AN EXPLORATORY INVESTIGATION

OF THE SELF ESTEEM OF

PREADOLESCENT CHILDREN

IN RESIDENTIAL CARE

A DISSERTATION

by

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A P P E N D I X

A B S T R A C T

A questionnaire consisting of the Coopersmith Self Esteem Inventory, incomplete sentences, and semi-projective questions was administered to two groups of preadolescent children, one in residential care, and another from intact family units. The investigation aimed to explore the self esteem of institutionalized children and to determine whether a relationship existed between self esteem and placement in residential care. To investigate the phenomenon of institutionalism a third group of children resident in a boarding school hostel were tested. The results indicated no significant difference between the subjective self esteem scores of children in residential care and the family group, although the boarding school group was considerably higher. The antecedents and consequences of low self esteem are investigated, and the findings discussed in relation to current trends and controversies in the practice of residential child care.

INTRODUCTION AND STATEMENT OF THE PROBLEM

> "Every person admires the appearance of an
> institution and dreads the possibility of
> having to be an inmate thereof. One can
> truly say that men enjoy creating ideal
> environments for others and abhor such
> creations for themselves" (Bush 1980)

The century-old debate over institutional care versus other forms
of child care is still very much in evidence as is a growing concern
about the residential facilities for children. Residential care
has traditionally been regarded as a last resort in child care, the
nuclear family acting as the cultural ideal. Mention an institution,
a group care programme, and the image is negative. Erving Goffmans
"Assylums", the horror stories of prison life, and other carefully
documented, regrettable consequences of group life stand before us.
Bolstered by the early studies of Bowlby, Spitz and others on the
effects of maternal deprivation, group care has been universally re-
garded as an unfortunate phenomenon. At the core stood the family
model, bostered by tradition, faith, and often a lack of tolerable
alternatives. But beginning in the late 1950s, the literature on
maternal deprivation and the effects of institutional life
increasingly questioned the traditional viewpoint. Evidence
suggested that institutionalism per se was not inherently damaging,
but that the quality of care was a dominant factor. Reinforcing
this view were reports of the successful residential care of children
is Israel, Austria and the U.S.S.R. The group care movement has
arisen, and proposes that the institutions can be a positive form
of child care when structured appropriately and infused with good
staff and material resources. Their claims go further to suggest that
group care can provide a powerful therapeutic environment - a
"powerful environment" - that matches or surpasses that of the
nuclear family model.

The view has not gone unchallenged and a number of authors question

whether such a model represents a true improvement on traditional institutional care. The core issues of the debate relate to whether institutions necessarily have a negative effect upon children. Some have argued that all institutions are inherently 'bad' places because of the process of "institutionalization". Others regard institutions as neutral places whose effects depend upon the quality of the care given. The problems of assessing these claims is another problematic aspect.

This study aims to investigate the debate. The concept of self esteem is used as an index of adjustment by which to compare different forms of child care. Self esteem is a fairly global and subjective construct that is believed to influence a wide variety of different behaviours. Studies have shown that self esteem is sensitive to child rearing practices (Coopersmith 1967). The self esteem of children in residential and intact family care will be compared as a baseline measure. To assess whether institutions have a negative effect, the self esteem scores of children who have been in care for different lengths of time will be compared. To assess whether institutions are inherently 'bad' places, the self esteem of children in another institution (a boarding school hostel) will be compared. The sources of low self esteem on children in residential care will be explored to ascertain whether these relate to institutional life.

THE IMPORTANCE OF THE STUDY

It is proposed that this investigation will provide some insight into the self esteem of children in residential care, and help to fill a gap in self-esteem research. The self esteem of institutionalized children has been the subject of very few studies. On a theoretical level some of the questions surrounding the current debate on residential care versus other forms of care will be addressed, with a view to its eventual resolution.

