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Self-Esteem and Adolescence

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SELF-ESTEEM AND ADOLESCENCE

BY

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Table of Contents

23345

Introduction

My interest in this subject developed from personal experiences that occurred while I was involved in a residential treatment program for juvenile delinquents. On occasion there were individuals who, in spite of temporary behavioral improvement as measured by the program, continued to hold very negative evaluations of themselves. These continuing negative evaluations seemed to have a negative influence on their behavior. In addition, other individuals maintained high self-evaluations in spite of objective evidence to the contrary. For these individuals it seemed that by evaluating themselves through some arbitrary internal process they could maintain their current unacceptable behavior and resist attempts to promote positive behavioral change. Still other individuals, while able to objectively evaluate their behavior, simply held to a different set of standards than most people, thus actually improving their self-esteem (and often their status with their peer group) through continuing their negative behaviors.

These observations generated several questions of interest. What is self-esteem? Is it a determinant of

behavior, and if so in what way and to what extent? If it is related to behavior, then how can it be modified to improve the chances of successful behavior change?

This paper is the outgrowth of my attempts to resolve these questions. The purpose then will be to explore the available information relating to these questions and attempt to extract some useful conclusions from the data.

Self-Esteem: Some Considerations

Problems in Definition

Self-esteem is a term we all recognize and for which we have an intuitive feel, but it is a term which has proven difficult to define in a manner acceptable to all of the people who use it. The result has been that virtually everyone who does use it defines it in their own way with varying degrees of specificity and agreement. The vagueness and inconsistency of the terminology has caused problems in assessing the different theoretical perspectives of self-esteem, and in drawing definitive conclusions from the available literature. To further compound the problem many other terms have been used other than self-esteem which have virtually the same meaning.

> A sample of related names might include such terms as self-love, self-confidence, self-respect, self-acceptance (or rejection), self-satisfaction, self-evaluation, self-appraisal, self-worth, sense of adequacy or personal efficacy, sense of competence, self-ideal, congruence, ego or ego strength. (Wells and Marwell, 1976, p. 7)

Other terms which overlap with self-esteem are self-concept, dominance feeling, self-sentiment, and ego-

3

ideal. This widespread use of the term and related terms has contributed to the vagueness of definition, making theoretical comparisons of the phenomenon and the generation of testable hypotheses difficult at best.

Another aspect of the definition problem stems from the subjective nature of the phenomenon. No matter what measuring device is used, it is measuring an overt behavior when the construct at issue is subjective. Combs, Soper, and Courson (1963) describe some of the factors affecting the relationship between an individual's self-concept and his self-report.

> To be sure what an individual says of himself will be affected by his self-concept. The relationship, however, is not a one to one relationship. How closely the self-report approximates the subject's "real" self-concept will presumably depend upon at best the following factors:
> 1. The clarity of the individual's awareness.
> 2. The availability of adequate symbols for expression.
> 3. The willingness of the individual to co-operate.
> 4. The social expectancy.
> 5. The individual's feeling of personal adequacy.
> 6. His feeling of freedom from threat. (p. 494)

This has left the door open for the proliferation of measuring devices (and hence at least as many attempts to operationalize the term), each slightly different from the other, claiming to be at least as valid a measure of self-esteem as the others. The inability to successfully standardize the definition of self-

esteem has led to problems in comparison of research
efforts, and may be partially responsible for some of
the inconsistencies found in the replication research.

Wylie (1974) in her extensive look at method-
ological problems involved in self-esteem research pro-
vides a list of the most common problems.

1. Method vaguely indicated so as to prevent
   interpretation, analysis, and replication.
2. Common use of measures without construct
   validity.
3. Heavy reliance on correlational studies.
4. Not enough different control groups.
5. Artifactual contamination between in-
   dependent and dependent variables.
6. Overgeneralization of results.
7. Unclear statistical procedures to establish
   significance.
8. Little replication.
9. Use of demographic or sociological variables
   of unknown relevance. (p. 29)

Other complaints include the lack of differentia-
tion in the global self-esteem measure. Smith (1960)
conducted a factor analytic study of the self-concept
and found 7 factors implying that the use of the broad
sense of self-esteem may hide certain attributes.
Other researchers have found two factors, Judd and
Smith (1974), while Cattell (1959) provides evidence
of a single broad factor citing three separate studies.
Vincent (1968) found great similarity in the single
construct being measured by six of the self-esteem
measures. It appears then that there is a broad factor

called self-esteem made up of more specific factors, and that these specific factors are subjectively and idiosyncratically weighted by the individual to derive an overall level of self-esteem (Coopersmith, 1967). It is this broad factor which has been the object of investigation and speculation, and which this paper is about.

From a practical standpoint the state of the literature is confusing, with a variety of definitions being utilized, a variety of theoretical perspectives attributing importance to self-esteem, and a wide range of research with often contradictory results.

> Its prominence in various theories of psychotherapy and child development is extensive, a wide variety of clinical approaches having been formulated upon the simple folk wisdom that "you can't like other people if you don't like yourself." By no means has its use been limited to the 'self' psychologies; almost any theory which is even slightly cognitive in nature contains some description of processes by which people evaluate themselves and by which such evaluations affect consequent behavior. This includes the entire range of perspectives from classical psychoanalytic to all but the most staunchly behaviorist (Wells and Marwell, 1976, p. 6).

With such wide utilization of the construct and the large body of literature concerning it, the process of synthesizing a workable definition is a necessary one.

Definition of Self-Esteem

Wylie and others have continued to call for this

synthesizing process, but so far little progress has

been made toward that end. In fact more and more measur-

ing devices and definitions are being utilized as the

subject draws more attention. Several studies of self-

esteem bear consideration in addressing the issue of

defining self-esteem. Coopersmith defines self-esteem

as follows:

> By self-esteem we refer to the evaluation which
> the individual makes and customarily maintains
> with regard to himself: it expresses an attitude
> of approval or disapproval, and indicates the
> extent to which the individual believes himself
> to be capable, significant, successful, and
> worthy. In short, self-esteem is a personal
> judgment of worthiness that is expressed in
> the attitudes the individual holds towards
> himself. (1967, p. 4)

This definition emphasizes the private component of

self-esteem and as such makes it difficult to measure.

In his own research, Coopersmith developed an instrument

to measure self-esteem and operationalized his definition

in terms of scores on the instrument. This is essen-

tially the pattern that all researchers use, developing

a theoretical definition primarily related to the private

event of self-evaluation, and proceeding to make as-

sumptions about how that private event is manifested in

overt behavior, so that it can be quantified and oper-

ationalized in terms of a score on the instrument. This

may take the form of a verbal or written response to a

particular stimulus from an instrument designed to

measure self-esteem, or as naturally occurring behavior.

Other attempts to define self-esteem are numerous. According to Wylie "In psychological discussions the word 'self' has been used in many different ways. Two chief meanings emerge however; the self as subject or agent, and the self as the individual who is known to himself" (1961, p. 1). Combs and Snygg define the phenomenal self as "...those aspects of the perceptual field to which we refer when we say I or me" (1959, p. 43). According to Carl Rogers:

> The self-concept or self-structure may be thought of as an organized configuration of perceptions of the self which are admissable to awareness. It is composed of such elements as the perceptions of one's characteristics and abilities; the percepts and concepts of the self in relation to others and to the environment; the value qualities which are perceived as associated with experiences and objects, and goals and ideals which are perceived as having positive or negative valence. (1951, p. 136)

White, concentrating on the individual's competence theorizes about three aspects of the self:

> a) The self is something about which we know as an object like other objects in the world of experience. This is its cognitive aspect, taking eventually the relatively organized form of self-image, or, a little more accurately, of self-concept.

> b) The self is something that we experience directly, not as 'me' and 'mine' but as 'I'. The experience includes a sense of agency, and this can be considered its active aspect, which culminates in a sense of competence.

These two aspects of the self correspond
to the historical distinction between the
self as object and the self as subject.

c) The self is something that we value; this
can be called its _affective_ aspect. We have
an attitude toward ourselves variously com-
pounded of love and hate, pride and be-
littlement, appreciation and criticism,
with an easily arousable urge to enhance the
positive valuations. This we shall refer to
as self-esteem. (1959, pp. 331-332)

Even B. F. Skinner has recognized the need to study

subjective aspects of human behavior. "An adequate

science of behavior must consider events taking place

within the skin of the organism, not as physiological

mediators of behavior but as part of the behavior it-

self" (1963, p. 953). Although he views the self some-

what differently as "simply a device for representing

a functionally unified system of responses" (1953,

p. 285), we can speculate that self-esteem would be

defined as the individual's evaluation of this "self."

Mussen, Conger, and Kagan provide a good general

definition which allows for the subjective nature of

self-esteem and yet recognizes that our best measure

or estimate of it comes from measures of overt behavior.

Self-esteem is a personal judgment of worthiness
that is expressed in the attitudes the in-
dividual holds toward himself. It is a sub-
jective experience which the individual conveys
to others by verbal reports and overt expressive
behavior. (1974, p. 429).

