SELF-CONCEPT OF BLACK ADOLESCENTS WITH AND WITHOUT SICKLE CELL ANEMIA

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ALETHA M. WRIGHT, B.S.N.

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We hereby recommend that the THESIS prepared under our supervision by ALETHA MARIE WRIGHT entitled SELF-CONCEPT OF BLACK ADOLESCENTS WITH AND WITHOUT SICKLE CELL ANEMIA

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CHAPTER I

INTRODUCTION

Throughout the ages, intriguing questions for man have been Who am I?, What am I?, and Why am I? In his quest for an understanding of himself, man has developed theories which help to explain "self." Theologians, philosophers, and scientists have proposed theories which have often been accepted as an explanation of man's inherent tendencies. The literature of the nineteenth and twentieth centuries has proposed many theories of man's search of self.

During the latter part of the nineteenth century with the emergence of psychology as a science, the self was considered through scientific as well as philosophic hypotheses. The self-concept is important because of its usefulness in providing an understanding of human behavior. This prediction of human behavior begins in late infancy and extends throughout late infancy, childhood, adolescence, and adulthood.

Adolescence is a period for choice and change, and rapid physiological and psychological development in preparation for adulthood. These rapid phases of

development include physical and sexual growth and emotional, social, and intellectual maturation. During infancy and childhood, the offspring is nurtured and guided by parents and other adults, but the adolescent is expected to begin being independent. This transition from dependence toward responsibility occurs because the adolescent is maturing physically, intellectually, and sexually. The rapid physical, emotional, and psychosocial changes that occur during adolescence produce conflicts and maturational crises for the adolescent. The conflicts include disillusionment, difficulties with achievement, and problems of competencies.

Since all adolescents face many difficulties as they mature physically, emotionally, and psychosocially, adolescents with sickle cell anemia may have more difficulties because of their illness. Adolescents with sickle cell anemia have delayed growth and development (Whitten, 1961). For an adolescent to be developmentally different from other adolescents is traumatic. A chronic illness such as sickle cell anemia with its frequent acute episodes may affect an adolescent's mental as well as physical state. A positive self-concept could enhance the maturational process. A negative self-concept could make the maturational process more difficult. The self-concept

of black adolescents needs to be studied in order that more comprehensive health care can be made available to black adolescents with sickle cell anemia.

Problem of Study

The problem of this study was to determine if differences exist between the perceived self-concept of black adolescents with sickle cell anemia and black adolescents without sickle cell anemia.

Justification of Problem

Most of the literature on sickle cell anemia deals with scientific research, community screening, genetic counseling, and diagnostic methods. However, very little is written on self-concept of adolescents with sickle cell anemia.

The adolescent with sickle cell anemia has many concerns. Research has indicated that patients with sickle cell anemia have delayed growth and development. For the young adolescent the fact of being developmentally different from other adolescents is traumatic. The usual concerns of adolescents are delayed breast development, absence or slow growth of pubic hair, shortness of height, weight, delayed menstruation, and delayed development of the male genitals. Adolescents with sickle cell anemia

frequently question, "Why me?" and not other siblings in the family?

Except for some theoretic and clinical considerations, no substantive and quantitative data are presently available on the psychologic problems in general, and the personality-anxiety and self-image problems in particular, of children or adolescents with sickle cell anemia. There is insufficient information regarding these psychologic features in black children accentuating the difficulties of assessing "normalness." Mass media have created a number of misconceptions regarding sickle cell anemia in many patients and their families. Therefore, it is important that self-concept and adjustment processes be studied in order that more comprehensive nursing care can be made available to children and adolescents with sickle cell anemia.

Theoretical Framework

Epstein (1973) has attempted to analyze self-concept using a riddle as an initial query:

> What is it that consists of concepts that are hierarchically organized and internally consistent: that assimilates knowledge, yet itself, is an object of knowledge: that is dynamic, but must maintain a degree of stability: that is unified and differentiated at the same time: that is necessary for solving problems in the real world: and that is subject to sudden collapse, producing total disorganization when this occurs? (p. 407)

He assumed that the answer to the riddle is to conceive of the self-concept as a self-theory. Essentially, the self-concept is the theory which an individual, in the natural course of events, constructs about himself. The three basic functions of the self-theory are to:

1. Maximize the pleasure/pain balance of the individual over the course of a lifetime

2. Enhance maintenance of self-esteem

3. Organize the data of experience in a manner which facilitates an optimal level of functioning (Epstein, 1973).

According to Epstein, the individual's self-concept is a system of hierarchically organized postulates about himself. Higher order postulates subsume lower order constructs, which are generalizations derived from experience. For instance, an important postulate in a young man's self-theory may be, "I am physically competent," this postulate may subsume specific constructs such as, "I excel in basketball and football," "I am very fast," and so on. The human organism is constantly formulating and testing hypotheses and making revisions of these constructs accordingly.

One question which arises with respect to Epstein's theory of the self-concept concerns the manner in which

postulates can be identified. Epstein pointed out that there is an important link between an individual's emotions and his underlying cognitions or postulates. Therefore, it should be possible to reconstruct major postulates by knowing a person's emotional dispositions and his specific emotional reactions. Strong emotional reactions are evoked only when major postulates are involved. For example, a graduate student possessing the postulate, "I am a highly competent scholar," is likely to be very unhappy when his advisor informs him that his dissertation proposal is inferior quality and unacceptable. The degree of unhappiness would be the clue indicating the importance of this postulate in the individual's self-theory (Epstein, 1973).

Epstein argued that an individual's self-concept, as a self-theory, can be evaluated in terms of the same factors used to evaluate scientific theories. These factors are (1) extensivity, (2) parsimony, (3) empirical validity, (4) internal consistency, (5) testability, and (6) usefulness. Individuals with an extensive, as opposed to restricted, self-theory will have concepts available for coping with the diversity of experiences they undergo. In addition, they will be more likely to seek new experiences and to entertain new ideas since they have postulates broad enough to incorporate new data. In order to achieve parsimony, a theory must have broad integrative

postulates. In the extreme condition of a complete lack of parsimony, individuals would require a one-to-one correspondence between each postulate and each datum of experience. Such a state would reflect absence of a theory. Obviously, the more empirically valid and self-correcting a theory is, the more valuable it is. The degree of self-correction and validity is linked to the evaluation apprehension of the individual. When persons feel anxious or threatened, they tend to "close ranks" and staunchly defend current postulates and their organization. Consequently, it is probable under conditions of psychological safety and emotional security that new experience is likely to be processed and the self-theory revised accordingly (Epstein, 1973).

If contradictions exist within important postulates in the self-theory, then the self-concept lacks internal consistency. Defense mechanisms are often employed to reduce inconsistencies or to prevent them from manifesting themselves. In order for a self-theory to have utility, it must be testable. Otherwise, its validity will not increase with experience, nor will the constructs and postulates improve. Finally, the usefulness of a theory refers to its ability to fulfill the major functions described previously. When a poor self-theory is

constructed, the individual will experience much stress as he encounters information he cannot integrate in his system or is contradictory to certain self-postulates. In extreme cases (schizophrenia, for instance) a person's self-theory may suffer complete disorganization and collapse. However, the collapse of a self-theory (as with scientific theories) can, in the long run, be healthy because it may permit a more viable self-theory to be constructed (Epstein, 1973).

The picture that has been drawn of the adolescent as an emerging scientist constructing a self-theory is not intended to characterize adolescent development, with its unique characteristics, as entirely a function of newly-emerging cognitive operations. However, an emphasis on these cognitive operations and the possibilities they engender allow a more complete picture of adolescent development. Thus adolescence can be viewed not only as physical emergence, but as a unique type of cognitive emergence embracing the important function of the construction of a viable self-theory.

Assumptions

Assumptions for this study were the following:

1. The more empirically valid and self-correcting a theory is, the more valuable it is (Epstein, 1973).

2. There is an important link between an individual's emotions and his underlying cognitions or postulates. Therefore, it should be possible to reconstruct major postulates by knowing a person's emotional dispositions and his specific emotional reactions (Epstein, 1973).

3. An individual's self-concept, as a self-theory can be evaluated in terms of the same factors used to evaluate scientific theories (Epstein, 1973).

4. The individual's self-concept is a system of hierarchically organized postulates about himself. Higher order postulates subsume lower order constructs which are generalizations derived from experience (Epstein, 1973).

Hypothesis

The hypothesis that was tested in this study was that there is no significant difference between the self-concept of black adolescents with sickle cell anemia and black adolescents without sickle cell anemia.