The investigation has practical relevance for child care practitioners. Reserachers have found evidence to suggest that self esteem is an important mediator of several behaviours, tending to place limits on their expression. A review of the literature suggests that the early experiences of children who enter residential care would predict a low self esteem. The plethora of behaviour problems of these children after placement in the institution supports this view : both the antecedents and consequences of residential care placement are highly suggestive of low self esteem. The standard approach to the remediation of problem behaviour has been to treat each behaviour individually (e.g. behaviour modification for non-compliance, remedial assistance for school problems, play groups for problems relating to peer relationships). This has met with limited success as long-term studies on institutionalized children indicate. Self concept theorists suggest that an alternative conception of the problem would be as follows –

Beliefs about the self

Academic Achievement   Emotional Problems   Social Behaviours
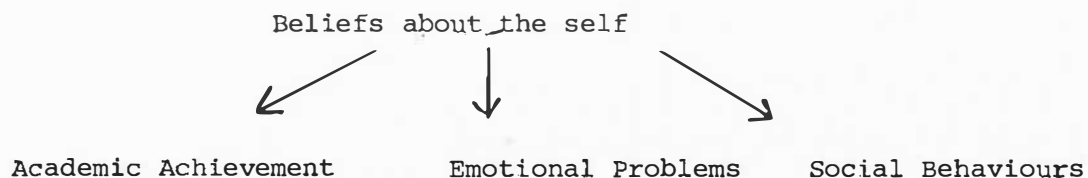
In this view, beliefs about the self (self concept and self esteem) influence behaviour in a number of areas. The consequences of these behaviours in turn influence the self conception. The implication of this view is that beliefs about the self are pivotal and must be altered in conjunction with specific behaviours if durable therapeutic changes are to follow.

Within the residential care setting, where self esteem is likely to be low, the assessment and remediation of faulty self conception is advised. This would also act as an economical approach to the treatment of a number of problem behaviours.

In the investigation of self esteem, this study proposes to employ a number of techniques with a view to constructing a simple, but useful instrument that can be employed by child care workers as an initial screening device.

DEFINITION OF TERMS

1. A child in residential care is one who has been declared in need of care in terms of the Children's Act (See Appendix 2), separated from his/her parents, and placed in the care of a registered children's home.

2. Residential Care is a form of service whereby overall child care is conducted under the auspices of a public or voluntary agency with an emphasis on collective group care.

3. Custodial Care is a form of child care concerned with provision of physical needs for an indefinite period and keeping children isolated from the community.

4. Group Care refers to the residential care of children in small groups with an emphasis upon facilitating personal growth and development (therapeutic goals).

5. Intact Family refers to a situation where a child is living with both natural parents.

6. Self Esteem refers to the evaluation of what an individual thinks he is, what he thinks others think of him, and what he would like to be : an evaluation of person's physical characteristics, intellectual abilities, perception, and feelings formed toward himself.

DELIMITATIONS OF THE STUDY

The study is subject to the following delimitations:

1. The research depends upon the cooperation of the parents and
    children involved.

2. The study is limited to boys and girls between the ages of
    10 and 14 years.

3. The study is limited to white children only.

4. The study will be limited to children in residential care
    who have been declared "in need of care", and to non-
    institutionalized children of intact families where both
    parents are living together.

5. Self esteem is assumed to be a sensitive indicator of the
    effects of different child care practices.

HYPOTHESES TO BE TESTED

1. Self esteem is related to residential status : there will be a
    significant difference in the self esteem scores of children in
    residential care and those in intact family care.

2. There will be no significant difference in the self esteem
    scores of males and females.

3. Self esteem is not related to the organizational style of the
    institution.

4. Self esteem is not related to length of placement in residential
    care.

<u>LITERATURE REVIEW</u>

<u>AN INTRODUCTION</u>

Interest in the self, self concept and self esteem has seen a revival
in the last two decades. From being regarded as "unstudiable and
unscientific", the self has been recognized as a subject of study and
an important variable in the prediction and understanding of behaviour.
A body of literature on self esteem, its antecedents and effects, has
recently emerged. Concurrent with this trend has been a revival in
the debate over institutional care, following the decline in
popularity of the theories of Bowlby and others. The effects of
institutionalization have been disputed. In the midst of this,
residential child care has seen a move away from the custodial model
toward a more child-oriented, therapeutic model : the group care model.
This trend has been mirrored in South African residential institutions.

This review will address some of the issues surrounding the concept of
self esteem, and the residential care dispute. Port One is devoted
to a discussion of recent research into self esteem, and its correlates.
Part Two concerns a review of trends in residential care, the effects
of residential care, and some of the issues facing the child care
worker.