While these measures are clearly not the same as a

direct measure of the subjective construct self-esteem, they are the best estimates available. In quantifying self-esteem, measures involving forced-choice responses, rank ordering of statements, weighted responses, adjective generation techniques, and Q-sorts of adjectives and statements have been used to obtain scores. These scores are then correlated to other data, used to differentiate experimental groups, or are utilized as pre and post measures to determine treatment effects. This then is the primary method used to operationalize the subjective construct of self-esteem. Other researchers have utilized ratings by others as well as indirect and inferred measures (for example, the TAT or Human Figure Drawing) usually in conjunction with one of the other recognized self-esteem measures.

In this paper self-esteem will be defined as an individual's personal evaluation of himself with his verbal and overt behavior being the best estimate of that personal evaluation. While a person may evaluate each and every aspect of himself (thus having theoretically an infinite number of specific evaluations) these combine to form a general overall evaluation of oneself with each of the specific evaluations weighted according to their value to the individual.

Development of Self-Esteem

If this is what self-esteem is, then how does it develop in the individual? What follows is a condensed and limited discussion of the development of self-esteem. While there is considerable difference of opinion as to the definition and importance of self-esteem as a determinant of behavior, there is general agreement that it develops through interaction with others (Rogers, 1965; Stringer, 1971; Coopersmith, 1967; Wells and Marwell, 1976). Initially the individual's estimation of himself is totally reliant on and is merely a reflection of the evaluations of others, with the most influential being those from significant others such as parents, siblings, and friends. This perspective evolves until the individual relies more and more on his own internal set of standards, which may or may not concur with the standards of the significant others around him and may or may not agree with the generally accepted societal standards of the day. Additionally, as the individual becomes more aware of his competence and the competence of others he will begin to compare his behavior with others. These comparisons and the accuracy of them will affect the developing self-esteem positively or negatively depending upon the outcome, the expectations, and the values held by the

individual.

While individuals proceed at different rates through the process, it is safe to say that for most, adolescence is a period during which these issues are prominent to the developing individual. Adolescence marks the changing of sex roles as puberty and societal standards create changes with relationship to individual sexuality. The individual's cognitive and evaluative abilities are increasing in sophistication making development of personal standards possible. During this period the individual is also preparing for adulthood, for autonomy from the family, and for the time when the individual will stand on his own merits. For most it is a time of asserting independence from the family (in a positive or negative way) which may involve the evolution of different standards. All of this points to adolescence as a critical period in the development of self-esteem.

Stringer (1971) summarizes this process emphasizing the shift eventually to the environment as a source of concrete evidence of competence and worthiness.

> Self-esteem emerges out of the interpersonal
> matrix as the child absorbs into his beginning
> sense of self the love that others, particularly
> his parents, show toward him. But it seems
> obvious that self-esteem cannot thrive indef-
> initely on just the approval of other people.
> Sooner or later it has to be supported by
> proof of one's worth, by one's becoming com-
> petent, productive, and responsible; and

> this proof of worth in turn feeds into one's
> interpersonal relationships and enriches
> them. (p. 119)

Obviously the converse is possible, and in fact most people experience a mixture of positive and negative evaluations from others, and a mixture of positive and negative 'proof' of worth from their environment.

Given this mixture of experiences and the individual's unique processing of those experiences, there results a kind of overall self-evaluation made up of a conglomerate of sub-evaluations related to specific areas of the individual's personality, abilities, and comparison of performance to others, all weighted according to the value placed upon them by the individual. This evaluation is then measured against some internalized standard and the resultant level of esteem is dependent upon how closely the individual's self-evaluation meets the standard against which it is compared.

How Important is Self-Esteem

Empirical Evidence

Having noted the difficulties involved in defining self-esteem it should come as no surprise that attempts to clearly establish its link with other behaviors have not been easy nor totally successful. By far the bulk of the available research attempting to demonstrate the importance of self-esteem involves correlating scores on the varied measurement devices with other data.

Rosenberg's study of self-esteem and the adolescent (1965) utilizes this approach. Rosenberg conducted his research with 5,024 high school students, with the high schools from which they came randomly selected from New York State. While admittedly excluding early drop-outs and absentees, the information on this population is valuable as it relates to a majority of the population of adolescents. He developed a ten-item Guttman scale measurement device which deals directly with the question of self-esteem and allows him to rank people on a continuum from high to low self-esteem. These scores were correlated with other data about the individual and attempts made to determine the relationship of

self-esteem to behavior.

One of the major findings by Rosenberg involves the relationship between self-esteem and values. In comparing how much individuals reported that they cared about a particular quality, their estimation of their competence or possession of that quality and their level of self-esteem, it was determined that high self-evaluations on qualities highly valued were consistent with reports of high self-esteem, and furthermore, low self-evaluations on qualities that were reported as not highly valued did not detract from a positive self-esteem. Conversely, evaluating oneself poorly on a quality highly valued damaged the self-esteem, but not when the quality was not valued. In looking at the individual then, the personal values placed on a particular quality are extremely important in determining whether that quality bears any relationship to self-esteem. While social, peer, and family pressures help to shape these values, the idiosyncratic values of the individual are the ones most prominent in determining levels of self-esteem.

In the sample studied by Rosenberg eight values were determined to be of primary importance. These were:

1. Clear thinking and clever
2. Well liked by many different people
3. Well respected, looked up to by others

4. A person who stands up for rights
5. Good student
6. Ambitious
7. Dependable and reliable
8. Hard working and conscientious

It is not clear from this study however whether the values emerge first and shape the development of particular individual qualities, or whether the qualities emerge and the individual adjusts his values to compliment his own abilities. The truth undoubtedly is that both ideas have some validity, with individual differences determining the extent to which each process is applicable to each individual.

Some other aspects of Rosenberg's study include the examination of the self-esteem of adolescents within various groups. These groups included sex, social class, economic status, parental concern, and religion, among others. Upper class adolescents demonstrated higher self-esteem than lower class adolescents. Boys held higher self-esteem than did girls. Those with closer parental ties showed higher self-esteem. Jews held themselves in higher regard than did Catholics or Protestants. Adolescents whose parents married early, divorced early, and remarried soon after the divorce demonstrated the lowest levels of self-esteem, while families that were started later in life and disrupted when the adolescent was older showed little difference

from those whose homes remained intact. Only children held higher self-esteem than those with siblings; however, birth order was not related to self-esteem.

These findings are presented in an oversimplified fashion, and for a full appreciation of his findings, refer to Rosenberg (1965). While the results are more complex and extensive, one point is clear. Correlational data alone cannot clearly establish a causal relationship, but this kind of analysis can produce suggestive data which must be taken into consideration when formulating theories and designing research efforts.

Another comprehensive attempt to study self-esteem from a correlational perspective was conducted by Coopersmith (1967) utilizing 1,748 fifth and sixth grade students. His data produced a composite of the individual high and low in self-esteem as follows:

> Persons with high self-esteem, reared under conditions of acceptance, clear definition of rules, and respect appear to be personally effective, poised, and competent individuals who are capable of independent and creative actions. Their prevading level of anxiety appears to be low, and their ability to deal with anxiety appears to be better than that of other persons. They are socially skilled and are able to deal with external situations and demands in a direct and incisive manner. Their social relationships are generally good and being relatively unaffected or distracted by personal difficulties they gravitate to positions of influence and authority. Persons with medium self-esteem appear to be relatively similar to those with high self-esteem with a few major exceptions. They are relatively well accepted,

possessed of good defenses and reared under con-
ditions of considerable definition and respect;
they also possess the strongest value orientation
and are most likely to become dependent upon
others. From the context of other evidence, it
appears that they are uncertain of their worth
and inclined to be unaware of their performance
relative to others. Persons with low self-
esteem, reared under conditions of rejection,
uncertainty, and disrespect, have come to believe
they are powerless and without resource or re-
course. They feel isolated, unlovable, in-
capable of expressing and defending themselves,
and too weak to confront and overcome their
deficiencies. Too immobilized to take action,
they tend to withdraw and become overtly passive
and complain while suffering the pangs of
anxiety and the symptoms that accompany its
chronic occurrence. (p. 249)

Coopersmith utilized three major categories in his
study of self-esteem. These consisted of those in-
dividuals whose subjective self-esteem (as measured by
the Coopersmith Self-Esteem Inventory) and behavioral
self-esteem (as measured through independent behavioral
observation) were in agreement. Individuals falling
into this category were then divided into three groups
of high, medium, and low self-esteem. Two additional
groups were constructed to reflect discrepant measure-
ments of self-esteem. These he called a high-low group
which had high subjective self-esteem and low behavior-
ally assessed self-esteem. The other discrepant group
was termed the low-high group on the basis of low sub-
jective self-esteem and high behaviorally determined
self-esteem. While these discrepant groups accounted

for only a small portion of the population it did allow
for study of those individuals whose overt behavior and
subjective experience are apparently not in agreement.
Other correlational data was then examined by groups and
a large number of significant correlations found (see
Appendix A for a listing of his major findings).

With few exceptions the correlational research of
Coopersmith, as well as others, tends to substantiate
the positive correlation of high self-esteem individuals
with such qualities as academic performance, parental
warmth, peer acceptance, resistance to persuasion, in-
telligence, age, minimal effects of failure, and lack
of delinquent behavior. The converse holds true for
those with low self-esteem.