Definition of Terms

For the purposes of this study, the following terms were defined:

1. Adolescence: the time of life between twelve and seventeen years of age

2. Self-concept: the way an adolescent reports on himself which includes what he thinks he is, what he thinks he can do, what he thinks he cannot do, and as measured by the "How I See Myself Scale" (Gordon, 1966)

3. Sickle cell disease: the generic term applied to all disorders characterized by red cells containing an abnormal hemoglobin, hemoglobin S (Harris, 1963)

Limitations

Limitations for this study were the following:

Uncontrolled and not described

1. The sample size was small

2. The sample may not be representative of the general population because of being selected from only one geographical area

Uncontrolled and described

1. Age: the sample was selected from only one age group, twelve to seventeen years

2. Grade: the respondents were in grades seven through twelve

3. Sex: the number of male and female subjects in each group were not equal

Summary

The self-concept is an important component of the personality which has in recent years drawn the attention of researchers in many disciplines including nursing. The self-concept is important because of its usefulness in understanding adolescent behavior. Adolescents face many difficulties as they mature physically, emotionally, and psychosocially. These difficulties could be compounded in an adolescent with sickle cell anemia because this disease can delay growth and development. Since a positive self-concept could enhance the maturational process, the self-concept of black adolescents needs to be determined in order to deliver more comprehensive health care to black adolescents with sickle cell anemia.

The self-concept in this study was viewed as the theory, which an individual, in the natural course of events, constructs about himself. The self-concept falls into two categories, positive and negative. A person who has good feelings about himself has a positive self-concept. A person who has bad feelings about himself has a negative self-concept.

This study was concerned with determining if differences exist between the perceived self-concept of black adolescents with sickle cell anemia as compared with

those black adolescents without sickle cell anemia. The hypothesis that was tested in this study was that there is no significant difference between the self-concept of black adolescents with sickle cell anemia and the comparison group of black adolescents without sickle cell anemia.

CHAPTER II

REVIEW OF LITERATURE

The review of literature will be concerned with reports of findings of studies which relate to the self-concept. The self-concept is the totality of the individual's thoughts and feelings with reference to himself as an object. Not only is this structure experienced as the core of the individual's interests, but it also has major significance for his thoughts, feelings, and behavior (Rosenberg, 1979).

Minority Status and Self-Esteem

Because blacks have borne the heaviest burden of prejudice and discrimination in American society, most research and theory has centered on this group. A perusal of the literature indicated that until recently the assumption that blacks had lower self-esteem appeared to be almost universal (Proshansky & Newton, 1968). Similar views have also been presented regarding the self-esteem of other minority groups, such as Mexican Americans, Puerto Ricans, Jews, and American Indians (Rosenberg, 1979).

A study by Rosenberg (1962) examined the self-esteem of various ethnic or racial groups within religious

group categories. Several points from this study are noted. There is no indication that the distribution of self-acceptance in a group is related to the social prestige of that group in American Society. Blacks who are exposed to the most intense, humiliating, and crippling forms of discrimination in virtually every institutional area do not have low self-esteem. That anti-Semitism is a firmly grounded feature of American life is a much remarked and well documented fact. In terms of self-esteem data, the evidence is insufficient, but what is available affords little support for the assumption of lower self-esteem among Jews.

Of the small number of studies about the self-concept, many show the Jewish subjects to have somewhat higher self-esteem (Bachman, 1970). Not only do Jews have higher self-esteem than that of Catholics or Protestants, but there is no difference in the self-esteem of Catholics or Protestants, despite the traditional differences in the prestige rank of the two religious groups (Bachman, 1970).

McDonald and Gynther's (1965) investigation of 261 black and 211 white high school seniors showed blacks to have higher self-esteem. Coleman's (1966) nationwide study showed no black-white difference in "academic self-concept," but McDill's (1966) sample of 327 high school blacks individually matched with whites showed higher academic

self-concept among blacks. Large sample studies by Hunt and Hardt (1969), Powell and Fuller (1973), and Machman (1970) all indicated blacks had higher self-esteem, and these factors usually increased when class and family structure were controlled.

A most thorough review of the literature has been conducted by Wylie (1978). In this work, Wylie reviewed fifty-three publications dealing with the relationship between racial or ethnic status and global or specific self-esteem. Viewing these studies together, the author concluded that the results place the burden of proof on those who have contended that the derogated, disadvantaged social position of the blacks in the United States must obviously have resulted in seriously damaged self-esteem in that group.

Research data offer little support for the assumption that minority group members agree with society's negative attitudes toward their group, whether expressed in low group prestige, negative stereotypes, or claims of inferiority. Today's society is prejudiced and a substantial proportion of the white population holds negative stereotypes of blacks or considers them inferior in some way. What is not true, and this is crucial from the self-esteem standpoint, is that blacks attribute traits to their

race which they consider unfavorable or believe that blacks are generally inferior to whites (Rosenberg, 1979).

Also, it is important to keep in mind that the minority individual is not a blank stencil accepting every imprint with which society strikes it. He deals in an active and creative way with the social stimuli to which he is exposed, guided by a powerful system of motives in which the self-esteem motive holds a prominent place. Thus, even if the black, for example, were fully aware of the low repute in which his group is viewed, this awareness does compel him to concur. What the black may correctly conclude is that he lives in a bigoted, irrational society. But it is the white who is bigoted and irrational, not the black race in general, nor himself in particular, who is at fault. Hence, to know what whites think about black people does not oblige black people to share this view (Rosenberg, 1979).

What holds true for general group status is equally true for group stereotypes. Negative stereotypes of the group can give rise to low self-esteem only if the individual accepts these stereotypes as true and as negative. A study by Brigham (1974) asked black and white segregated school subjects to rate a series of fifty "stereotype relevant" traits as more characteristic of blacks, more characteristic of whites, no difference, or "don't know."

Ten months later some of the subjects were asked to indicate how likeable each trait was. According to Brigham both groups showed a significant tendency to attribute favorable traits to their own race, but this tendency was significantly greater for the black children than it was for the white children. Thus, the self-esteem of both groups was enhanced.

The proposition that negative stereotypes of the group can give rise to low self-esteem only if the individual accepts these stereotypes as true and as negative can probably be accepted as universal. A study of intergroup attitudes among groups in East Africa (Brewer & Campbell, 1976) asked subjects to rate their own groups and others in terms of a diversity of traits. In virtually every case, group members rated their own groups most favorably.

Whereas group prestige refers to the general rank in the society of a number of racial, religious, or ethnic groups, group superiority-inferiority refers to which of two groups are more or less meritorious in some particular respect. Laurence (1970) examined 178 black and 821 white children in fifth, sixth, and eighth grade integrated classes in Sacramento. The children were asked to compare blacks and whites in terms of three characteristics:

behavior, intelligence, and honesty. Virtually no whites considered blacks "better" on any of these qualities; also, virtually no black children considered whites better, either.

Middleton's (1972) results were essentially similar. He asked: "Do you think that Negroes or whites tend to have more inborn intelligence or are they both about the same?" "Who do you think tend to be lazier and less ambitious (more dishonest; have looser sexual morals; keep their homes clean, neat, and attractive), low income Negroes and low income whites?" Although there are certain puzzling regional differences, the data substantiate the obvious conclusion that blacks and whites differ radically in their perceptions and judgments. Blacks do not agree at all with those whites who consider them inferior in one or another regard.

In a study by Kumar (1976) the psychologic effect of sickle cell anemia on the self-concept, anxiety level, and personal and social adjustments of school-aged children was investigated by using a battery of standard psychologic tests. Two groups of children were evaluated: a study group of twenty-nine children with sickle cell anemia and a comparison group of twenty-six black inner city school-children without sickle cell anemia or other known chronic illness. The youngsters with sickle cell anemia did not

differ from a peer group of schoolchildren in personal, social, and total adjustments. The self-concept scores of the patient group were lower than those of the comparison group. An unexpected finding of the study was the observation that the anxiety scores (measuring acute anxiety) were significantly lower in the study group than those in the comparison group.

Carpenter and Busse (1969) administered to eighty children of welfare mothers a measure of self-concept. The subjects were equally divided as to sex, race, and grade (first or fifth). The results show that girls are more negative in self-concept than boys, and fifth graders are more negative than first graders. No overall race difference was found. The results suggest that Negroes do not become increasingly more negative in their self-concepts from first to fifth grade than do whites of equivalent social status.

A review of the available evidence regarding the relationship of "ethnic" or "minority group" status (such as race, religion, or ethnicity) to self-esteem in school populations does not present data to support the view that members of these ethnic groups have lower self-esteem. This evidence, to be sure, is beset with numerous limitations: for many ethnic groups, there are almost no data; for other groups, only a few studies are available; and

even in the most richly investigated area of race, there are limitations and variations of sample and method. Furthermore, it is possible that changes have occurred over time. Yet no reasonable dispassionate review of the currently available evidence can justify the conclusion that minority group children have lower self-esteem. The overwhelming body of evidence suggests that they do not (Rosenberg, 1979).

Self-Concept Development

Data from a study by Blalock (1961) clearly indicate that the emergence of self-concept problems in adolescence is no myth, and that these problems occur early in adolescence. In general, self-concept disturbance appears to be much greater in the twelve to fourteen age group than in the eight to eleven age group. In contrast to younger children, the early adolescents (twelve to fourteen year olds) show a higher level of self-consciousness, greater instability of the self-concept, slightly lower global self-esteem, and less favorable judgments of valued self-components, and (with the exception of opposite sex judgments) less favorable perceived selves. The assumption that such changes are likely to be disturbing is consistent with the fact that early adolescents also show a higher

level of depressive affect than do the younger children (Blalock, 1961).