PART I

The Self, Self-Concept, and Self Esteem

Interest in the self, what it is, and how it develops, is not
a recent phenomenon. As a theoretical concept the self has flowed
with the currents of philosophical and psychological thought
since the seventeenth century when French philosopher Rene Descartes
first discussed the "cognito", or self, as a thinking substance.
His "cognito ergo sum" (I think, therefore I am) emphasized the
self in consciousness, opening the way for rigorous philosophical
examinations by thinkers such as Locke, Hume and Berkeley. When
psychology evolved from philosophy as a separate discipline,
the self, as a related construct, moved with it. William James (1890)
was the first psychologist to elaborate in a most cogent fashion on
it, adopting a rigorously objective perspective. However, the rise
of behaviourism early in this century saw a neglect of the
psychological study of the self. The self was not something that
could be easily investigated under rigidly controlled laboratory
conditions. Consequently, the subject was not considered an
appropriate one for scientific pursuit. Some interest was main-
tained through the writings of Cooley (1902), Mead (1934) and
Dewey (1916).

A retreat from the hard-line position of classical behaviourism
occurred in the late 1930's with the emergence of the cognitive
theorists, who admitted the importance of internal events as factors
in explaining certain behaviours. Unobservable events took on a
new respectability, supported by the infusion of phenomenological
theory and method into psychology. During the last 20 years, a
deluge of experimentation and theorising on the self has reflected
its revival as an important area of psychological study, (e.g.
Coopersmith 1967; Hammachek 1965, 1978; Burns 1979).

A distinction must be drawn between the self, the self-concept,
and self-esteem. The self, broadly speaking, refers to that part
of the person of which he is consciously aware. Jersild (1952)
writes:

"A person's self is the sum total of all he can call his.
This self includes, among other things, a system of ideas,
attitudes, values, and commitments. The self is a
person's total subjective environment; it is the
distinctive centre of experience and significance. The
self constitutes a person's inner world as distinguished
from the outer world of other people and things" (P3).

The self-concept refers to a collection of attitudes or ideas about
the self. A number of definitions have been proposed by different
authors, but Burns (1969) puts it most succinctly when he describes
the self-concept as "a composite image of what we think we are,
what we think we can achieve, what we think others think of us,
and what we would like to be" (P1). In their review of definitions,
Shavelson et al (1976), identified six critical features of the
self-concept:

1. The self-concept is organised : An individual's experiences
    form the data on which the self-concept is based. To reduce
    the complexity of his perceptions, they are organised into
    simpler categories, e.g. a child may organise his perceptions
    in terms of school, family and friends, which form the basic
    content of his self-concept.

2. The self-concept is multifaceted : It may be related to a
    number of life experiences (e.g. school, family).

3. The facets of self-concept form a hierarchy ranging from
    a general self-concept at the apex to specific experiences
    at the base. The self-concept may be structured as
    follows:-

General:

Academic and
Non-Academic
Self-Concept:

Subareas of
Self-Concept:

Evaluation of
Behavior in
Specific
Situations:
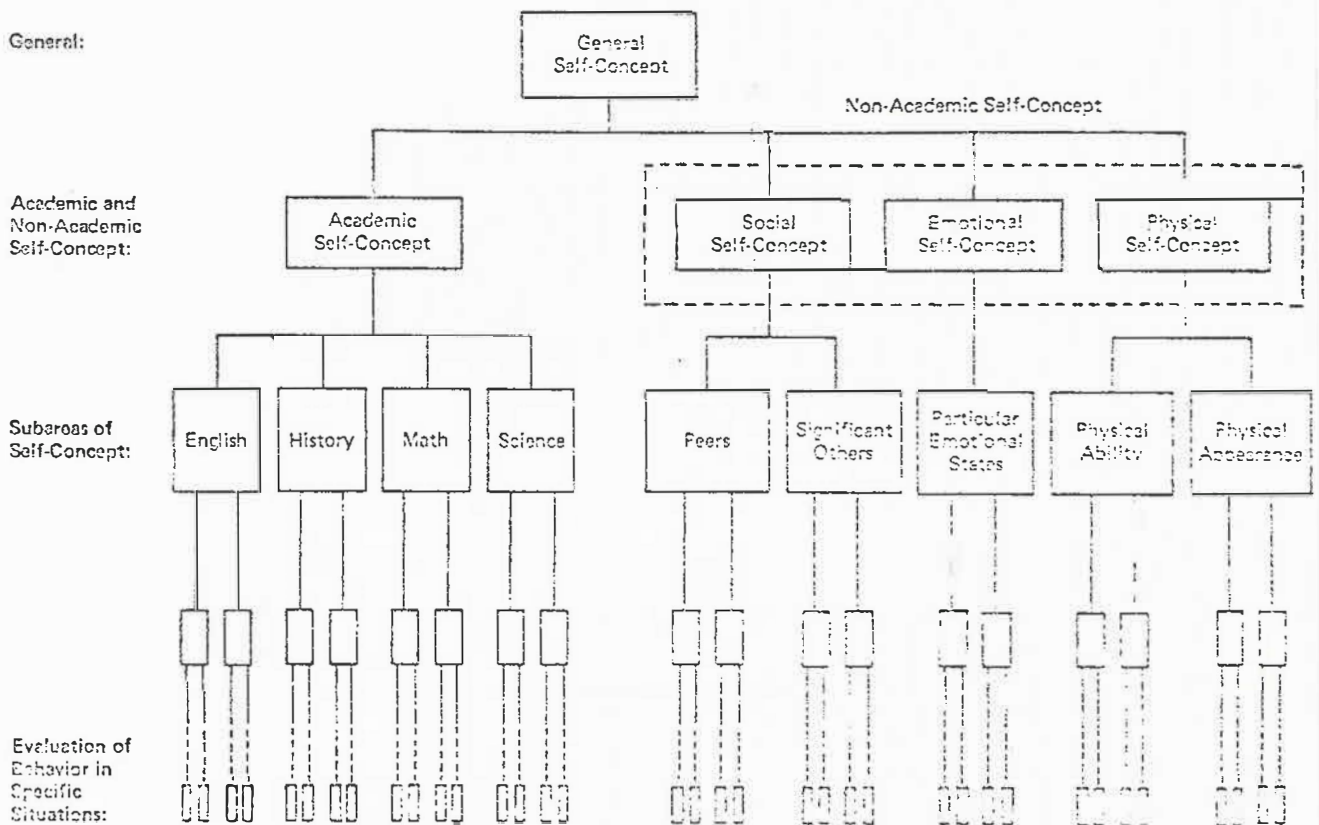
Figure 1
One possible representation of the hierarchic organisation of self-concept.