Another aspect of Coopersmith's study which is of
particular interest are his findings on the environmental
antecedents of self-esteem, specifically the kind of
family situation which promotes the different levels of
self-esteem. Coopersmith summarizes these findings as
follows:

> The most general statement about the antecedents
> of self-esteem can be given in terms of three
> conditions: total or near total acceptance of
> the children by their parents, clearly defined
> and enforced limits, and the respect and lati-
> tude for individual action that exist within
> the defined limits. (1967, p. 236)

Coopersmith was also able to determine that none of
these aspects are necessary or sufficient in and of

themselves, but, in combination, they provide the environment that results in high self-esteem individuals. We can speculate that the formation of self-esteem is a complex process or perhaps a set of processes in which there is no all or nothing situation, but a dynamic, fluid process dependent upon the environment, the individual's responses, and the situations in which the self-esteem is formed. These antecedents have profound implications for families intent on providing a healthy environment for their children, and also for the social institutions which interact with children, adolescents, and even adults.

One dramatic case of interface between society and the adolescent is evident in the juvenile delinquent. Fitts conducted an investigation of the relationship between self-esteem and delinquents and concluded, "From studies using a purely empirical approach there is mounting evidence that the delinquent can be differentiated from the non-delinquent on the basis of self-concept" (Fitts and Hamner, 1969, p. 1). In reviewing studies by Epstein (1962), Motoori (1963), Fannin and Clinard (1965), and eight separate studies which utilized the Tennessee Self-Concept Scale with varied delinquent populations, Fitts concluded that non-delinquents held higher self-esteems than did

delinquents.

Lindy, Dinitz, and Reckless (1962) conducted a longitudinal study with 12 to 15 year olds and found that while the overall population self-concept remained constant, there were significant changes within the population. Those whose self-concept started high tended to get higher with time, while those with low self-concepts tended to get lower. The direction of movement of the self-concept turned out to be an important indicator of delinquent behavior with those decreasing over the period of the study being the most likely to exhibit delinquent behavior. Reckless, Dinitz, and Kay (1957) theorized that high or moderate self-esteem acts as an insulator for individuals who perform deviant acts. These deviant acts being inconsistent with their high regard for themselves enables them to think of themselves positively and eventually to identify with a positive role, rejecting the deviant act as a temporary transient act which does not reflect their "true" character. The juvenile delinquent on the other hand views his behavior as indicative of what is to come and accepts the label of juvenile delinquent along with all of the implications. Mischel (1973) has commented extensively on the detrimental effects of labeling, in this case self-labeling. Whether or not

Reckless's theory about how self-esteem intervenes in the delinquent process is accurate, it is apparent that a negative relationship between self-esteem and delinquency exists. Given the extent of our current delinquency problem and the amount of resources being devoted to treatment of the delinquent, this becomes an important issue. Several studies on modification of self-esteem in delinquents are reviewed in chapter IV.

The data on delinquents, and the other correlational data suggests that there is a causal relationship, i.e., because of the individual's high self-esteem and confidence he is able to do better academically, interacts better with peers, does not engage in delinquent behavior, etc. Unfortunately when examined closely the clear cut evidence of a causal relationship is sparse. The question becomes one of which came first, the 'chicken or the egg,' with no final resolution. A more reasonable approach would be one which calls for an interactive relationship in which positive evaluations by others coupled with positive self-evaluation, and objective success, reinforce and stimulate each other. Conversely negative evaluation by others, negative self-evaluation, and objective failure would create a situation in which the interaction of all three situations lead to the final level of low self-esteem and

low level of achievement. Since life is not an all or
nothing proposition each individual can expect to ex-
perience different amounts of positive and negative
evaluations from others, positive and negative self-
evaluations, and objective successes and failures. It
can be speculated that the degree of inconsistency in
these experiences can be expected to have differential
effects upon the individual's self-esteem, in some cir-
cumstances resulting in unstable or even discrepant
self-esteem.

A slightly different form of this correlational
research involves the examination of behaviors on a
specific task by subjects who differ in self-esteem.
Janis (1954) has conducted an experiment in which low
self-esteem individuals demonstrate less ability to
resist pressures to conform. Sheerer (1949) and Stock
(1949) both discovered that those individuals low in
self-esteem have a greater tendency than individuals with
high self-esteem to evaluate others more negatively.
Shrauger and Lund (1975) showed that high self-esteem
individuals were more likely than those with low self-
esteem to trust their own evaluations of themselves when
evaluated by an experimental confederate. Leventhal
and Perloe (1962) demonstrated that individuals low
in self-esteem were more persuasable than those high in

self-esteem. Silverman (1964) showed high self-esteem individuals to be more responsive to success and those with low self-esteem more responsive to failure (responsiveness was measured as improvement in performance on a quiz after experimental treatment). Eisen (1972) showed that low self-esteem individuals were more likely to cheat on a dot counting task than were high self-esteem individuals. Unfortunately these studies are correlational, often using small numbers of subjects from limited populations, and are seldom replicated to verify their results, and as such these studies can only be considered as suggestive of a causal relationship between self-esteem and other behaviors.

Other research attempting to establish the causal relationship of self-esteem and overt behavior involves attempts to manipulate self-esteem in an experimental group, measuring performance on a particular task and then examining the results for differential effects. One concern about this kind of research is that self-esteem has been shown to be fairly stable over time and is thought to be resistant to temporary short term manipulations. Even if it can be manipulated in the short term, does it affect the long term self-esteem which is of primary interest? These studies must be viewed skeptically with respect to the time factor, lack of

long term follow-up, and on the basis of their initial
manipulation of self-esteem.

Aronson and Mette (1968) performed an experiment
in which subjects were given false feedback after taking
a personality test to induce high, low, or no change in
levels of self-esteem. The subjects then engaged in
a card game which allowed the experimenters to deter-
mine if the subjects were cheating or not without the
knowledge of the subjects. The subjects with low in-
duced self-esteem had higher rates of cheating, sug-
gesting a causal relationship between self-esteem in-
duction and cheating behavior. This study did not take
into account initial levels of self-esteem or the in-
dividual effects of the induction phase in successfully
lowering or raising self-esteem.

Another study by Maraceck and Mette (1972) utilized
female college students to demonstrate differential
responses to success experiences. Those individuals
whose self-esteem was lowered during the induction phase
of the experiment failed to show improvement on repeated
trials on a subsequent task which produced success.
Kimbler and Helmreich (1972) suggested that these re-
sults may have been due to a lack of differentiation as
to individuals who accepted the low self-esteem in-
duction and those who rejected it. Their results showed

that both high and low self-esteem individuals exhibit a greater need for social approval. They are therefore more susceptable to self-esteem induction and more likely to respond to success on tasks than those with medium self-esteem. They suggest also that the high self-esteem individual needs reaffirmation of his high opinion of himself while the low self-esteem individual is looking for an opinion which will elevate his status. Graf (1971) induced different levels of self-esteem in subjects and determined that cheating and dishonest behavior was more prevalent in the low self-esteem induction group. The use of college students in these studies may have influenced the results in that all of the subjects whether low or high in self-esteem may have higher motivation to achieve on certain tasks than would a group of high school students or juvenile delinquents.

The effect of receiving a high or low evaluation on the subjects' subsequent evaluation of the individual who initially evaluated them was studied by Koeck and Guthrie (1975). They used college males and a confederate who evaluated the subjects either high or low. Low self-esteem subjects who were given low evaluations by the confederate rated that confederate higher than did those subjects with high self-esteem who were given low evaluations. This suggests that high self-esteem

individuals are more sensitive to negative evaluations than are individuals with low self-esteem. Perhaps they are more used to these evaluations.

Similar results were found by Shrauger and Lund (1975). They used female subjects from an introductory psychology class who were interviewed and given feedback on their interview. Interviewers who gave negative feedback to the subjects were seen as less credible by those with high self-esteem, while those low in self-esteem did not differ in their evaluations of the interviewer regardless of whether they received positive or negative feedback. This would suggest that those high in self-esteem are less tolerant of negative feedback than are individuals with low self-esteem, or that the low self-esteem individuals are simply indifferent to the task.

While these and other studies cannot offer unequivocal evidence of the self-esteem behavior relationship, and cannot in and of themselves account for the role of self-esteem in the complex array of behaviors that individuals engage in, they do indicate that a relationship exists. Behaviors that have been implicated in this relationship include academic performance, persuasability, responsiveness to success, self-confidence, intelligence, honesty, etc., with those high in self-esteem behaving

in ways generally thought of as positive or accepted by
society. Thus the study of self-esteem seems to be
justified, and a search for the how of the relationship
worthwhile.

Theoretical Perspectives

A wide range of theoreticians have tried to explain and utilize the self-esteem-behavior relationship in their theories. The following section examines a portion of these perspectives in order to supplement the empirical data discussed in the previous section.

Psychoanalytic Approach

In psychoanalytic literature, Sullivan, Horney, and Fromme all acknowledge the importance of self-esteem while Adler utilizes self-esteem as a central theme (Coopersmith, 1967). Sullivan explained the self in terms of interactions with significant others and introduced the notion of individuals guarding against the loss of self-esteem. Horney was convinced that the antededents of poor self-esteem were found in the parent-child relationship, while Adler felt that low self-esteem was the result of an actual deficiency in some area of the personality. For him the antecedents of low self-esteem were the unavoidable feelings of inferiority, the reaction of his environment (family, peers, etc.), and an overindulgence or pampering of the inferior individual.