Whereas the younger adolescents show a heightened self-consciousness and a greater degree of instability of the self-concept, this self-consciousness and instability levels off in later adolescence. Generally, in late adolescence, the subjects manifest greater self-consciousness, greater instability, lower ratings on valued self-concept components, and lower perceived selves than do the eight to eleven year old children. Only in the case of global self-esteem is there an improvement in later adolescence marked enough for the youngsters from age fifteen up to score more favorably than the eight to eleven year olds. The older adolescents show higher global self-esteem than both the young children and the early adolescents (Blalock, 1961).

To summarize, the results show a general pattern of self-concept disturbance in early adolescence. Compared to the younger children, the early adolescent becomes distinctly more self-conscious; his picture of himself becomes more shaky and unstable; his global self-esteem declines slightly; his attitude toward a number of the specific characteristics which he highly values becomes less positive; and he believes others view him less favorably (Blalock, 1961).

The course of self-concept development after the twelve to fourteen age period is also important. In general, the differences between early and late adolescence are not great. The chief difference is almost always between the eight to eleven year old children and the twelve to fourteen year old children. Apparently it is at this age that changes in these self-concept dimensions appear and that they are of a distressing variety. The data thus show distinct changes in the self-concept from childhood to early adolescence (Blalock, 1961).

There appears to be a noticeable difference between children who are eleven years and those who are twelve years of age. (The eleven year old group includes children from age eleven years to eleven years eleven months, while the twelve year old group includes those from twelve years to twelve years eleven months.) Self-consciousness, instability of the self-concept, low global self-esteem, high depression, low valued specific self-traits, and negative perceived selves all rise relatively sharply among the twelve year olds as compared to the eleven year olds, although in most cases some rise has begun earlier, particularly the year before. This movement from the eleven year old group to the twelve year old group is the only one year period in which the children show an increase of disturbance on all these measures. In fact, on all

measures it is the largest yearly increase in disturbance to occur up to that age. In the case of three of four measures, it is the largest increase to occur between any two ages (Blalock, 1961).

In terms of almost all the dimensions considered here, disturbance continues to increase after twelve years, but in most cases the highest point of disturbance is either at twelve, thirteen, or fourteen years of age. In fact, stability of the self-concept and global self-esteem seem to improve after this point, particularly in very late adolescence; while disturbances in self-consciousness, specific valued self-traits, and perceived self seem to level off and remain at the early adolescent levels (Blalock, 1961).

Global self-esteem development deserves special mention. The self-esteem level of the twelve to fourteen year old group was only slightly lower than that of the eight to eleven year old group. But this finding conceals an important change: the sudden dramatic decline in self-esteen among the twelve year olds. But during the following year, when the children reach thirteen years of age, global self-esteem rapidly returns to its earlier level and continues to rise in later adolescence (Blalock, 1961).

In summary, the data suggest that during their twelfth year (that is, between their twelfth and thirteenth

birthdays), children tend to experience marked increases in self-concept disturbance. With regard to some dimensions, this relatively sharp increase continues through the twelfth and thirteenth years. Early adolescence is also characterized by a corresponding increase in feelings of depression, though this rise has clearly begun earlier. After age thirteen, there is again a general leveling off. The conclusion appears inescapable: early adolescence--the twelfth and thirteenth years--is characterized by a greater rise in self-concept disturbance than that which occurs at any other point in time (Blalock, 1961).

The rise in self-concept disturbance at some time after the twelfth birthday would obviously suggest that a major determinant of this stress is the onset of puberty--that biological forces and changes in physical characteristics are essentially responsible for the disturbance (Rosenberg, 1965). There is one important environmental change which occurs for most children at this time. Children generally begin their last year of elementary school (the sixth grade) when they are eleven years and begin the first year of junior high school (the seventh grade) when they are twelve years of age. Does the movement into junior high school itself appear to contribute to the increase in self-concept disturbance? Obviously, one cannot examine the effects of change in environment by

directly comparing sixth and seventh graders since one does not know whether such differences are due to the fact that the seventh graders are in junior high school or simply that they are older. However, it is possible to disentangle the effects of age maturation and school contexts by comparing children of comparable ages. If the junior high school experience were particularly stressful for the child, then the twelve year olds in junior high school should show greater disturbance of their self-concept than the twelve year old children in elementary school (Rosenberg, 1965).

A study by Rosenberg (1965) provides support of this hypothesis. The twelve year old children in junior high school have lower global self-esteem, higher self-consciousness, and greater instability of the self-concept than their age-peers in elementary school. For example, 41 percent of the twelve year old children in junior high school have low global self-esteem in contrast to only 22 percent of those in elementary school; 43 percent of the former manifest high self-consciousness in comparison to only 27 percent of the latter; and 53 percent have relatively unstable self-concepts compared to 30 percent in elementary school.

These findings afford a vivid illustration of the way a social context can affect individual personality. But the possibility must be considered that the twelve year

old children in sixth grade differ in other ways from the twelve year old children in seventh grade. There is no evidence to indicate that the twelve year old children still in the sixth grade are more likely to have lower school marks and to be from the lower social classes. Even when standardized on class or marks in school, all differences between elementary school and junior high school twelve year old children remain essentially unchanged. Furthermore, dealing with the three global measures of self-esteem, self-consciousness, and instability, these findings generally hold for blacks as well as whites, for middle-class as well as working-class respondents, and for students with high grades as well as those with low grades (Rosenberg, 1965).

The above statements assume that once these variables are controlled the only remaining difference between these two types of twelve year old children is the school they attend. However, one other possibility involves the relative ages of these two groups to others in their classes. The sixth grade twelve year old children are among the oldest and biggest children in their class, whereas the seventh grade twelve year old children are among the youngest and least physically mature children in their class. It is possible that the self-concepts of the sixth grade twelve year old children benefit from their

relative advantage whereas the self-concepts of their seventh grade age peers suffer from their age rank in their group. If this hypothesis explains the findings, then the sixth grade twelve year olds should have more positive self-concepts than the younger children in their classes; whereas the seventh grade twelve year olds should show more disturbed self-concepts than the older children in their grade. The evidence indicated that there is virtually no difference between the self-concept ratings of eleven and twelve year old children in the sixth grade, nor is there a difference between the self-concepts of the twelve and thirteen year old children in the seventh grade (Rosenberg, 1965).

Thus, the transition from elementary to junior high school seems to represent a significant stress along several dimensions of the child's self-concept; on the other hand, aging from eleven to twelve years or from twelve to thirteen years does not in itself appear stressful. Within the same school class, age makes little difference; but within the same age group, school class makes a great difference. Furthermore, it is not just change per se, but change from elementary to junior high school, that is associated with disturbance. The transition from junior to senior high school does not show a parallel effect on the self-concept; fifteen year olds in senior

high school do not show more disturbed self-concepts than fifteen year olds in junior high school. Thus it is the specific transition to a junior high school that generates the disturbance (Rosenberg, 1965).

According to the above data, self-concept disturbance appears to reach its peak in early adolescence, in some respects declining in later adolescence, but in most respects persisting. In many areas, a particular rise in disturbance appears to occur when the child is twelve years of age, that is, between the twelfth and thirteenth birthdays. The rise frequently has started a year before, and it may continue to rise for the next year or so; often, however, it does not appear to increase much, if at all, after age thirteen or fourteen years. During early adolescence, in comparison to the childhood years of eight to eleven years of age, the children exhibit heightened self-consciousness, greater instability of the self-concept, slightly lower global self-esteem, lower opinions of themselves with regard to certain qualities they value, and a reduced conviction that their parents, teachers, and peers of the same sex hold favorable opinions of them (Rosenberg, 1965).

These data agree with the findings of Offer (1969), who studied a somewhat older adolescent group (fourteen to eighteen years of age), and who reported that both parents

and adolescents agree that the greatest amount of "turmoil" in their lives occur between ages twelve to fourteen years. The specific finding that instability of the self-concept increases during adolescence might appear to support Erikson's (1959) views on adolescent problems of ego-identity. However, Erikson seemed to see the ego-identity crisis as occurring in late adolescence whereas the data here indicates a rise in instability of the self-concept during the early adolescent years.

What is there about early adolescence, primarily the twelve to thirteen year age period, that is so crucial from the viewpoint of self-feelings. At this time of life, three events are occurring that overturn the child's world and bring the self to the forefront of attention in a new and dramatic way. The first is biological, the second, environmental, and third, interactional (Pearlin, 1978).

