- Waterman, Alan S. (1982). Identity development from adolescence to adulthood: an extension of theory and a review of research. Developmental Psychology, 18, 341-358.
- Weiner, I. (1970). Psychological disturbances in adolescence. New York: Wiley.
- Wells, Kathleen. (1980). Adolescents' attributions for delinquent behavior. Personality and Social Psychology Bulletin, 6, 63-67.
- Williams, L. (March 28, 1990). Using self-esteem to fix society's ills. The New York Times. pp. C1, C10.
- Winer, B.J. (1971). Statistical principles in experimental design. McGraw-Hill Book Company, New York.
- Wolman, Benjamin B. Ed. (1973). Dictionary of Behavioral Science. New York: Van Nostrand Reinhold Company.
- Wolman, Benjamin B. Ed. (1989). Dictionary of behavioral science, second edition. Academic Press, Inc.
- Zusman, Jack. (1973). Some explanations of the changing appearance of psychotic patients. The Making of a Mental Patient. New York: Holt, Rinehart, and Winston.

VITA

VITA

David John Mueller

Birthdate: April 21, 1946

Birthplace: Dodgeville, Wisconsin

Education:

1982-1990 The College of William and Mary
Williamsburg, Virginia
Doctor of Education

1975-1976 Ball State University
Muncie, Indiana
Master of Education

1964-1968 The University of Arizona
Tucson, Arizona
Bachelor of Arts

Professional Experience:

1980-1989 Medical College of Hampton Roads Psychiatric
Institute-Norfolk, Virginia. Mental Health
Therapist.

1977-1980 Coconino Community Guidance Center-Page, Arizona.
Counselor III.

1973-1976 Arizona State Hospital-Phoenix, Arizona.
Mental Health Technician II.

1969-1973 United States Air Force