Unfortunately there is very little experimental research on self-esteem from a psychoanalytic perspective to substantiate their beliefs. From a broad psychoanalytic perspective,"the first regulator of self-esteem is the supply of satisfaction from the outside" (Blum, 1966, p. 7). This primitive development of self-esteem then leads to the situation where "self-esteem becomes contingent upon tokens of love and affection from the more powerful adults" (Blum, 1966, p. 8). This is all occurring within the framework of an evolving ego and superego, with self-esteem evolving in conjunction. During the adolescent period, the superego is growing in importance, and the ego is increasing its ability to keep an acceptable balance between the id and the superego.

From Erikson's psychosocial perspective this evolution culminates during adolescence when the individual must deal with the identity vs. identity diffusion stage of development. During this stage the individual is seeking to fully identify himself and determine the relationship of the 'self' to the rest of the environment. A successful self-esteem then is the result of successful resolution of all of the stages up to and including this stage. In accordance with psychoanalytic teachings, "submission to superego forces enhances a person's self-

esteem. Resistance to them usually results in feelings of remorse and unworthiness" (Blum, 1966, p. 6). As with other psychoanalytic constructs avoidance of anxiety is a key feature. In submission to the super- ego, avoidance of anxiety is promoted, while resistance to the superego results in conflict which generates anxiety. This assessment lends itself to the notion that the individual is resistant to change, with change oc- curring only under circumstances of great stress or temptation, and when significant people, i.e., their interpersonal environment, change (i.e., through death or other change). As the individual's self-esteem becomes more stable, actions which threaten the in- dividual's notion of himself become more anxiety pro- ducing and the whole realm of psychodynamic defenses come into play in order to protect the individual's notion of self. These defenses account for individuals who overtly act as if they have high estimations of themselves while privately or unconsciously they have low estimations of themselves. It is their compensation and distortion of reality which is of concern in therapy. While self- esteem is viewed as important, there are no psycho- analytic techniques especially designed to deal with self-esteem; rather the traditional methods of inter- pretation are utilized to try and resolve the unresolved conflicts. With the adolescent period being one of

identity confusion the individual is expected to be highly sensitive to threats to the self-esteem and, depending upon his own personality structure, will behave accordingly.

Unfortunately little psychoanalytic research is available on self-esteem and adolescence, with most of it devoted to strictly theoretical constructions or to treatment procedures with adults. This has made it difficult to assess it as a valid theory or therapy for use with the adolescent.

Phenomenological Approach

The phenomenological perspective also views self-esteem as an extremely important construct. Since the individual's perceptions are seen as a critical determinant of the individual's behavior, it stands to reason that his perception of himself would be a critical factor. Rogers (1965) discusses the importance of the self to this perspective.

> ...much of what occurs in the process of therapy seems best explained in reference to the construct of the self. The self has for many years been an unpopular concept in psychology, and those doing therapeutic work from a client-centered orientation certainly had no initial leanings toward using the self as an explanatory construct. Yet so much of the verbal interchange of therapy had to do with the self that attention was forcibly turned in this direction. The client felt he was not being his real self, and felt satisfaction when he had become more truly himself. Clinically these trends could not be overlooked. (p. 136)

A great deal of the client-centered therapists' energies have been spent on getting individuals to accept themselves regardless of whether the individual is a child, an adolescent, or an adult. Since the period of adolescence represents a time of solidifying the personality and the establishment of identity, it plays a crucial role in the individual's acceptance of himself. The development of self-esteem within the individual, as in the psychoanalytic formulations, is theorized to involve the interaction with others.

> As a result of interaction with the environment and particularly as a result of environmental interaction with others, the structure of the self is formed - an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the "I" or the "me," together with values attached to these concepts. (Rogers, 1965, p. 489)

Psychological adjustment, and maladjustment, is viewed in terms of the self-concept, specifically the discrepancy between the individuals' real and ideal selves. It has been noted in several sources (i.e., Rogers and Dymond, 1954; Mussen, Conger, and Kagan, 1974) that patients seeking therapeutic help often complain of feelings of unworthiness and inadequacy, and are not living up to their potential.

An outgrowth of these theoretical perspectives has been the development and use of a Q-sort technique both of the self and an ideal self with the degree of mal-

adjustment in the individual linked to the discrepancy between his actual and ideal-self. The Q-sort has been utilized with both adjectives and statements which the individual is required to sort according to specific instructions. One of the objects of therapy then is to reduce this discrepancy. Roger's concepts of unconditional positive regard and the creation of the proper nonjudgmental therapeutic atmosphere are critical in the reduction of this discrepancy. Supposedly when an alternate self (i.e. the therapist) looks at the individual without judging him it allows the individual to do the same. That is, the person can look at himself realistically and begin to change those aspects of himself that he chooses to change.

Besides Rogers, other phenomenologically oriented psychologists have also placed great importance on self-esteem. For example, Maslow's use of esteem in his hierarchy of needs, and its role in self-actualization demonstrate his concern for self-esteem. Stringer (1971) sees it as an important psychosocial resource that helps individuals overcome the failures that cannot be avoided in everyday life. For Neuringer and Michael (1970) self-esteem is viewed as the most important value judgment that an individual has to make.

One element of this self-esteem which is viewed as

important by these theorists involves the standards by which the individual judges himself. Neuringer and Michael (1970) have cited unrealistic standards as responsible for creating conditions which lead to maladaptive behaviors, while Rogers and others have viewed societal pressures as one cause for people not reaching their full potential due to the unhealthy and unrealistic standards society ascribes to and subtly or not so subtly coerces individuals into maintaining.

While this notion is primarily the result of a phenomenological perspective, it is strikingly similar theoretically to a cognitive conceptualization of personality and individual maladjustment. Ellis and Harper have relied heavily upon inappropriate personal standards as a crucial causative agent in maladaptive behavior (1975). For those individuals seeking psychotherapy the general trend is for them to hold excessively high and unrealistic standards. The individual then generates derogatory self-statements emphasizing how "awful" he is, how "stupid," how "foolish," how "incompetent," etc. Whereas the client-centered approach talks about therapy in an overall climate conducive to change, helping the individual to expand awareness and accept himself in general terms, Ellis chooses to deal directly with the unrealistic standards

through a rational/educational approach, and to deal directly with the derogatory self-statements by substituting more rational self-statements. For Ellis and other cognitively oriented therapists (Meichenbaum (1977)), an individual's thoughts act as cues for the individual's feelings, and through control of or manipulation of the individual's thought patterns (i.e., rational assessment of the situation and self-statements), the feelings of unworthiness and low self-esteem can be altered. Crucial to the problem of self-esteem is the 'irrational' notion that individuals associate success with worth. In order to increase self-esteem, then, the individual must learn to accept a more 'rational,' realistic viewpoint, namely that people have intrinsic worth independent of what they do.

> As we must keep insisting in this book, you are
> "good," "worthwhile," or "deserving," if you
> want to use these very poor terms, simply
> because you are, because you have aliveness.
> (Ellis and Harper, 1961, p. 93)

While the practical approaches to therapy for Ellis and Harper contrast with the approaches of the phenomenologists, it is apparent from the last statement that there are significant similarities in theory.

Behavioral Approach

From the strictest behavioral viewpoint the construct of self-esteem would be untenable because of its

subjective nature and the impossibility of direct ob-
servation and measurement of the construct. A somewhat
less dogmatic approach would acknowledge that there is
such a thing as evaluation of the self, but assert that
the problems of operationalizing, measuring and re-
searching it would make it of secondary importance to
those behaviors which could easily be operationalized,
measured, and studied. The problem then would be one
of identifying specific overt behaviors which the person
negatively evaluates and changing the individual's overt
behavioral functioning in each area that causes concern.

While this is a simplified approach in one sense,
dealing strictly with overt behavior and applying
learning theory principles, it becomes quite complex
when applied to a problem such as delinquency. Be-
haviors ranging from complex social skills to simple
personal hygeine could theoretically be involved in a
low estimation of self and require modification to raise
that estimate. The strict behaviorist views concepts
such as self-esteem as unimportant compared to the
problem of getting the individual to function better
(overt behavior) in the environment. The thinking is
that as he functions better the self-evaluations will
also improve.

Other behaviorists see this as a valid approach, but

feel that it does not encompass enough of the individual's functioning to account for all of the individual's behavior. Others simply argue against the universality of any treatment and look for a more comprehensive approach to cover such aspects of the individual as his cognitive functioning. Ince (1972) describes a case in which the client was "behaviorally" cured (had met all of his behavioral goals), but "felt" no better than at the beginning of therapy. This situation calls for intervention beyond the treatment of the overt behaviors to include the treatment of his negative feelings, i.e. his negative self-evaluation. Kanfer (1976) comments on the necessity of attending to behaviors in addition to the primary target behavior. "In many clients any behavior or conditions which enhance or oppose change become the primary targets before the problem behavior per se is attacked." (p. 6)

The expansion of the behavioral model to include cognitive processes and other subjective states has been necessary to accommodate the need for additional therapeutic intervention and to form a more comprehensive theoretical base. From this expanded behavioral viewpoint the critical element in self-esteem is the self-evaluation process and its relationship to overt behaviors.