The onset of puberty, with the startling surge of sexual desire and its accompanying physical changes, is a direct and serious challenge to the taken-for-granted self (Pearlin, 1978). So long as the child works out a compromise based on a set of implicit and unreflective self-assumptions, the self can remain in the background of awareness, accepted for what it is. But if conspicuous and overt changes in the actual self occur, particularly to

those disposed to conceptualize the self as a social exterior, then the self moves to the forefront of attention. Physical features are a case in point. For most persons bodily concepts represent an image carried about in the middle ground of consciousness. But if a person were to wake up one morning and find himself six inches taller, twenty pounds lighter, and having different hair color, head shape, and facial structure, he would turn his attention squarely to these facts. The same would be true if a person were suddenly to experience powerful and hiterto unknown endocrinological sensations; the entire structure of the taken-for-granted self would come under challenge. Such questions as "who am I" or "what am I" would surge to the fore. Yet this is only an exaggeration of what happens in puberty. Puberty, involving the appearance of sexual urges with accompanying physical changes, is a direct and dramatic challenge to the taken-for-granted self. The individual is no longer certain of who he is, what he is, and what he feels. Thus, it is no accident that the most marked changes in early adolescence are not a decline in global self-esteem, although that also happens, but a sharp rise in both self-consciousness and in self-concept instability (Pearlin, 1978).

Coincident with this experience, though independent of it, is an important environmental change in the lives of

children, the shift from elementary to junior high school. Selves exist in certain contexts, including the expectations of familiar others, and as long as these contexts remain fixed, the self can be taken for granted and remain stable. Thus, it is only when a person is uncertain about others' expectations of himself or his expectations of himself that the self comes sharply to the front (Pearlin, 1978).

Yet this is what the transition from elementary to junior high school represents. Indeed it is the shift from the sixth to the seventh, rather than prior or subsequent, grades that is particularly associated with heightened self-consciousness and increased instability. In this environment, the individual is faced with a new group of peers and a multiplicity of teachers with whom no firm set of mutual expectations has been established. Many new intellectual challenges, such as those involved in the mastery of mathematics or foreign languages, must be confronted; the first decisions setting him on the path to a career must be made. The old taken-for-granted self is undermined. The self-concept becomes problematic, characterized by high self-consciousness, instability, and a questioning of self-worth (Pearlin, 1978).

With advancing age and consistency of circumstance, the shock wears off, new expectations are built up, and a new equilibrium is reached. The adolescent learns what

others expect of him, establishes a more stable view of his strengths and weaknesses, and gains a new appreciation of the self. To be sure, he can never return to the unreflective self of childhood, especially since, as Erikson (1959) has stressed, he must now think about the self in relation to the adult tasks of entering the world of work and of establishing a family. Nevertheless, the immediate context is sufficiently familiar to reestablish the stable, unproblematic self-concept (Simmons & Rosenberg, 1973).

Probably the most important factor underlying the sharp rise in self-consciousness and instability in early adolescence is the decisive victory over egocentrism (Piaget, 1948) which permits, for the first time, full-fledged communication. It is at this point that the child finally succeeds in getting beyond his own point of view and of seeing himself from the viewpoint of others (Simmons & Rosenberg, 1973).

When the adolescent comes to conceptualize the self in terms of interpersonal traits (as the younger child does not), he is defining himself as an object of observation, as a person who arouses characteristic reactions in the minds of other people. But this important development, which makes possible a new quality of human communication, also generates an enhanced self-consciousness. The individual becomes keenly aware of himself as an object of

observation of others. Whereas in childhood the responses of others were taken for granted, in early adolescence the youngster becomes alert and sensitive to what others think of him; nervous when others watch him work, uncomfortable if he must perform before a group, and concerned with the impression he makes on others. A sharp rise in self-consciousness is inevitable (Rosenberg, 1979).

Uncertainty and instability of the self-concept follow closely on this development. A major reason is that the matter of entering into the mind of another and knowing what he is thinking is a mysterious and elusive business. Because no one can ever enter the mind of another with perfect accuracy, the veil is ultimately impenetrable. So long as the young child makes no attempt to see himself from the viewpoint of others, he can operate confidently accordint to a set of established assumptions of what he is like. But once he attempts to see himself through others' eyes, a whole new order of complexity is introduced. First, there are many "others" who enter his life, each viewing him from his own particular perspective. Second, their attitudes toward him are wrapped in uncertainty, thus providing a shaky foundation for a self-concept. The child's sense of worth, in general or in specific respects, formerly accepted unreflectively, now comes under scrunity (Simmons & Rosenberg, 1973).

Once the individual seriously attempts to fathom what others think of him, the conclusions that emerge are by no means palatable. This is evident in the striking decline in the "perceived self" in early adolescence. In the early years, the child has accepted the idea that others think well of him and has given the matter little thought. In early adolescence, when he is able to get outside his own viewpoint and see matters, including himself, from the perspective of others, he recognizes the complexity of others' attitudes toward him; he becomes aware of both their qualms and their sources of appreciation. Except with regard to inferences about the attitudes towards him of the other sex (which has radically different significance in childhood and adolescence), his views of others' attitudes toward him decline sharply (Simmons & Rosenberg, 1973).

Therefore on the basis of these data, it is logical to conclude that the degree of negative self-concept change may be of sufficient magnitude to warrant the term "crisis"; at the least, it is highly disturbing. Although this disturbance will start earlier and continue later, it is likely to center on the age period of twelve to thirteen years. The child becomes much more aware of what others think of him, much less sure of what he is like, much less convinced that others approve of him and somewhat more

self-critical in general and with reference to specific valued components. The developments which stimulated these changes, naturally, do not disappear overnight (sexual urges increase, radical bodily changes continue, friendships become increasingly intense, concern with the attitudes of others remains high, situations change), but in later adolescence the individual succeeds in establishing a new compromise in relation to these problems. Although his global (but not specific) self-esteem again rises, it probably now rests on new and fundamentally different foundations, based on a self-aware assessment of his qualities and of the attitudes of others toward the self. Thus, even though matters improve in some degree in later adolescence, the individual never again (at least during pre-adulthood) attains the unreflective and confident self-acceptance of childhood (Simmons & Rosenberg, 1973).

The self-concept of the younger child is particularly likely to consist of elements of a social exterior--relatively specific components which can be readily observed and require no probing or sophisticated synthesis. The younger child, spontaneously conceptualizing the self, tends to see it in terms of physical characteristics (short-tall, blonde-brunette, strong-weak), social identity elements (boy-girl, black-white, child-adult,

American-foreigner), and relatively specific actions, abilities, or interests (rides a bike, plays hop scotch, messes his room, crosses the street alone, does poorly on long division). These are the things he is particularly proud or ashamed of, the ways in which he sees himself as similar to or different from others (Pearlin, 1978).

The self-concept at this stage of development is a relatively satisfied, stable, unreflective one. This quality of stability and acceptance, however, is based on a relative lack of interest in or concern with the subject matter. Instead, attention is turned outward toward the interesting and important activities of life--play, school, television--not inward towards self-discovery. Not yet viewing himself from the perspective of others, the child has only a rudimentary propensity to view himself from the perspective of the "me," to see himself as an object. Hence, self-consciousness is generally low, self-concept stability high, and self-esteem satisfactory (Pearlin, 1978).

The child's conclusions about what he is like rest very heavily upon the perceived judgments of external authority, particularly adult authority. Respect for peers--seen as small and incompetent--and even respect for his own judgment of what he is like does not match his faith in adults' views; knowledge of the self is regarded

as absolute, and resides in those with superior wisdom. These external authorities are assumed to share his own lack of interest in his inner states (Pearlin, 1978).

In early adolescence, the self-concept changes, and many of these changes persist into later adolescence. The earlier major components of the self-concept--physical characteristics, social identity elements, specific habits or interests--persist, but they are increasingly relegated to the background. Emerging more centrally into the self-concept is first a psychological interior--an awareness of an inner world of thought, feeling, and experience. The self comes to be seen as a person with private thoughts and feelings, in general or toward other people. Second, the self is increasingly characterized in terms of abstract traits. This is true even among adolescents unfamiliar with, or unaccustomed to, trait terms. Third, the self is conceptualized as an interpersonal actor, and comes to be defined from the viewpoint of others (Rosenberg, 1979).

Early adolescence, it appears, is a period of self-concept disturbance. Self-consciousness--especially an uncomfortable awareness of what others think about the self--rises sharply; the earlier period on unreflective self-acceptance vanished. The self becomes more shaky and volatile. What were formerly unquestioned self-truths now become problematic self-hypotheses and the search for the

truth about the self is on. Global self-esteem, as well as assessment of specific self-components, declines. In later adolescence, global self-esteem improves but, in general, self-concept disturbance persists. Whether the confident and unproblematic self-concept of the earlier years returns later in life--and, if so, how late--remains a matter for further research (Rosenberg, 1979).

At the same time, the locus of self-knowledge shifts from without to within. The truth about the self, formerly the province of an all-knowing authority, now is vested in those in whom we have deliberately chosen to bare our inner selves--our best friends--or, particularly, ourselves. The recognition emerges that we alone have direct access to the invisible and intimate regions of the self. At the same time that respect for parental knowledge declines, the adolescent's confidence in his own expertise increases, causing a sharp shift in the locus of self-knowledge from without to within (Rosenberg, 1979).