(Shavelson et al P413)

4. The self-concept is stable. However, as one descends the
hierarchy, self-concept depends increasingly on specific
situations and thus becomes less stable. At the base of the
hierarchy, the self-concept varies greatly with variations
in situation. Furthermore, changes at the lower levels of
the hierarchy are probably accentuated by conceptualizations
at higher levels, making the self-concept resistant to
change. To change the general self-concept, many situation-
specific instances inconsistent with it would be required
e.g. Machr (1967) showed that success or failure in an
athletic task altered the subject's self-concept of
specific physical ability, but did not change general self-
concept.

5. The self-concept develops : Infants tend not to differentiate
    themselves from their environments. As they mature, the
    differentiation of the self begins, as represented by the terms
    I and me. The young child's self-concept is global, undifferentiated
    and situation-specific. With increasing age, the child begins to
    differentiate and organize his perceptions of the environment.
    As the child co-ordinates and integrates the parts of his self-
    concept, we can speak of a multifaceted, structured self-concept.

6. The self-concept is evaluative in character. Not only does an
    individual develop a description of himself in a particular
    situation, he forms evaluations of himself in these situations.
    The evaluative dimension varies in importance for different
    individuals and for different situations, and is related to the
    individual's past experience in a particular culture or sub-
    culture. The term self-esteem is used to describe this
    evaluative component of the self-conept.

By self-esteem Coopersmith (1967) refers to:-

"..... the evaluation that the individual makes and customarily
maintains with regard to himself; it expresses an attitude
of approval or disapproval and indicates the extent to
which the individual believes himself to be capable,
significant, and worthy. In short, self-esteem is a
personal judgement of worthiness that is expressed in the
attitudes the individual holds" (P4).

Anything related to the person is liable for such evaluations on the
basis of criteria and standards involving any one, or combinations,
of consensual goals (e.g. wealth, prestige), levels of achievement,
moral precepts, and norms of behaviour. Three principle reference
points appear pertinent in self-evaluation. Firstly, the com-
parison of the self-image with the ideal self-image - (the person
one would wish to be). This sort of comparison has been a dominant
theme in numerous approaches to psychotherapy (e.g. Rogers 1951),

whereby cognisance of the two selves is an important indicator of
mental health. William James (1890) conceptualized self esteem
as the ratio between actual accomplishments and aspirations:

$$\text{Self Esteem} = \frac{\text{Success}}{\text{Pretensions}}$$

He noted "Our self feeling in this world depends entirely on what we
back ourselves to be or do" (P64). Those who do not match up
to their own ideals are likely to possess low self esteem.
Psychotherapy has traditionally offered little more than per-
suasive advice to ajust goals by lowering sights and adjusting ideals
to reality (Burns 1979, P61)

The second reference point involves the internalization of societies'
judgement. This assumes that self evaluation is determined by the
individual's beliefs as to how others evaluate him. This con-
ceptualization of self-esteem was promoted by Cooley (1912) and
Mead (1934) initially. The third reference point involves the
individual evaluating himself as a relative success or relative
failure in doing what his identity entails. It involves not the
judgement that what one does is good in itself, but that one is
good at what one does.