> Often a person's performances are appropriate and
> adequate; his problems mainly involve inappro-
> priate evaluation and self-reinforcement for
> objectively adequate achievements. Proper as-
> sessment of these problems requires analysis of
> the performance criteria and conditions that guide
> the person's self-rewards and self-punishments.
> When the referent behaviors are appropriate but
> the constructions about them are problem pro-
> ducing, alterations in the constructions (stan-
> dards, labels, self-reactions), rather than in
> the behavior to which they refer may be re-
> quired. (Mischel, 1968, p. 229)

The self-evaluation process includes "objective" eval-

uation of performance, comparison to a standard, and

comparison with expectations, which serve as cues to

elicit cognitive, emotional, and behavioral responses

within the individual. The evaluation process, while

it can be specific in nature, lends itself to an overall

judgment with each specific evaluation being weighted

according to its value to the individual. Altering a

self-evaluation on one aspect of an individual's be-

havior then would probably not be sufficient to alter

his overall self-esteem, and yet it could if it occurs

in a significant area of the individual's life. Never-

theless if the responses mentioned above become mal-

adaptive and influence other associated behaviors, then

there is a need for therapeutic intervention at either

the evaluation phase or the response phase of the be-

havioral chain.

Kanfer and Karoly (1972) in their model of self-

regulation have taken into account the process of self-evaluation and how it affects the behavioral process. Their model begins with the response feedback from the environment concerning prior behaviors. The individual, based upon his own unique history, makes a comparison of the feedback and the performance criteria. Based upon the outcome of this comparison and the individual's unique self-reinforcement ratio, the individual reinforces the behavior accordingly, while the judgment acts as a stimulus for the continuation of the behavioral chain partially independent of the situational variables. Bandura (1974) also suggests that personal and external reinforcers act simultaneously on the same situation.

> After self-reinforcing functions are acquired, a given act produces two sets of consequences: self-evaluative reactions and external outcomes. Personal and external sources of reinforcement may operate as supplementary or as opposing influences on behavior (p. 861).

Theoretically, intervention to effect outcome behaviors could be focused on any part of the process including changing social norms, adding different experiences to the individual's reinforcement history, coverant control of the cognitive process, altering response feedback, altering the self-reinforcement rate, altering self-reinforcement criteria, or altering the individual's expectations. Different approaches have focused on different aspects of the process.

Several researchers point to the lack of sufficient self-reinforcement as a cause of low self-esteem, and hence increasing the rate of self-reinforcement as a cure for low self-esteem. Marston and Cohen (1966) define self-reinforcement as either physical or verbal reinforcement that the individual administers to himself without direct external control. It is this relative lack of self-provided positive reinforcement and the excess of negative self-reinforcement that is thought to foster low self-esteem. People with this problem often rely heavily on the environment for reinforcement, which as a source of reinforcement is undependable and threatening (Marston, 1965). Craighead, Kazdin, and Mahoney (1976) also report the role of austere criteria for self-reinforcement as a prime cause for feelings of worthlessness.

Others have proposed to alter the verbal behavior, i.e., negative self-statements, to produce consequent changes in self-esteem and ultimately behavior. Krasner (1963) justifies this belief by noting that verbal behavior is a real behavior that can be objectively measured.

> There is good reason for this: Verbal behavior is in itself a real behavior, and changes in verbal behavior reflect real changes in behavior. Physiological correlates are influenced by verbal behavior change (p. 601).

Marston (1965) views the verbal component as a link between the self-evaluation process and the self-reinforcement process.

> One can view self-reinforcement as a link
> between the self-concept and overt behavior.
> Whenever the self-concept is verbalized it involves
> a series of self-evaluative statements which,
> if made by another person, could have the effect
> of a reinforcement (either positive or negative)
> p. 2).

Ince (1970) and others have shown that the number of positive self-referent statements of subjects can be altered significantly through differential reinforcement by the therapist's responses (in this case Ince used the responses 'mmh' and 'good').

Taking the altering of verbal behavior one step further, Homme (1965) talks about utilizing coverant controls to alter negative thinking. The use of coverant controls calls for the client to discriminate between positive and negative thoughts, and then utilizing learning theory principles to alter them. The assumption is that private events, i.e. cognitive events, follow the same principles as overt behavior. Reinforcement of incompatible positive thoughts in conjunction with the Premack principle (making the positive thoughts contingent upon a high probability behavior) is often utilized in coverant control procedures. Thus the positive thoughts increase in occurrence leaving

less opportunity for the negative thoughts to occur.
Related attempts to modify the self-regulating process
include manipulation of performance expectancy (Aronson
and Carlsmith, 1962; Brock, Edelman, Edwards, and
Schuck, 1965). Still others have utilized the develop-
ment of concrete realistic performance criteria in mani-
pulating reinforcers (Rhem and Marston, 1968).

These methods, then, in conjunction with straight-
forward attempts to improve objective performance or
objective evaluation through authoritative feedback, form
the bulk of the behaviorally oriented responses to low
self-esteem. Since behavior is acquired similarly by
children and adults, there is no special theory or
therapeutic considerations for adolescents, except as
they exhibit sufficient cognitive abilities to par-
ticipate in therapeutic strategies requiring certain
levels of understanding or cooperation. This is not
tied to age but to individual abilities.

Treatment Strategies for Altering Self-Esteem

Although not completely understood or sufficiently investigated, self-esteem is clearly related to behavior from an empirical and a theoretical perspective. The question remains: How can it be modified therapeutically, particularly as applied to adolescents? This question seems to be especially important in view of the link between self-esteem and juvenile delinquency, the fact that individuals seeking therapy complain of low self-esteem, and because of the suggested link between self-esteem and other positive behaviors.

Psychoanalytic Research

The use of psychoanalytic treatment techniques with adolescents is not widely reported in the literature. Although self-esteem is central to several of the psychoanalytic theorists its role has not been scientifically pursued. Hollon and Zolik (1962) demonstrated a positive relationship between psychoanalytic treatment and the increase of self-esteem similar in magnitude to that found by the client-centered studies. Archer (1974) studied six self-analytic groups and discovered that the more powerful individuals in the group increased in self-esteem, while those not powerful to begin with exper-

44

ienced a decline in self-esteem thus showing no overall effect. In view of the sparsity of available research from a psychoanalytic perspective, particularly with respect to adolescents, it seems that psychoanalytic procedures may not hold much promise for addressing problems of self-esteem and adolescence. If the psycho-analysts, in fact, believe that their approach does have some application to adolescents then they need to begin a concerted scientific examination to support their view.

Phenomenological Research

The evidence linking the phenomenological therapies to self-esteem change is more compelling. Raimy (1948) was the first to demonstrate positive self-esteem changes from therapy. Using the Q-sort method, Butler and Haigh reported (in Rogers and Dymond (1954)) an experiment utilizing 29 male and female subjects be-tween the ages of 21 and 40. Two control groups were used, one a group of individuals who volunteered for a personality research program and were matched with the experimental group by age, sex, and student status. The other control group consisted of half the experimental group randomly selected, whose treatment was delayed for sixty days. All subjects completed a self-sort ("Sort these cards to describe yourself as you see yourself today, from those that are least like you to those that

are most like you"), and an ideal-self sort ("Now sort these cards to describe your ideal person - the person you would most like within yourself to be" (p. 55)). Pre and post measures yielded discrepancy and change scores for each individual. The experimental group was engaged in client-centered therapy requiring a minimum of six sessions, while the controls were given no treatment other than the pre and post measures. The results were significant and revealed a decrease in the discrepancy scores for the experimental group and no change for the controls. In addition, those in the experimental group were judged by the therapists as 'definitely improved' or 'not definitely improved.' When these groups were compared, those judged 'definitely improved' showed an even greater decrease in the discrepancy score. While this study demonstrated that client-centered therapy is effective in changing self-esteem, it did not answer the question as to whether it was the "real" or "ideal" self which underwent change.

Rudikof, reported in Rogers and Dymond (1954), analyzed the data from eight of the subjects from Butler and Haigh's study who were in the sixty day wait group. This analysis showed that these subjects had significantly lower discrepancy scores after treatment, and furthermore that only a small part of the improvement

was due to adjustment of the ideal-self with most of
the change resulting from increased valuation of the
self. Her analysis of this group also demonstrated
that the more well adjusted individuals (as measured by
Dymond's Adjustment Index) held higher ideal selves
than those who were more maladjusted. Again discrepancy
scores remained constant for the control group.

Sheerer (1949) also showed the positive effects of
therapy, as well as demonstrating a significant rela-
tionship between the evaluation of others and of self.
As self-esteem increased so did the individual's posi-
tive evaluation of others. To ensure that these reported
effects were due to the treatment and not some artifact,
Vargas (1954) studied the differential effects of the
waiting period on self-esteem. He found that self-
esteem remained constant over the sixty day waiting
period, increased during client-centered therapy, and
for some individuals continued to change in a positive
direction after therapy was terminated. These results
are consistent with those reported by Butler and Haigh,
and Rudikof, reported in Rogers and Dymond (1954).