Summary

The review of literature was concerned with reports of findings of studies which relate to the self-concept. The self-concept is viewed as the totality of the individual's thoughts and feelings with reference to himself as an object. Not only is this structure experienced as the

core of the individual's interests but it also has major significance for his thoughts, feelings, and behavior.

Most of the research presented in the review of literature focused on the self-concepts of children and adolescents. The self-concept emerges, evolves, and crystallizes in the preadult years, and this is the time of life when the self-concept is most capable of being changed, and when social and developmental factors operate in the most interesting, and sometimes unexpected, ways. But it is important to bear in mind that conclusions drawn from studies of children cannot necessarily be generalized to adults. Children's and adults' self-concepts are formed by the same principles but not the same influences.

A review of the available evidence regarding the relationship of "ethnic" or "minority group" status (such as race, religion, or ethnicity) to self-esteem in school populations indicates that it is difficult to see how this evidence supports the often asserted view that these ethnic groups have lower self-esteem. These studies represent only a small sample of a vast literature which has received exhaustive coverage and probing by Wylie (1978). The conclusion that there is no compelling evidence of lower self-esteem among minority group children is based not simply on the studies cited above, but also on several

literature reviews (Wylie, 1978; Christmas, 1973; Guzman, 1976). The overwhelming body of evidence suggests that minority group children do not have lower self-esteem.

The data presented has indicated that the emergence of self-concept problems in adolescence is no myth, and that these problems occur in early adolescence. In general, self-concept disturbance appears to be much greater in the twelve to fourteen year age group than in the eight to eleven year age group. In contrast to younger children, the early adolescents (twelve to fourteen year olds) show a higher level of self-consciousness, greater instability of the self-concept, slightly lower global self-esteem, and less favorable judgments of valued self-components, and (with the exception of opposite sex judgments) less favorable perceived selves. The assumption that such changes are likely to be disturbing is consistent with the fact that early adolescents also show a higher level of depressive affect than do the younger children ages eight to eleven.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

This study was conducted by the descriptive correlational research process which is primarily concerned with obtaining accurate and meaningful descriptions of the phenomena under study (Abdellah & Levine, 1965). A non-experimental method of data collection was utilized since the investigator did not consciously manipulate the conditions of the study. The nonexperimental approach can be applied only where the phenomena in which the investigator is interested already exists and is available for study (Abdellah & Levine, 1965). The variables under study were sickle cell anemia and self-concept.

Setting

The study was conducted in two settings. The first setting was a local church in a metropolitan area greater than one million inhabitants in the southwestern United States and was used to obtain the sample of black adolescents without sickle cell anemia. The church was located in a residential and industrial area with close proximity to several schools, shopping centers, businesses, and other churches. The church was housed in a large frame and brick

building with an educational annex. There were approximately 260 members in the church.

The second setting was the Sickle Cell Anemia Association of Texas which was used to obtain the sample of black adolescents with sickle cell anemia. This agency was located in a residential area with close proximity to several elementary schools and many businesses. The agency was housed in a brick two story building. The first floor contained offices and the second floor contained classrooms and a clinic.

Population and Sample

The sample for this study was obtained from a population of black adolescents between twelve and seventeen years of age. The sample was divided into two groups: adolescents with sickle cell anemia and those without sickle cell anemia.

The adolescents with sickle cell anemia were from the total population of clients registered with the Sickle Cell Anemia Association of Texas. Fourteen questionnaires were sent to the adolescents with sickle cell anemia and fourteen were returned.

The adolescents without sickle cell anemia were from the total population of a group of black young people at a local church. Eighteen questionnaires were sent to

the adolescents without sickle cell anemia and eighteen were returned. The total number of participants in the sample was thirty-two. The sampling techniques used in this study were simple random sampling and convenience sampling (Abdellah & Levine, 1965).

Protection of Human Subjects

Before approaching agencies regarding the samples needed for this study, the investigator obtained permission to conduct this research project from the human Research Review Committee at Texas Woman's University (Appendix A). Informed consent from the subjects was obtained by written consent forms (Appendix B).

In order to obtain the sample for the group of adolescents with sickle cell anemia, an explanation was given to the program coordinator and the executive director of the Sickle Cell Anemia Association of Texas concerning the purpose of the project. After permission had been obtained from the Agency (Appendix C), the following materials were mailed to each person in the sample: an introductory letter (Appendix D) describing the purpose of the study, the questionnaire with detailed instructions on how to complete the questionnaire (Appendix E), and a written consent form (Appendix B). The names and addresses of the subjects were typed on envelopes and mailed by

the education coordinator to meet the requirements established by the Agency. The consent forms were returned to the investigator by mail.

In order to obtain the sample for the group of adolescents without sickle cell anemia, the pastor of a local church was approached by the investigator seeking permission for the utilization of the youth group of the church for this study. An explanation was given to the pastor concerning the purpose of the project. Written permission (Appendix C) was obtained from the pastor prior to approaching the sample. After written permission had been granted from the pastor, black adolescents and their parents and guardians were approached by the investigator at the church during a youth meeting.

The investigator gave an introductory letter (Appendix F) and an oral description (Appendix G) to each person describing the purpose of the study. The oral description included an explanation of the procedures of the study, any associated discomforts or risks, and a description of the possible benefits. The oral description also included an opportunity for the participants to ask questions about the study. The participants were told that their names would not be used in any release of the data and they were free to withdraw at any time; also that no medical service or compensation would be provided to them

by the University as a result of injury from participation in the research project.

The adolescents and their parents or guardians were given an opportunity to consent or to refuse to participate in the study. Those persons who consented to participate in the study were given a statement (Appendix H) to sign which certified that the adolescent had been tested for sickle cell anemia and found to be negative.

Instrument

Realizing that an accurate measure of the self-concept is not an easy task, Gordon (1966) developed the "How I See Myself Scale" (Appendix E). The best use for the Scale is for group comparisons rather than for the assignment of an individual for instructional purposes. The Scale has two forms, elementary and secondary. The secondary form of the Scale for students in secondary school can be used for individuals ages twelve to seventeen or eighteen years. The items on the Scale are valid and reliable enough to be used for individuals regardless of ethnicity (Gordon, 1966).

Development of the "How I See Myself Scale" began in January 1959. The original group of pupils were students of the P. K. Yonge Laboratory School of the University of Florida. The first version of the secondary

Scale was administered to third, fifth, seventh, tenth, and twelfth grade students. On the basis of this administration, the secondary Scale was revised in order to make the language less ambiguous. The revised form of the secondary Scale was used in the Spring of 1959 with readministration two months later; the test-retest reliability estimate was r=.80.

The items in the secondary Scale are based on responses described by Jersild (1952) as meaningful on the basis of children's responses to open-ended questions about themselves. He categorized the responses of children and adolescents into physical, school, peer, teachers, and emotion. Based upon these categories the forty-item elementary and forty-two-item secondary scales were built.

Each area found by Jersild (1952) to yield a meaningful percentage of pupil responses was translated into a scale items. Items included samples from the universe of possible items in respect to teachers, school, same and opposite sex peers, emotions, and physical attributes. Items concerning perceptions toward self in relation to family members were omitted because the Scale was designed to be used primarily in school and it was felt that this area, although vital, might be construed as an invasion of privacy. The items on the Scale might be related to observable pupil behavior in school and thus, by

inference, are "public." Items referring to family, however, are not necessarily observable in school settings and thus "private." In this respect the "How I See Myself Scale" does not cover the totality of self-concept (Jersild, 1952).

In the development of the items, reliability was assessed on the basis of the configuration of scores of an individual. That is, did a child's profile upon retest resemble his original profile? Subsequent work, using the more usual definition of reliability, that is stability of place of a child within a group, both using overall total score and factor scores was conducted by Gordon (1966). Gordon (1966), in preparation for conducting a study of changes in self-concept of slow learning high school youngsters in which the "How I See Myself Scale" was one of the instruments, tested eighty high school pupils in summer make-up classes in a large Florida high school. The P. K. Yonge factors (teacher, appearance, body-build, academic achievement) were used; standard scores were derived; and test-retest reliability coefficients were obtained. The time interval was approximately two weeks. Based on this sample, the reliability coefficients obtained were high enough to indicate that the "How I See Myself Scale" was reliable for use with groups. The reliability coefficients for each factor were as follows:

interpersonal adequacy .82; physical appearance .58; teacher-school .45; academic adequacy .59; autonomy .68; emotions .70 (Gordon, 1966).

The truthfulness of self-report to some degree is a function of the test instructions and the nature of the items asked. Since the items on the "How I See Myself Scale" are most public, they coincide with the belief that self rating is the most direct method of obtaining quantitative self-appraisal. The problem with self rating is the tendency of people to over-evaluate themselves. The factor scores in studies previously cited show that generally pupils rate themselves slightly above the midpoint on the scale. In the case of the autonomy factor, however, pupils rate themselves below the midpoint. This seems to suggest that the items on the Scale are such that a tendency to overestimate is not a particular problem (Gordon, 1966).