A positive self-concept can be equated with positive self evaluation,
self respect, self esteem, self acceptance; a negative self concept
becomes synonymous with negative self evaluation, self hatred,
inferiority and a lack of self acceptance. Each of these terms
carries connotations of the others and have been used inter-
changeably by various writers (Wylie, 1961; Coopersmith,1967). The
terms self-concept and self-esteem will be regarded henceforth as
synonymous.

The Significance of Self-Esteem

Numerous researchers and theorists have held the belief that self-
esteem is significantly associated with personal satisfaction and

effective functioning (e.g. Rogers, Adler, Horney). Psychological studies reveal that persons who seek psychological help frequently acknowledge that they suffer from feelings of inadequacy and unworthiness (Ellis, 1961). These people see themselves as help-less and inferior - incapable of improving their situations and lacking the inner resources to tolerate or reduce the anxiety readily aroused by everyday events and stress. Still other studies (Coopersmith, 1967) reveal that persons whose performance does not match their personal aspirations evaluate themselves as inferior, no matter how high their attainments. "These persons are likely to report feelings of guilt, shame, or depression and to conclude that their actual achievements are of little importance" (P3). Unless and until they can attain their desired goals, they regard themselves as unsuccessful and unworthy. But people do not hold negative self-esteem and low self-acceptance with equanimity and contentment. Rosenberg (1965) demonstrated a consistent appearance of a highly depressed state alongside low self-esteem, while Star (1950) showed that those of low self-esteem were 8 times more likely than those of high self-esteem to manifest a large number of psychosomatic symptoms that have been shown to be closely related to neuroticism (Quoted in Burns 1979).

A number of psychological approaches have emphasized the importance of thoughts as mediators of behaviour (e.g. Ellis 1961 - Meichenbaum 1974). The phenomenological approach (Rogers 1954; Kelly 1955) particularly emphasizes that behaviour is not only influenced by past and current experiences but by the personal meanings each individual attaches to his perception of those experiences. Perceptions from the outside world are the basic ingredients from which the self-concept is developed and maintained. But perception is necessarily selective, to deal with the wealth of stimuli that impinge on the senses. The directions in which perceptions are oriented are not the sole function of the relative arousal value of available stimuli but dependent upon individual past experience, expectation, present needs and current self conception. (Burns 1979).

Rogers (1951) states:

"As experiences occur in the life of an individual they are
either symbolized, perceived, and organized in some
relationship to the self; ignored because there is no perceived
relationship to the self structure; denied symbolisation or
given a distorted symbolisation because the experience is
inconsistent with the structure of the self"   (P503)

Rogers and other self theorists argue that it is a person's concept
of himself that determines the kind and quality of the experience
perceived. The self-concept acts as a selective screen, the
permeability of which is determined by individual developmental
history and the nature of the environment relative to the person.
In stressful situations, the screen becomes a barrier which isolates
the individual who becomes a prisoner of his own defences.

Coopersmith (1968) observes that the importance of self esteem is
reflected in a change in mental health policy. Whereas earlier
programmes focussed on difficulties that were already present and
sought to determine how they arose, current efforts are directed
at the prevention of psychological disorders by identifying the
manner in which healthy individuals develop. Reseach has aimed
at the identification of factors that enhance self esteem so that
individuals can be "innoculated" against low self esteem and its
effects (e.g. Felker 1974; Fein et al 1975). Self esteem is
increasingly recognised as an important moderator of behaviour.
Several maladaptive behaviours may be related to a low self esteem
e.g. poor academic performance, inappropriate social behaviour,
and depression. While the individual treatment of each condition
has positive effects, therapists (e.g. Lazarus 1978) have proposed
that it is more logical to adopt a parallel treatment approach that
focusses upon both cognitive and behavioural components. The short
term adaptation characterized by traditional S-R learning and
therapy may be due to the failure support behavioural changes with
cognitive restructuring (Burns 1979).