To determine if the attention paid to the self in
the testing process accounted for the results, Taylor
(1955) studied the effects of administering the Q-sort
to individuals. He concluded that administration of the

Q-sort in and of itself generates sufficient intro-
spection about the self and ideal-self to promote an
improvement in the discrepancy scores. This effect was
found to be smaller in magnitude than the effect of
therapy plus the administration of the Q-sort, supporting
the contention that client-centered therapy is effective
in enhancing self-esteem.

There is also some evidence that client-centered
therapy is effective with the adolescent population.
Hansen, Moore, and Carkhuff (1968) conducted a study
using seventy eighth to twelfth grade students from nine
different public schools in New York State. They pro-
vided client-centered therapy to these students who
had been identified by their teachers and counselors as
behavioral problems. There were two sessions a week for
six weeks, with pre and post Q-sorts administered to
assess the effects of treatment on the individual's
self-concept. In addition the counselors were rated by
independent, trained observers on dimensions of coun-
selor empathy, congruence and unconditional positive
regard. The subjects also rated the counselors on these
same dimensions when treatment was over. The results
showed significant increases in self-concept for the
subjects, with especially large changes in self-concept
for those whose counselors received high ratings on all
three of the dimensions tested. Surprisingly there was

no relationship between the subjects' perceptions of the counselors and the change in self-concept, while there was a significant correlation between trained rater's assessment of counselor empathy, congruence, and unconditional positive regard and the change in self-concept. Even though the adolescent subjects were not perceiving the qualities mentioned, their self-concepts did increase, thus confirming client-centered therapy as potentially useful in helping adolescents improve their self-concept.

Additional support for this view comes from a study by Baymurr and Patterson (1960) which utilized thirty-two high school students identified as under-achievers who were divided into four groups. One group received ten to twelve individual counseling sessions once a week, a second group received nine group sessions, a third group received a one time motivational speech, while the fourth group acted as a control. While the study dealt with several variables, the most important one with respect to this paper was the significant increase in self-concept shown by the first group. The failure to find a similar increase in the second group's self-concept was explained by the reported failure of the group to evolve into a "successful" client-centered type of group. Nevertheless this study also supports

the notion that client-centered therapy can be utilized successfully with adolescents.

The studies noted above provide information on a client-centered approach as provided in an individual client-therapist interaction. Group processes have also been promoted as beneficial to the self-esteem of the participants. Kimball and Gelso (1974) show positive changes for individuals participating in a thirty-six hour marathon. Martin and Fischer (1974) studied thirty-eight male and female college students exposed to thirty hours of encounter group experience, and although there was an increase in overall self-esteem the findings were not statistically significant. Failure to take into account the differential effects of the experience on individuals within the group may have masked legitimate effects of the group experience.

It does seem clear, however, that client-centered therapy does in fact promote positive self-esteem changes. The research available is not sophisticated enough to reveal just what aspects of the therapy process are responsible for the enhancement of the self-esteem. As suggested by Coopersmith's research, the establishment of well defined limits, coupled with flexibility for the individual to move within the limits may be an important part of the process. These conditions are met within

the client-centered framework. The most serious short-coming of the research for the purposes of this study is the lack of adolescent subjects in the experimental groups. While the applicability of this approach has not been clearly established with adolescents, it is evident that the potential of client-centered therapy to increase self-esteem is considerable, and worthy of application to adolescents. Considering the often verbal, symbolic, and abstract nature of the therapeutic process it would seem that sufficient cognitive skills necessary to grasp the process would be a consideration for use with adolescents.

Behavioral Research

An alternate approach concentrates on increasing the competence of the individual in one or more areas of his life and examining the effects of that learning. A study by Koocher (1971) supports the use of this approach with adolescents. Using 65 subjects age 7 to 15 he administered a Q-sort to yield self and ideal-self discrepancy scores, and then taught them to swim. Those who learned to swim reduced their discrepancy scores significantly. The results imply that through a normal process of increasing competence in the adolescent/child, self-esteem will be enhanced (providing that competence increases more rapidly than

expectations). This may account for the correlational data that shows self-esteem increasing slightly with age during adolescence since this is a period of increasing ability for the individual. From this experiment it would seem that random instruction in different physical skills could be used to increase self-esteem in some individuals. Rather than teach random skills, a more reasonable view would be to teach those skills that are likely to increase naturally occurring reinforcement from the environment, or that are valued by the individual so that he will administer more reinforcement to himself. These skills would be more likely to influence self-esteem than skills less related to environmental and self-reinforcement, or skills unrelated to the individual's values.

Clifford and Clifford (1967) and Kaplan (1974) utilized limited experiences to increase feelings of competence. Clifford and Clifford measured changes resulting from participation by adolescents in a survival training experience, while Kaplan studied the effects of a two week survival training program (Outdoor Challenge) on subjects age 15 to 17. In a separate study Payne, Drummond, and Lunghi (1970) used an adjective sorting task to measure self-esteem changes in school dropouts who participated in an Arctic expe-

dition. All three studies showed significant changes in self-esteem with no changes noted for control subjects, who came from the same populations as those selected for participation in the programs. These studies looked at overall effects, and thus the exact cause for the improvement in self-concepts cannot be firmly established. The experimenters speculate that the increased competence from learning survival skills, and the increased confidence derived from facing and handling problems encountered during the trips were responsible for the increases in self-esteem. Perhaps they felt that if they could handle problems related to survival, i.e. serious, real problems, they could handle other problems. Alternate explanations include the types of interactions with adults encountered on the trips, the special peer relationships encountered under these circumstances, or temporary improvements due to the absence of home or school environments.

In looking at more conventional attempts to alter self-esteem in adolescents, James, Osborn, and Oetting (1967) working with female adolescent juvenile delinquents age 13 to 17, utilized a group process with the main objective being to teach hygiene, personal beauty care, and to model appropriate feminine behavior. Treatment consisted of a voluntary group held once a

week for ten weeks. This group was a discussion rather than a therapy group with the objectives noted above. Significant increases in feminine identification and self-concept were noted, as well as voluntary changes in dress, attitudes, and other behaviors (not specified in the article). As noted before, the fact that the skills in question were of value to the subjects enhanced their overall effectiveness. Failure to use controls or to clearly specify, control, and study the group process that actually occurred makes it impossible to generalize the results except to say that under the conditions of this study, with the personnel and subjects involved, the teaching of the objective skills through this type of interactional process did enhance self-concept.

Woody and Woody (1975) also studied adolescent females with delinquent or behaviorally problematic backgrounds. Object and social rewards were used in a behavioral group counseling program as reinforcers, and treatment was objectively evaluated in terms of the attainment of behavioral goals. Increases in self-concept scores were obtained. Failure to separate the effects of the behavioral counseling from other parts of the program make it impossible to ascribe all of the self-concept changes to the attainment of their behavioral

goals, but it appeared to be a contributing factor.

Cole, Oetting, and Miskimis (1969) studied the effects of teaching social behaviors to delinquent adolescent females. These included such things as make-up, clothes, dating etiquette, the art of conversation, and ease in social situations. The treatment lasted for ten weeks with social approval utilized as the major reinforcer for the learning and exhibition of the skills covered. When compared to a control group of non-delinquent adolescent females who were also given pre and post self-concept tests, the experimental group showed significant increases in self-concepts. No attempt was made to determine which of the skills were related to the self-concept change, whether group interaction alone could account for the changes, to what extent the skills were successfully learned or assimilated into the subject's behavior, or what changes occurred in the subject's natural system of reinforcers as a result of participation in the program. In spite of these shortcomings, the end result was an increase in the self-concept of the experimental group.

A more carefully studied program dealing with adolescent delinquents is the Achievement Place project. They utilize a token economy to teach a variety of skills, with special emphasis placed on the teaching of

appropriate social skills. Using a semantic differential measure of self-esteem, the subjects at Achievement Place were given pre and post tests, with the results compared to a control group of eighth graders who were not known to be delinquent. The results showed significant improvement in the self-esteem of the experimental group members compared to the control group. In addition to increases in self-esteem, other behaviors (namely, recidivism, school performance, and court contacts) have been shown to be altered in a positive direction (Phillips, Phillips, Fixsen, and Wolf, 1971). The added benefits of this approach make it particularly appealing as a treatment alternative with juvenile delinquents.

The studies presented here make an excellent case for the teaching of social and other personally meaningful skills to adolescents with low self-esteem. Even so, these methods cannot be considered the ultimate in treatment. What about those individuals who, in spite of this treatment, did in fact maintain their low self-esteem? What about those individuals who in spite of objective behavioral improvement continue to maintain negative self-esteem? For these people it appears that additional intervention into cognitive and affective areas is necessary.

The next logical step from a behavioral perspective is to look at the modification of self-references or verbal self-statements. From a clinical perspective this would be indicated where persistent negative self-statements either interfered with initial treatment attempts or persisted after 'behavioral' success was achieved. Rogers (1960) conditioned verbal behavior by differentially reinforcing positive and negative self-references during an interview (he used head nodding and 'mmh' responses to manipulate the subject's responses). Flowers and Marston (1972) applied this idea successfully to children by reinforcing statements of "I can do it" and "I think I can" in children age 10 to 13. They noted an increase in self-confident behaviors which could then be reinforced to ensure continuation of that behavior. Ince (1970), and Lapuc and Harmatz (1970) were both able to alter the number of positive self-statements made by an individual through the use of contingent social approval.