Items on the secondary Scale were randomly reversed so that there would be a decrease in the tendency of the subject to simply go down the five column of items in making his responses. Scoring included the conversion of items so that five always represents the positive end of the scale. On the secondary form of the scale items 1, 3, 8, 9, 11, 13, 14, 15, 16, 21, 22, 25, 27, 28, 29, 35, 37, and 41 are reversed. The score on a factor represents the

sum of the items. The higher the score, the more positive the subject's report on himself. The five factors on the "How I See Myself Scale" and the range of possible scores for each factor are as follows: teacher-school, 6-30; physical appearance, 8-40; interpersonal adequacy, 17-85; autonomy, 9-45; and academic adequacy, 6-30.

Data Collection

Collection of data began on May 10, 1979 and continued until all the questionnaires and consent forms were returned to the investigator on March 17, 1980. Data collection for the group of adolescents with sickle cell anemia was instigated through the mail. All the required forms (written consent form, Appendix B; introduction letter, Appendix D; written instructions for completing the questionnaire and the questionnaire, Appendix E) including a stamped self-addressed envelope were placed into a large mailing envelope with postage and taken to the Sickle Cell Agency. The Education Coordinator typed the names and addresses of the potential subjects on labels which were provided by the investigator. This was done so that the potential subjects would remain anonymous. The forms were returned to the investigator through the mail. Fourteen subjects comprised the group of adolescents with sickle cell anemia.

Data collection for the group of adolescents without sickle cell anemia was instigated at a local church and through the mail. The subjects who were present at the youth meeting (including their parents or guardians) were given an oral description of the study (Appendix G) and an introductory letter (Appendix F) to acquaint them with the study. An opportunity was then given to each potential subject in the group to ask questions. At this time the potential subjects and their parents or guardians signed the written consent form (Appendix B) and the statement of certification regarding whether or not the subject had been tested for sickle cell anemia (Appendix H). After completing the written consent form, the subjects were taken to a small, well lighted room with tables and chairs. Here the subjects were given instructions on how to complete the questionnaire (Appendix E). After the instructions were completed, each subject completed the questionnaire (Appendix E) which took approximately twenty to thirty minutes.

The potential subjects and their parents for the group of adolescents without sickle cell anemia who were not present at the church were sent all the necessary forms through the mail (written consent form, Appendix B; written instructions for completing the questionnaire and the questionnaire, Appendix E; introductory letter,

Appendix F; and a statement of certification, Appendix H). These forms including a stamped self-addressed envelope were placed into a large mailing envelope and mailed to each subject by the investigator. The names and addresses of the potential subjects were given to the investigator by the pastor of the church. The forms were returned directly to the investigator through the mail. Eighteen subjects comprised the group of adolescents without sickle cell anemia.

Treatment of Data

The statistical analysis of the data included computation of the mean and standard deviation of each of the five factors on the "How I See Myself Scale." Calculations were performed separately for the group of adolescents with sickle cell anemia and the group of adolescents without sickle cell anemia. The level of significance was .05. The significance of the difference between the means of the two groups for the five factors was determined by computing the *t* ratios and calculating the probability of the occurrence of the computed *t* value. The *t* test and probability was also computed for each of the five factors for the group of adolescents with and without sickle cell anemia.

CHAPTER IV

ANALYSIS OF DATA

The analysis of data included a quantitative description of the sample and a presentation of data in tables. The analysis of data also included the results of the study organized according to the hypothesis and a condensed recapitulation of all findings of the study.

Description of Sample

The sample for this study was divided into two groups. The group of adolescents with sickle cell anemia consisted of fourteen subjects (six males, mean age 15.0 years, and eight females, mean age 14.1 years). The group of adolescents without sickle cell anemia consisted of eighteen subjects (ten females, mean age 13.8 years, and eight males, mean age 14.3 years). The total number of subjects in the study was thirty-two.

Findings

The hypothesis of this study stated that there is no significant difference between the self-concept of black adolescents with sickle cell anemia and black adolescents without sickle cell anemia. The hypothesis was tested

using the t test. The analysis of the data revealed t=1.4 (30), p=.2, the level of significance was .05, thus the hypothesis was accepted. This infers that there is no significant difference between the perceived self-concept of a group of black adolescents with sickle cell anemia and a group of black adolescents without sickle cell anemia.

The data were further analyzed to compare the two groups for each of the five factors on the self-concept scale (Table 1). The scores for each factor and the total scores for the five factors on the "How I See Myself Scale" for the adolescents with and without sickle cell anemia are presented in Tables 2 and 3 (Appendix J). On the teacher-school factor, the mean and standard deviation of the group with sickle cell anemia were 17.00 and 2.60, respectively; those of the group without sickle cell anemia were 16.72 and 2.74, respectively. The results were not significant, t=.29 (30), p=.77; thus there was no significant difference in the teacher-school factor for the two groups.

On the physical appearance factor, the mean and standard deviation of the group with sickle cell anemia were 29.93 and 3.77, respectively; those of the group without sickle cell anemia were 28.17 and 4.54, respectively. The results were not significant, t=1.200 (30),

TABLE 1

MEAN, STANDARD DEVIATION, T RATIO AND PROBABILITY OF THE PERCEIVED SELF-CONCEPT SCORES OF ADOLESCENTS WITH AND WITHOUT SICKLE CELL ANEMIA

Factor	Adolescents With Sickle Cell Anemia (n=14)		Adolescents Without Sickle Cell Anemia (n=18)		T Ratio	Probability
	Mean	Standard Deviation	Mean	Standard Deviation		
Teacher-School	17.00	2.60	16.72	2.74	.29	.77
Physical Appearance	29.93	3.77	28.17	4.54	1.200	.25
Academic Adequacy	20.71	4.07	20.50	3.62	.16	.88
Interpersonal Adequacy	60.07	9.60	61.61	8.99	.46	.65
Autonomy	24.43	5.63	24.83	4.81	.220	.83

df=30

p=.25; thus there was no significant difference in the physical appearance factor for the two groups.

On the academic adequacy factor, the mean and standard deviation of the group with sickle cell anemia were 20.71 and 4.07, respectively; those of the group without sickle cell anemia were 20.50 and 3.62, respectively. The results were not significant, t=.16 (30), p=.88; thus there was no significant difference in the academic adequacy factor for the two groups.

On the interpersonal adequacy factor, the mean and standard deviation of the group with sickle cell anemia were 60.07 and 9.60, respectively; those of the group without sickle cell anemia were 61.61 and 8.99, respectively. The results were not significant, t=.46 (30), p=.65; thus there was no significant difference in the interpersonal adequacy factor for the two groups.

On the autonomy factor, the mean and standard deviation of the group with sickle cell anemia were 24.43 and 5.63, respectively; those of the group without sickle cell anemia were 24.93 and 4.81, respectively. The results were not significant, t=.220 (30), p=.83; thus there was no significant difference in the autonomy factor for the two groups.

Summary of Findings

The findings of this study indicated that there was no significant difference between the perceived self-concept of a group of black adolescents with sickle cell anemia and the comparison group of black adolescents without sickle cell anemia. Further analysis of the data indicated that there was no significant difference between the two groups in the five factors (teacher-school, physical appearance, academic adequacy, interpersonal adequacy, autonomy) on the "How I See Myself Scale."

CHAPTER V

SUMMARY OF THE STUDY

Chapter V will present on how the study was conducted relative to the problem and hypothesis. A discussion of findings, conclusions based on the findings of the study, and recommendations for further study are also presented.

Summary

The problem of this study was to determine if differences exist between the perceived self-concept of black adolescents with sickle cell anemia as compared with those black adolescents without sickle cell anemia. The hypothesis tested in this study stated there is no significant difference between the perceived self-concept of a group of black adolescents with sickle cell anemia and the comparison group of black adolescents without sickle cell anemia.

The theoretical framework of this study was based on Epstein's (1973) theory of self-concept which an individual in the natural course of events, constructs about himself. According to Epstein, the individual's self-concept is a system of hierarchically organized postulates

about himself. Higher order postulates subsume lower order constructs which are generalizations derived from experience.

In order to test the hypothesis of this study, the investigator divided the sample into two groups. The first group consisted of fourteen black adolescents with sickle cell anemia between twelve and seventeen years of age and who were in grades seven through twelve. The second group consisted of eighteen black adolescents without sickle cell anemia between twelve and seventeen years of age and who were in grades seven through twelve.

In order to determine if there were differences between the perceived self-concept of both groups, the investigator administered a "How I See Myself Scale" which tested five factors of the self-concept. The total scores of both groups were compared by using the t ratio. The findings of this study indicated that there was no significant difference between the perceived self-concept of a group of black adolescents with sickle cell anemia and the comparison group of black adolescents without sickle cell anemia (t=1.4(30),p=.2).

Discussion of Findings

The results of this study revealed that the self-concept of a group of fourteen black adolescents with

sickle cell anemia was not significantly different from the comparison group of eighteen black adolescents without sickle cell anemia. In order to compare the self-concept of both groups, five factors of the self-concept were evaluated by using the "How I See Myself Scale": teacher-school, physical appearance, academic adequacy, inter-personal adequacy, and autonomy. Except for some theoretical and clinical considerations, no substative and quantitative data are presently available on the self-image problems of children or adolescents with sickle cell anemia.