Problems of Measurement

The assessment of self esteem presents a number of problems for the
researcher. Self esteem is a construct that does not lend itself to
simple definition or measurement. Consequently, a variety of studies
employing a diversity of instruments has emerged in the last two
decades. Wylie (1968) has observed that many researchers have developed
their own instruments which have been poorly checked for reliability
and validity, inadequately described, and difficult to locate. Studies
have employed terms such as "self concept", "self esteem" and "self
evaluation" without necessarily investigating the same phenomenon.
Sometimes the only similiarity between one study and the next was the
terminology used.

The major problem encountered in self esteem research is the fact that
each subject is his own best vantage point. The phenomenological
perspective is different from the typical experiment as research must
operate without the use of an external criterion. Interest is located
in the stimulus as the subject interprets it. Researchers are unable
to check the reports of subjects as no body of external observers can
ever claim to pronounce on what the subject should have experienced.
Allport (1955) nevertheless argues that the individual has a right to
be believed when he reports on himself.

Since phenomenological theory appears to be inappropriate for the
usual "if-then" or S-R design, where the dependent variable is predicted
as a function of the independent variable, most self research employs
correlational designs. This limitation implies that cause-effect
laws cannot be strongly demonstrated.

The third problem relates to the techniques employed to assess self
esteem. Burns (1979) argued that self report inventories, the most
common instruments employed, measure not self esteem but what report
the individual is willing to give about himself. However, these
techniques remain the most acceptable measure of the self, and the
researcher can at best take account of their limitations until

alternate strategies are developed. Burns (1979), in his survey of
the measurement techniques, describes a picture of inadequate research
designs and instruments with little reported validity and reliability
indices, and problems of social desirability and acquiescence in subject
responses. Temporal reliability when reported is always above 0,70.

The Correlates of Self Esteem

A number of studies have investigated the correlates of high and low self esteem (e.g. Calhoun et al 1973, Thompson 1973, Larned 1979). These researchers have typically focussed upon the effects of body image, educational achievement, socioeconomic status, and child rearing practices:

BODY IMAGE : There is a considerable amount of evidence to suggest that one's appearance is an important determiner of self esteem, among both men and women (Rosen and Ross 1968). Like other elements of self concept, body image is subjective, but no other element is more open to private and public evaluation. Jourard (1955) found that the general level of body satisfaction was commensurate with the individual's overall level of self esteeem. People learn a cultural idea of what a body should be like. The "well-proportioned young lady and broad-shouldered male body" are more likely to give rise to social approval and high self esteem (Lerner, 1975). Growth-rate is related to self esteem. Boys and girls who mature physically at an earlier age have been found to have a higher self esteem score (Hammachek 1979). Although body image is correlated with self esteem, it is perfectly possible to establish one's self esteem on other grounds.

EDUCATIONAL ACHIEVEMENT : Numerous studies indicate a direct relationship between a child's self esteem and academic performance. Successful students are typically characterized by self confidence, self acceptance, feelings of personal competence, and more stable feelings of self regard. On the other hand, research shows that unsuccessful students are characterized by feelings of uncertainty, low self regard, self derogatory attitudes and strong inferiority feelings (Brookover 1967, Smith 1969 - in Purkey 1970). Academic and social success is related to superior levels of self esteem. However, it is impossible to specify exactly what comes first, superior school work or high self esteem. Nevertheless, it is not unreasonable to suggest that each is mutually reinforcing to the extent that positive changes in one facilitate positive changes in the other, e.g. research has suggested that unexpected academic success can enhance self esteem (Feather 1969)

The literature indicates that it takes more than a positive self esteem to attain high academic achievement. A positive self concept is a necessary, but not sufficient condition for achievement (Brookover 1969). While children of high self esteem may often achieve at a relatively lower level, practically no children with lower self esteem ratings may achieve at a higher level.