Marston (1968) utilized external reinforcement to increase the number of positive self-evaluative statements by children, and linked their increase with an increase in self-confident behaviors. This supports his contention (1969) that self-evaluative statements can serve as rewards for learning and as motivation for

performing the behavior being evaluated.

Expanding on the evaluative aspect of this treatment, Rhem and Marston (1968) took shy freshman college males and gave them four weeks of training in self-evaluation, requiring the subjects to write down the criteria for success and use the written criteria in later evaluating their behavior. During the session, the subjects rewarded themselves for self-evaluations (either positive or negative), and the experimenter praised behavioral success. In the case of failure the experimenter merely asked the individual what he would have to do to be satisfied. Independent reports of behavioral success were obtained. Through this process the subjects reported larger increases in self-concept than the non-directive treatment, or the control group. Thus concentration on more objective self-evaluation and encouragement of more frequent and less stringent self-praise can increase self-concept, improve behavior, and allay anxiety. These studies show clearly that self-esteem can be altered through altering the number of positive self-statements and through increased self-evaluation.

The next logical step is to modify the covert thoughts and or emotions related to a negative evaluation. Todd (1972) utilized a procedure of coverant

conditioning in which a depressed female generated six
positive statements and was to read one or two of them
to herself every time she had a cigarette (the assumption
being that when she reads them to herself or thinks about
the positive statement she will change her cognitions).
In conjunction with other treatment strategies, it re-
duced the number of negative self-thoughts. This ap-
proach differs slightly from the previously reported
approach in that it is not necessary for the subject
to actually verbalize the statements (although there
probably is some subvocalization occuring). All that is
required is that the individual 'think' the statement,
thus altering a purely private behavior as opposed to
verbalizations which can be monitored by someone other
than the subject.

Susskind (1970) takes this line of thinking a step
farther using reinforcement of an idealized self-image
to promote behavior change. The goal of this therapy
is the development of a positive identity and an increase
in self-esteem. It begins with the individual develop-
ing a concrete description of his ideal-self. The
therapist works with the individual to ensure that the
ideal self-image is realistically attainable. Next the
individual visualizes attainment of qualities of the
idealized self-image by recalling an incident or exper-

ience in which the individual acted in accordance with their idealized self-image and was accompanied by a feeling of accomplishment. The individual is then directed to extend this feeling of accomplishment and success to everything the individual does in the present and plans to do in the future. After going through this process the individual is told to imagine identifying with the idealized self-image. It is obvious that the individual must be able to successfully accomplish all steps in the process for it to be effective. No technique for helping individuals through these steps was provided other than to direct the subjects to visualize these things happening. While Susskind has demonstrated success with this stragety in adults, it has not been studied with adolescents, or with varied adult populations to determine with which groups this treatment might be effective. This would seem to be an important question to answer in view of the required steps through which the subject must progress. It is also possible that the attention to the self, or the process of working on a realistic ideal self-image may be the major factors involved in the changes noted, rather than the imagery.

Another approach involves the role of self-imposed constrictions on self-reinforcement.

> A large portion of the clients seeking psycho-
> therapy, however, present relatively competent
> repertoires and are not excessively inhibited in
> their social behavior. The clients experience a
> great deal of self-generated aversive stimulation
> and self-imposed denial of positive reinforcers
> stemming from their excessively high standards
> for self-reinforcement, often supported by
> comparisons with historical or contemporary
> models noted for their extraordinary achieve-
> ments. (Bandura and Kupers, 1964, p. 8)

The individual may also compare himself to other people

that he knows, i.e., a parent, friend, or sibling,

with whom he cannot compete. Kanfer and Marston (1963)

utilized sixty male undergraduates to demonstrate that

rates of self-reinforcement could be altered through

operant conditioning. Subjects were presented with a

pseudo-perceptual task in which "subliminal" stimuli were

presented, and the subjects told to select a response

and then estimate the correctness of their response.

In fact no stimulus was presented, allowing the ex-

perimenter to set up two experimental conditions, one

in which those judging themselves to be correct are

positively reinforced, and one in which they are

negatively reinforced. A separate group was given the

task without any feedback to control for effects of

the task. The effect of the experimental procedures was

to create a situation where in essence the subjects are

reinforcing themselves by judging themselves to be

correct or incorrect. Differences in the experimental

groups were significant and showed that self-reinforcement could be altered through operant conditioning (the control group showed no effects from the task). The effect on self-esteem of this type of manipulation was not studied, but they proposed that it be used in conjunction with a program to make the self-reinforcement contingent upon accurate self-evaluation and predetermined criterion. This combination of approaches would seem to address a number of the factors postulated in the cognitive behavioral model. While this bears more consideration from an empirical approach, there also needs to be attention given to establishing the carry over from this manufactured, laboratory situation to situations that have more relevance to everyday living.

The following studies are reported only to show the variety of directions which have been investigated and will not be reviewed in depth. Studies by Patterson, Helper, and Wilcott (1960), and Cautela (1965) relate a decrease of anxiety to new verbal acquisitions, and to an increase in the responsiveness of the individual to previously aversive stimuli. This suggests that where anxiety is high, previously reported techniques may be ineffective unless the anxiety is alleviated first. This and generally applied self-confidence or assertiveness training are considered by some to be

broad brush attempts to promote change rather than a discriminating attempt to treat the individual cause of low self-esteem. Other attempts to alter self-esteem include one by Braucht (1970) utilizing verbal feedback in self-confrontation treatments in an effort to promote accurate self-evaluations. Three independent judges were utilized to determine the accuracy of self-evaluation. The results indicated that some individuals increased in self-esteem and some decreased in self-esteem in the direction of increased accuracy. Sanford (1969) used tape recorded feedback from the individual himself and concluded that it was effective in increasing the accuracy in self-evaluations. Blount and Pederson (1970) utilized video tape feedback to successfully increase the accuracy of the individual's self-evaluations of performance in a social context. Russo (1974) reported a situation in which juvenile delinquents were engaged in helping mental patients from a local hospital. The result was an increase in self-concept. Unfortunately no similar change in academic performance was noted. Other methods used include the use of role-reversal and mirroring (O'Connell, 1971), psychodrama and music (White and Allen, 1966), and art programs (White and Allen, 1971).

The main shortcoming of the data concerning these approaches is that only a limited number of them have been specifically tested with adolescents. Efforts need to be made to determine under what conditions and for which individuals certain approaches may be effective. The possibility also exists for combinations of techniques utilized in conjunction with treatments for problems other than self-esteem. Confirmation of these possibilities through scientific study is certainly preferable to assumption.

Implications

In assessing the implications of these data there seem to be two major areas of importance: prevention and treatment. In the area of prevention the data show that the adolescent's self-esteem remains fairly constant with a slight tendency to increase over this period of development. For the majority of individuals then the groundwork for self-esteem has already been laid. In order to develop adequate self-esteem, certain skills and beliefs need to have been acquired during childhood. Among them would be the ability to objectively evaluate their own performance without distortion, and appropriate attribution of responsibility for behaviors. Theoretically this could be taught by using sufficient accurate feedback from the environment and reinforcement for accurate evaluation. Insufficient feedback, inaccurate feedback, insufficient reinforcement, or non-contingent reinforcement of accurate self-evaluation could all be expected to create conditions which would lead to inaccurate self-evaluations.

Another critical aspect of adequate development of self-esteem would be the acquisition of a set of

beliefs which affirm the intrinsic worth of the individual. If the worth of the individual is felt to lie solely in accomplishments or in comparisons to others, it is unlikely that the majority of individuals will be able to sustain positive self-evaluations as there are always examples of people more successful or better in every aspect of living (unless you happen to be that one individual who is the best in the world).

A third critical area would be the development of realistic expectations and sufficient skills to allow the individual to perform up to these expectations. This would require appropriate role models and a sufficiently reinforcing environment to establish and maintain appropriate behavioral skills ranging from simple physical skills to complex social behaviors.

The individual's cognitive and affective functioning are assumed to develop congruently with each other and with the behavioral development given consistent patterns of reinforcement. Although these statements are phrased in behavioristic terms, they are not inconsistent with and are generally inclusive of the other major theoretical positions on self-esteem.

According to Coopersmith's study on the antecedents of self-esteem, this kind of learning takes place most efficiently in a home atmosphere in which there is ac-

ceptance, respect, and a clear definition of limits established in a manner that allows the child/adolescent maximum freedom within a consistent, reasonable framework. For continued development and maintenance of appropriate levels of self-esteem conditions need to be continuous and consistent. As the self-esteem becomes more and more stable over the course of adolescence, it can be expected to withstand more inconsistency from the environment as the individual relies more heavily on self-standards and self-reinforcement. As the individual during adolescence spends less and less time with the family and has more interactions with peers and with societal institutions, more responsibility lies with those groups to provide the proper environment to maintain adequate self-esteem.