Kumar (1976) investigated the psychologic effect of sickle cell anemia on the self-concept, anxiety level, and personal and social adjustments of school-aged children by using a battery of standard psychologic tests. Two groups of children were evaluated: a study group of twenty-nine children with sickle cell anemia and a comparison group of twenty-six inner city schoolchildren without sickle cell anemia or other known chronic illness. The youngsters with sickle cell anemia did not differ from a peer group of schoolchildren in personal, social, and total adjustments. The self-concept scores of the patient group, however, were lower than those of the comparison group. An unexpected finding of the study was the observation that the anxiety scores (measuring acute anxiety) were significantly lower in the study group than those in the comparison group.

This study compares favorably with the one by Kumar (1976) which concluded that there is no significant difference between the self-concept of a group of black adolescents with sickle cell anemia and the comparison group of black adolescents without sickle cell anemia.

There are several factors which could have made the findings of this study non-significant. The male-female ratio was not equal which could have affected the findings of this study. The ages of the participants varied from twelve to seventeen. This age difference could have affected the findings of this study because a twelve year old perceives himself differently from a seventeen year old. The length of time each person had sickle cell anemia was different. This factor could also have affected the findings of this study. An adolescent who has had sickle cell anemia for three years as opposed to an adolescent with sickle cell anemia for three months has had time to accept and cope with the emotional and physical changes which occur with having sickle cell anemia.

Conclusions and Implications

Based on the findings of this study, the investigator has concluded that having sickle cell anemia does not seem to adversely affect the self-concept. However, like any other illness, a chronic illness such as sickle cell

anemia might be expected to affect a person's mental as well as physical condition. Therefore, it is important that anxiety, self-concept, and adjustment processes be studied by nurses in order that more comprehensive health care can be made available to children and adolescents with sickle cell anemia.

Recommendations for Further Study

Based on the conclusions of this study, the investigator recommends that this study be repeated on a larger scale and in another setting, preferably a clinical setting; that the samples be divided into all male and/or all female groups; that the age groups be smaller; and that the length of time having sickle cell anemia be a variable in the study. The information acquired in a clinical setting could be used to enhance nursing practice and to formulate nursing theories related to the self-concept.

Appendix A

TEXAS WOMAN'S UNIVERSITY

Human Research Committee

Name of Investigator: Aletha M. Wright Center: Dallas

Address: 3509 Madrid Drive Date: 5/17/79

Fort Worth, Texas 76133

Dear Ms. Wright:

Your study entitled The Self Concept of Black Adolescents with Sickle Cell Anemia and Black Adolescents without Sickle Cell Anemia: A Comparison has been reviewed by a committee of the Human Research Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education and Welfare regulations require that written consents must be obtained from all human subjects in your studies. These forms must be kept on file by you.

Furthermore, should your project change, another review by the Committee is required, according to DHEW regulations.

Sincerely,

Estelle D. Zuest

Chairman, Human Research
Review Committee

at Dallas.

Appendix B

Consent Form
TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

(Form A -- Written presentation to subject)

Consent to Act as a Subject for Research and Investigation:

The following information is to be read to or read by the subject. One copy of this form, signed and witnessed, must be given to each subject. A second copy must be retained by the investigator for filing with the Chairman of the Human Subjects Review Committee. A third copy may be made for the investigator's files.

1. I hereby authorize Aletha Marie Wright
(Name of person(s) who will perform procedure(s) or investigation(s)

to perform the following procedure(s) or investigation(s): (Describe in detail)

To administer a questionnaire consisting of forty-two statements in order to determine if there are any differences between the perceived self-concept of a group of Black adolescents with sickle cell anemia as compared with a group of Black adolescents without sickle cell anemia.

2. The procedure or investigation listed in Paragraph 1 has been explained to me by Aletha Marie Wright.
(Name)

3. (a) I understand that the procedures or investigations described in Paragraph 1 involve the following possible risks or discomforts: (Describe in detail)

The possibility that the name of the subject might be matched with his response on the questionnaire.

(Form A - Continuation)

3. (b) I understand that the procedures and investigations described in Paragraph 1 have the following potential benefits to myself and/or others:

To make more comprehensive health care available to Black adolescents with sickle cell anemia.

(c) I understand that - No medical service or compensation is provided to subjects by the university as a result of injury from participation in research.

4. An offer to answer all of my questions regarding the study has been made. If alternative procedures are more advantageous to me, they have been explained. I understand that I may terminate my participation in the study at any time.

_____ _____

Subject's Signature Date

(If the subject is a minor, or otherwise unable to sign, complete the following:)

Subject is a minor (age___), or is unable to sign because:

Signatures (one required)

_____ _____

Father Date

_____ _____

Mother Date

_____ _____

Guardian Date

_____ _____

Witness (one required) Date

Appendix C

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE Sickle Cell Anemia Association of Texas Inc.

GRANTS TO Aletha M. Wright
a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

To determine if there are any differences between the perceived self-concept of a group of Black adolescents with sickle cell anemia as compared with a group of Black adolescents without sickle cell anemia

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other_____

Date: May 14, 1979

Doris M. Edmon
Signature of Agency Personnel

Aletha M. Wright
Signature of Student

Tommie L. Wallace
Signature of Faculty Advisor

*Fill out & sign three copies to be distributed as follows: Original - Student; First copy - Agency; Second copy - TWU College of Nursing.

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE Grace Temple Seventh Day Adventist Church

GRANTS TO Aletha Marie Wright
a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

To determine if there are any differences between the perceived self-concept of a group of Black adolescents with sickle cell anemia as compared with a group of Black adolescents without sickle cell anemia

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other_____

Date: May 14, 1979

Elder B. E. Wright
Signature of Agency Personnel

Aletha M. Wright
Signature of Student

Beth C. Vaughan-Wrobel R.N.
Signature of Faculty Advisor

*Fill out & sign three copies to be distributed as follows: Original - Student; First copy - Agency; Second copy - TWU College of Nursing.

Appendix D

INTRODUCTORY LETTER TO ADOLESCENTS
SICKLE CELL ANEMIA

Dear Participant and Parent:

I am a Registered Nurse currently engaged in a research study. This study will be a partial completion of the requirements leading to the Master of Science Degree in Nursing from Texas Woman's University in Dallas, Texas.

You are invited to participate in a study regarding the self-concept of Black adolescents with sickle cell anemia. Your voluntary participation in this study is requested in order to investigate the self-concept of Black adolescents with sickle cell anemia. Your participation and input will be beneficial in helping to deliver more comprehensive health care to Black adolescents with sickle cell anemia. You may refuse to participate in this study if you desire. Whether or not you participate in this study will not affect the care that you receive from any agency. If you choose to participate in this study, you may terminate your participation at any time. Your participation in this study will be anonymous.

You will be asked to complete a questionnaire concerning the self-concept. The form will require only your age, sex, and grade, and can be completed in fifteen to twenty minutes. If you agree to anonymously participate

in this study by completing the questionnaire, please read and sign the consent form. Your opinion is of great value and I appreciate your cooperation. Thank you very much.

Sincerely,

Aletha M. Wright, R.N., B.S.N.

Appendix E

INSTRUCTIONS FOR COMPLETING THE

"HOW I SEE MYSELF SCALE"

I am trying to obtain information that I hope will eventually improve the delivery of health care to patients with sickle cell anemia. Let me emphasize that this is not a test to see how much you know or do not know about something. These questions are all about you. There are no right or wrong answers. I am only interested in what you think about yourself. I am going to ask you to think about yourself for a little while before you write anything. I want you to think of how you are most of the time, not how you think you ought to be, not how the teacher thinks you ought to be, not how you want to be or your parents or friends want you to be. This is to see how you yourself feel you are most of the time.

Let me first assure you that these papers will not been seen by your parents, teachers, friends, or anyone at the sickle cell agency. Furthermore, I do not want you to put your name on the paper. I only want you to put your grade, sex, and age. Now let's look at the paper. Look at question number one. On the left side of the page it has "I rarely get mad" and on the right side of the page "I get mad easily." If you feel

that nothing gets you mad most of the time, you would circle the number 1 on the scale. If you feel that most of the time you get mad easily, you would circle the number 5 on the scale. If you feel that you are somewhere in between, you would circle the number 2, 3, or 4 on the scale. Look at question number 2 on the scale. On the left side of the scale it has "I have trouble staying with one job until I finish." If you feel that most of the time you don't stay with things and finish them, you would circle number 1 on the scale. The right side has "I stick with a job until I finish." If you feel that most of the time you do stay with things and finish, you would circle number 5 on the scale. If you feel that you fit somewhere in between, you would circle the number 2, 3, or 4 on the scale. It is important for you to read each question carefully because some statements in the left-hand column are stated in positive terms whereas some statements in the same column are stated in negative terms. Also some statements in the right-hand column are stated in positive terms and others are stated in negative terms. So it is very important to think very carefully about each statement before you answer it.