The reciprocal influence of self esteem and academic/social achievement is complicated by the interpolation of feedback and expectations into the process to form a circular effect. This is illustrated below:

Child's self esteem

Child adapts self evaluations & expectations

Child's behaviour & social performance

Pupil perceives evaluations & expectations held of him

Parent evaluation of him

Non verbal communication to child

Parent expectations for child
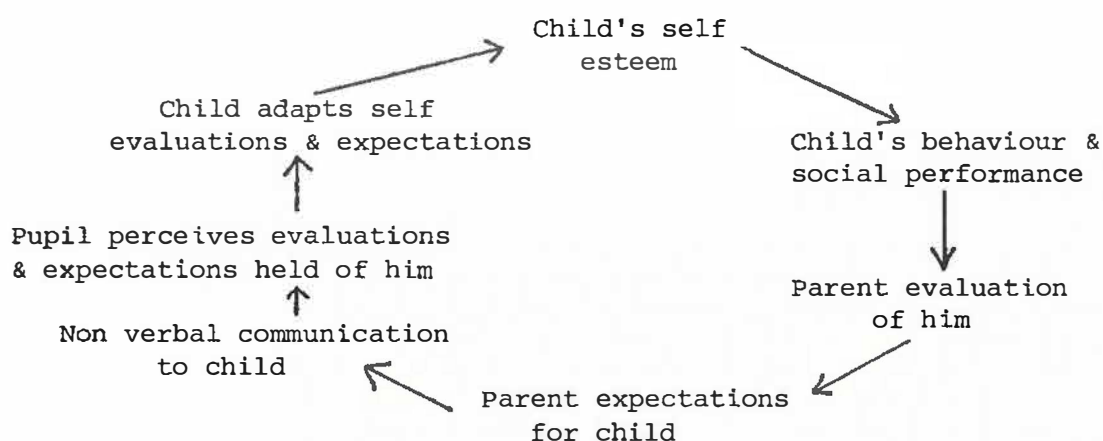
Figure1 : The circular process of self esteem, behaviour and feedback
(Adapted from Burns, 1979, P287)

THE INTERPERSONAL ENVIRONMENT : Possibly the most crucial source of self esteem lies in the feedback received from significant others. Statements received about the self are the most pervasive source of information about the self, and the child is likely to be affected by the labels that are applied to him.

Although it has been conventionally accepted that parents are the prime influences on the child's self esteem, by virtue of their position as primary caretakers, Kircher and Vanderack (1975) produced results indicating that peers and siblings are sometimes rated as high as the parents, as sources of self esteem. Burns (1979) suggests that the peer group has been largely ignored as a factor in self

esteem, and proposes its use in ongoing therapeutic group work for the enhancement of self esteem. Teachers too are cited as source of self evaluation, and positive feedback has been shown to increase self esteem on a number of studies (e.g. Videbeck 1960).

Attitudes to the self are antecedents to attitudes to others. Self accepting people are less defensive and hence more accepting of interaction with others (Burns, 1975 78). Rogers (1954) writes:

"What a person thinks of himself does not form a closed
system, imprisoned and encapsulated, having no relevance
beyond the boundary of his own wellbeing; on the contrary
it reaches out to manipulate his relationships with
others. The self concept apparently brings to bear
a unique perspective for viewing one's relationship
with one's social environment" (P232)

CULTURAL DISADVANTAGE : There is a classical and entrenched view that the self esteem of disadvantaged people is lower than that of others. These people are presumed on commonsense and other grounds to receive more negative evaluations from significant others and to face societal barriers. Disadvantaged children are likely to be the victims of low self esteem because of poverty, majority group expectations, and unstimulating environmental conditions. However, Coopersmith (1959) writes:

"In a very real sense, much of what has been written about
low socioeconomic status self esteem is based on in-
ferences made by middle class psychologists concerned
with suffering and human dignity, and willing to
accept those inferences without direct involvement" (P154)

Recent experimental studies reveal that disadvantaged children not only possess positive self esteems, but sometimers higher than advantaged groups (e.g. Soares and Soares 1969, Trowbridge 1978). A South African study conducted by Homberg and Page (1977), using the Coopersmith Self Esteem Inventory, failed to discern significant

differences between the self esteems of white and coloured children.
An explanation advanced for this phenomenon is that disadvantaged
children are exposed daily to other disadvantaged people and
neighbourhoods. According to the expectations of such a subculture
they function adequately. Rosenberg and Summers (1973) remark that
what does have an unequivocal impact on their self esteem is what they
believe significant others think of them. Where the child is removed
from its cultural environment, denied access to significant others,
and placed into a system of middle class values of achievement, he
stands to lose some self esteem. A change of standards is required,
resulting in a period of conflicting values. This situation is
akin to that of the disadvantaged child placed in residential care.
Soares and Soares (1971) found that even a change from a junior to
a high school, with its greater emphasis upon competition and
societal rather than sub-cultural values, lessens the security and
self esteem of disadvantaged children.