Failure in childhood for the skills and the beliefs to be adequately developed or if an environmental breakdown occurs during adolescence sufficient to lower a previously adequate self-esteem, i.e. prevention of lowered self-esteem has failed, then the treatment techniques reviewed in chapter IV become necessary. This then is the second major area of concern in the study of self-esteem and adolescence.

The literature indicates that for a substantial number of adolescents behavioral improvement precedes

changes in self-esteem. As such behavioral improvement is indicated as an initial goal of treatment and can be expected to increase self-esteem in a majority of cases without specific intervention for self-esteem. This will be more effective when the individual himself decides what behaviors are important, related to his self-esteem, and in need of change. These behaviors can involve complex social behaviors, assertiveness training, or could be as simple as improving physical appearance. For those individuals who also display severely deviant behavior this will probably be accomplished within a highly structured institutional setting. For others it will occur in their natural environment, and as such the environment may have to be modified to produce the desired atmosphere conducive to positive self-esteem. In keeping with Coopersmith's findings, these behavioral changes can be expected to have maximum impact if done in a manner which acknowledges respect for the individual within a framework of clear, consistent and reasonable rules. In those cases where the behavioral improvement is not coupled with improvement of self-esteem, other aspects of the process should be examined.

In dealing with these other aspects of the self-esteem process, belief in the intrinsic worth of the

individual appears also to be critical, for if the in-
dividual believes in this worth and can learn to accept
himself without degrading himself or distorting reality,
positive changes become more likely. This belief in
intrinsic worth may be attacked from a client-centered
perspective, a rational/teaching perspective, a group
discussion perspective, or through modeling.

Other aspects also seem amenable to a variety of
intervention strategies including accurate self-
evaluation, accurate attribution of responsibility for
behavior, modification of unrealistic standards, ex-
cessive negative self-statements or thoughts, lack of
sufficient self-reinforcement, or environmental feed-
back. While strategies for intervening in these as-
pects of the process exist there has been little effort
made to develop clinical assessment techniques or pro-
cedures to identify which part of the process needs
modification or which individuals are likely to respond
best to which kinds of treatment. Since the inter-
vention strategies seem to be largely a function of
personal preference on the part of the therapist it
seems essential that work be done in this area to ensure
that individuals including adolescents who are in
psychological distress can be assured of quality treat-
ment with some assurance of successful outcome.

This as well as additional competent investigation into the specific factors involved in self-esteem especially related to children and adolescents seems necessary. Hopefully as the investigation process becomes more sophisticated there will be a decrease in unclear or irresponsible research which has served to cloud the issue so far.

Summary

Self-esteem is a subjective event whose best estimate is the individual's overt behavior, including what he reports his estimation of himself to be. While this introduces problems in researching the construct, the theoretical and the suggested causal relationship with behavior warrants the investigation of this phenomenon. It has been correlated with a variety of variables including academic success, intelligence, and social competence. This and other data does not clearly establish a causal relationship between self-esteem and overt behavior, but is highly suggestive of a causal relationship.

Theoretically the concept of self-esteem is of primary importance to the psychoanalytic theories, and the phenomenological theories. While self-esteem is of only secondary importance to the behaviorist viewpoint, it is of interest to the cognitively oriented behaviorists where a majority of the scientific investigations of the construct has occurred.

For psychoanalytic theorists, adequate resolution of the psychosexual stages of development results in

the adequate development of self-esteem, and culminates in full identity formation during adolescence. Changes in self-esteem are thought to be very difficult to obtain and require great stress or changes in significant others. Therapy involves analytic interpretation in an attempt to bring resolution to the unresolved conflicts. Typical psychoanalytic techniques of interpretation to work through resistances are the mainstays of the psychoanalytic treatment approach. These have been shown to improve self-esteem with successful treatment of adults, but no concrete research was available concerning adolescence. Before it can be considered as a viable alternative for treatment with adolescents it should be scientifically pursued.

For the phenomenological theorists self-esteem is developed through the interpersonal relationships one has during childhood. A person's feelings of self-worth are often damaged by rigid societal standards of evaluation which overlook the individual's intrinsic worth and hinder the ability of the individual to accept himself. As these perceptions of the self distort reality, they prevent the individual from functioning up to his potential. From a client-centered viewpoint this process of therapy involves the establishment of a nonjudgmental atmosphere so that the individual can begin to accept

himself for what he is, perceive reality with less distortion, and allow the self-actualization process to continue uninterrupted. Empirical evidence supports the effectiveness of this therapeutic approach in increasing individual self-esteem. The generalization from the adult population to the adolescent has not been sufficiently shown, but other evidence of the antecedents of self-esteem (Coopersmith, 1967) tend to support the therapeutic conditions outlined by the client-centered approach as necessary for the enhancement of self-esteem.

From the behaviorist's perspective self-esteem involves a cognitive process which includes the initial performance on a behavior, its subsequent evaluation with relationship to internal standards and the resultant self-reinforcement or self-punishment. In conjunction with this process there may be positive or negative self-statements or cognitions which can act as reinforcers for overt behavior. Any section of this process may be involved in an unrealistically low self-esteem. A variety of techniques have been developed to deal with the different aspects of the process. The obvious starting point is to increase the competence of the individual in that area which he values himself so lowly. This approach has proven particularly effective with adolescents involving the teaching of

skills from personal hygiene to wilderness survival and social skills. Approaches involving coverant control, anxiety reduction, direct manipulation of self-reinforcement schedules and criteria for reinforcement have also proven effective, but have not been widely used with adolescents. These approaches are indicated for use when straightforward behavioral improvement is not accompanied by parallel changes in verbal, cognitive, and evaluative behavior.

The implications of the data reviewed involve prevention of inaccurate or excessively low self-esteem by identifying the conditions which precede the development of adequate self-esteem. These include having clearly defined limits, consistent enforcement, respectful treatment, and parental concern. These conditions would seem to be applicable to the institutions which interact with the individual as well as his family.

If the process of initial development somehow fails then some form of therapeutic intervention may be necessary. Increasing competence through training or manipulation of reinforcement has been used effectively with adolescents. Other behaviorally oriented techniques have been used less extensively with adolescents and their appropriateness is not concretely proven; however, the potential for their use in cases which indicate the

use of these methods according to the cognitive model is established, but deserves more examination in use with adolescents.

In the last analysis, and in the absence of adequate instruments to specifically pinpoint the problems, it is up to the clinician to utilize his judgment in assessing therapeutic priorities and in fact the specific areas creating the problems. Although the clinician's perspective is determined by his individual preferences, the client brings first hand knowledge and experience of the problem, and as such must play an integral part of the decisions. It is his needs and value system which should be the directing force in therapy, not preconceived notions which are too easily relied upon.

Appendix A

Summary of Results from Coopersmith's Study (1967)

<u>Behaviors/conditions correlated with high self-esteem</u>

More likely to resist conformity
More creative
More willing to make people angry
If mother employed for over 12 months, higher self-esteem
Stable mother
Achievement oriented parents
Parents believe mother should care for child
Mother accepts her role
Closer relationship with father
Father leading decision maker
Mother tells child what to do daily (sets up routine)
Child started walking early
Mother's estimate of child's effectiveness high
Mother's estimate of child's intelligence high
Child rates self as smarter than average
Higher level of affect
Report self as happy
Prefer occupation of professional
Higher self-ideals
Smaller differences between self-appraisals and ideals
First or only child
Consistent use of bottle or breastfed
Time spent generally with others
Siblings supportive
If mother has good relationship with her peers
Strong affection from mother
Closeness with mother
Degree of agreement with child's views and family's
Parents believe that a child is happier if parents show
     interest
Mother more available to child
Parents believe that doing things with children make it
     easier for them to talk
Mother believes that child happier with strict training
Consistent rule keeping
Child believed that most punishment deserved
Parents believed in effectiveness of punishment
Parents believed that permissiveness leads to loss of
     definition of values
Parents exerted high to moderate degree of control

Appendix A (cont)

Establishment of and enforcement of rules
Parents believe that child has a right to his own
    point of view
Parents don't feel that they should have their way
    all the time
Parents believe that children should have some say in
    making family plans
Parents use discussion and reasoning to get the child's
    cooperation
Parents believe that child should be protected from
    jobs which might be too tiring or hard

Behaviors/conditions correlated with low self-esteem

More likely to conform
More sensitive to criticism
More self-conscious
More concerned with inner problems
Lower social class
More likely to have unemployed mother
Accommodation oriented parents
Mother needs more time to rest
Mother dissatisfied with father's job
Mother and father conflicting views
More anxious
More psychosomatic problems
More destructive behavior
Mothers believed that children would make up stories
    for attention
Parents used withdrawal of love as punishment
Parents used punishment more than reward
Mother more likely to administer punishment
Belief that child should not question thinking of
    the parent
Parents decide child's bedtime

Behaviors/conditions shown to be unrelated to self-esteem

Religious beliefs
Whether a mother works or not
Physical attractiveness
Health
Aggressive behavior
Delinquency
Aspirations
Small versus large families

Appendix A (cont)

<u>Behaviors/conditions shown to have a curvilinear
relationship</u>

Mother anxious about child sleeping outside the home
Parental protectiveness
Father's aspirations for son high
Mother's belief on child's right to privacy

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