Grade:_____Sex:_____Age:_____

Secondary Form

HOW I SEE MYSELF

Developed by Ira J. Gordon, Dean, School of Education
University of North Carolina
Chapel Hill, North Carolina 27514

1.	I rarely get real mad	1	2	3	4	5	I get mad easily
2.	I have trouble staying with one job until I finish	1	2	3	4	5	I stick with a job until I finish
3.	I am a good artist	1	2	3	4	5	I am a poor artist
4.	I don't like to work on committees	1	2	3	4	5	I enjoy working on committees
5.	I wish I were taller or shorter	1	2	3	4	5	I am just the right height
6.	I worry a lot	1	2	3	4	5	I seldom worry
7.	I wish I could do something with my hair	1	2	3	4	5	My hair is nice-looking
8.	Teachers like me	1	2	3	4	5	Teachers dislike me
9.	I have a lot of energy	1	2	3	4	5	I have little energy
10.	I am a poor athlete	1	2	3	4	5	I am good at athletics
11.	I am just the right weight	1	2	3	4	5	I wish I were lighter or heavier
12.	The girls don't admire me	1	2	3	4	5	The girls admire me
13.	I am good at speaking before a group	1	2	3	4	5	I am poor at speaking before a group
14.	My face is very pretty (good looking)	1	2	3	4	5	I wish my face was prettier (better looking)
15.	I am good at musical things	1	2	3	4	5	I am poor at musical things
16.	I get along very well with teachers	1	2	3	4	5	I don't get along well with teachers
17.	I dislike teachers	1	2	3	4	5	I like teachers
18.	I am seldom at ease and relaxed	1	2	3	4	5	I am usually at ease and relaxed
19.	I do not like to try new things	1	2	3	4	5	I like to try new things
20.	I have trouble controlling my feelings	1	2	3	4	5	I control my feelings very well
21.	I do very well in school	1	2	3	4	5	I do not do well in school

Secondary Form HOW I SEE MYSELF Page 2

22.	I want the boys to admire me	1	2	3	4	5	I don't want the boys to admire me
23.	I don't like the way I look	1	2	3	4	5	I like the way I look
24.	I don't want the girls to admire me	1	2	3	4	5	I want the girls to admire me
25.	I am quite healthy	1	2	3	4	5	I am sick a lot
26.	I am a poor dancer	1	2	3	4	5	I am a good dancer
27.	Science is easy for me	1	2	3	4	5	Science is difficult for me
28.	I enjoy doing individual projects	1	2	3	4	5	I don't like to do individual projects
29.	It is easy for me to organize my time	1	2	3	4	5	I have trouble organizing my time
30.	I am poor at making things with my hands	1	2	3	4	5	I am good at making things with my hands
31.	I wish I could do something about my skin	1	2	3	4	5	My skin is nice-looking
32.	Social studies is easy for me	1	2	3	4	5	Social studies is difficult for me
33.	Math is difficult for me	1	2	3	4	5	Math is eady for me
34.	I am not as smart as my classmates	1	2	3	4	5	I am smarter than most of my classmates
35.	The boys admire me	1	2	3	4	5	The boys don't admire me
36.	My clothes are not as nice as I'd like	1	2	3	4	5	My clothes are very nice
37.	I like school	1	2	3	4	5	I dislike school
38.	I wish I were built like the others	1	2	3	4	5	I like my build
39.	I am a poor reader	1	2	3	4	5	I am a very good reader
40.	I do not learn new things easily	1	2	3	4	5	I learn new things easily
41.	I present a good appearance	1	2	3	4	5	I present a poor appearance
42.	I do not have much confidence in myself	1	2	3	4	5	I am full of confidence in myself

Appendix F

INTRODUCTORY LETTER TO ADOLESCENTS
WITHOUT SICKLE CELL ANEMIA

Dear Participant and Parent:

I am a Registered Nurse currently engaged in a research study. This study will be a partial completion of the requirements leading to the Master of Science Degree in Nursing from Texas Woman's University in Dallas, Texas.

You are invited to voluntarily participate in a study regarding self-concepts of Black adolescents. Your participation and input will be beneficial in helping health professionals to deliver more comprehensive health care to Black adolescents. You may refuse to participate in this study if you desire. If you choose to participate in this study, you may terminate your participation at any time. Your participation in this study will be anonymous. Whether or not you choose to participate in this study will not affect the care that you receive from any agency.

You will be asked to complete a questionnaire concerning the self-concept. The form will require only your age, sex, and grade, and can be completed in fifteen to twenty minutes. If you agree to anonymously participate in this study by completing the questionnaire, please read

and sign the consent form. Your opinion is of great value and I appreciate your cooperation. Thank you very much.

Sincerely yours,

Aletha M. Wright, R.N., B.S.N.

Appendix G

Consent Form
TEXAS WOMAN'S UNIVERSITY
HUMAN SUBJECTS REVIEW COMMITTEE

(Form B)

Title of Project: Self-Concept of Black Adolescents with and without Sickle Cell Anemia

Consent to Act as a Subject for Research and Investigation:

I have received an oral description of this study, including a fair explanation of the procedures and their purpose, any associated discomforts or risks, and a description of the possible benefits. An offer has been made to me to answer all questions about the study. I understand that my name will not be used in any release of the data and that I am free to withdraw at any time. I further understand that no medical service or compensation is provided to subjects by the university as a result of injury from participation in research.

Signature _____ Date _____

Witness _____ Date _____

Certification by Person Explaining the Study:

This is to certify that I have fully informed and explained to the above named person a description of the listed elements of informed consent.

Signature _____ Date _____

Position _____

Witness _____ Date _____

One copy of this form, signed and witnessed, must be given to each subject. A second copy must be retained by the investigator for filing with the Chairman of the Human Subjects Review Committee.

Appendix H

STATEMENT OF CERTIFICATION

Date_____

This is to certify that _____
(Name)

has been tested for sickle cell anemia. The test was taken in _____(year). The results of the test were _____positive or _____negative (please check one).

_____
Parent or Legal Guardian

Appendix I

3509 Madrid Drive
Fort Worth, Texas
March 27, 1979

Mrs. Ginger Braune
The University of North Carolina
at Chapel Hill
School of Education
Peabody Hall 037A
Chapel Hill, North Carolina

Dear Mrs. Braune:

I am a graduate student in Nursing at Texas Woman's University in Dallas, Texas. In order to complete research for my thesis, I would like to utilize the secondary form of the "How I See Myself Scale," developed by Dr. Ira Gordon. This letter is a request for permission to use the scale. Thank you very much.

Sincerely yours,

Aletha M. Wright

Aletha M. Wright

Permission granted
Please cite reference
when using it —

Ginger Braune

3/30/79

Appendix J

TABLE 2

PERCEIVED SELF-CONCEPT--TOTAL SCORES OF ADOLESCENTS WITH SICKLE CELL ANEMIA

Age	Sex	Grade	Factor 1 Teacher-School	Factor 2 Physical Appearance	Factor 3 Academic Adequacy	Factor 4 Interpersonal Adequacy	Factor 5 Autonomy	Total Scores
12	M	7	13	23	15	57	18	126
13	M	7	14	32	26	48	24	144
15	M	10	14	28	22	74	13	151
16	M	11	16	26	20	53	19	134
17	M	12	17	36	24	61	30	168
17	M	12	18	31	17	55	28	149
12	Fe	7	21	35	26	56	29	167
12	Fe	7	18	28	21	47	28	142
13	Fe	8	17	30	24	73	31	175
14	Fe	9	22	29	16	52	30	149
14	Fe	9	15	26	21	64	19	145
15	Fe	10	19	28	25	54	20	146
16	Fe	11	16	34	14	73	26	163
17	Fe	12	18	33	19	71	27	168
Total			238	419	290	838	342	T=2127

TABLE 3

PERCEIVED SELF-CONCEPT--TOTAL SCORES OF ADOLESCENTS WITHOUT SICKLE CELL ANEMIA

Age	Sex	Grade	Factor 1 Teacher-School	Factor 2 Physical Appearance	Factor 3 Academic Adequacy	Factor 4 Interpersonal Adequacy	Factor 5 Autonomy	Total Scores
12	Fe	7	14	21	19	63	29	146
12	Fe	7	18	35	24	54	27	158
13	Fe	8	16	31	20	54	18	139
13	Fe	8	19	28	15	73	14	149
13	Fe	8	15	27	23	47	23	135
14	Fe	9	22	29	25	56	19	151
14	Fe	9	14	25	20	57	30	146
15	Fe	10	16	27	16	48	29	136
15	Fe	10	17	33	19	74	30	173
17	Fe	12	19	31	21	53	30	154
12	M	7	23	21	15	65	21	145
13	M	8	16	33	27	56	27	159
13	M	8	15	26	23	74	28	166
13	M	8	15	36	21	72	26	170
15	M	10	18	30	26	71	24	169
16	M	11	17	28	20	67	29	161
16	M	11	14	22	18	66	21	141
17	M	12	13	24	17	59	22	135
Total			301	507	369	1109	447	T=2733

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