These findings have led Heiss and Owens (1972) to recast the
traditional premise and suggest that alternate explanations take
account of social class variables, and sub-cultural reference groups.

CHILD REARING PRACTICES : Child rearing practices are regarded as
crucial in the development of self esteem because:

1. Self esteem is learned.

2. Much of this learning comes from feedback from significant
    others, especially parents.

3. Parents are present most consistently in the important early
    years, and

4. The child has a physical, social, and emotional dependence on
    them so that they are in a unique position to influence the
    child's learning about himself.

Most research has been conducted on the effects of broken families.
Hammachek (1978) suggests that the loss of a parent through divorce,
separation or death does not necessarily imply that the child will

be emotionally damaged. The corollary is also true - an intact family
is no guarantee that children will have high self esteem. Consistent
with these findings was Nye's (1957) finding that adolescents from a
broken home showed fewer psychosomatic symptoms, less delinquent
behaviour, and better adjustment to parents than those from unhappy,
unbroken homes. This lends support to the current belief that in some
cases separation and disruption of the home is desirable.

The most extensive study of the relationship between self esteem, and
child rearing practices is that of Coopersmith (1967). He studied
the antecedents of self esteem among 1700 pre-adolescent boys, drawing
data from a variety of sources.

Children with a high degree of self esteem showed themselves to be
socially and academically successful, eager to express ideas, and not
particularly sensitive to criticism. They were not self conscious,
considered themselves as valuable and worthy of respect, and tended
to seek out challenging and novel tasks.

Boys characterized by a medium level of self esteem were similar
to the high esteem subjects in many respects, as they tended to be
optimistic, expressive, and able to bear criticism. But they tended
to be dependent on social acceptance to protect their self worth.
This made them far more active then the high self esteem group in
seeking out social experiences that would enhance self evaluation.
They also experienced greater anxiety.

The low self esteem group felt isolated, unlovable, and incapable
of expression or defence. Passive, self conscious, sensitive to
criticism, they dwelt on their problems. They stuck to safe
situations, felt controlled by external events, and experienced
psychosomatic disorders.

These differences in self esteem were found to be strongly associated
with parental attitudes toward child rearing. Parents of high self
esteem boys manifested interest and involvement in the child's
activities, tended to demand high standards of behaviour, enforced

rules consistently, and imposed limits on behaviour. Coopersmith
noted that the existence of clear limits and less drastic forms of
punishment were important factors. Self esteem seemed to grow
out of parental warmth and acceptance, within a well-defined
framework of rules.

Parents of low self esteem boys tended to be extremely permissive,
but inflicting harsh punishments when they felt it was required.
The boys considered their parents to be unfair, and regarded the
relative lack of rules as a criterion of parent disinterest. The
low self esteem boys had lower aspirations than their counterparts:
a difference reflecting parental expectations. High self esteem
boys received a great deal of encouragement to reach defined
goals.

Coopersmith cautioned that there was no golden rule to create
high self esteem, but a combination of at least two of the following
would encourage it: acceptance, limit-defining, respect, and
parental self-esteem, and a necessary corollary of a minimum of
rejection, disrespect and ambiguity.

The pattern of high self esteem in the boys in Coopersmith's study
has been repeated on several occasions in the psychological
literature (e.g. Medinnus and Curis 1963, Bayley and Schaefer 1960,
Rosenbery 1965). Although his work was restricted to middle-class
male subjects, the findings have been replicated for working class
children.

SELF ESTEEM AND THE CHILD IN RESIDENTIAL CARE : Few studies exist
on the self esteem of the child in residential care. McIntire and
Carlson (1975) compared the children in residential care with non-
institutionalized children, and found that the self esteem of the
former was significantly lower. The literature reviewed so far
paints a bleak picture for children in residential care. Such
children experience many of the factors significantly related to a
low self esteem. Their family backgrounds are generally deprived,

characterized by excessively permissive, restrictive, or confused parenting styles, low academic achievement and aspirations, and separation from significant others. Institutions are operated according to the middle class values of conventional family life, and achievement, and are likely to disrupt the child's subcultural form of reference unless meaningful contact is maintained with significant others. Although class differences among white South Africans' are not as marked as other Western countries, there is evidence to suggest that a class difference does exist between operators and consumers in the welfare community (Erasmus 1980).

The antecedents of placement in residential care suggest low self esteem in these children. The review now moves to a closer examination of the residential experience itself, to assess its consequences in terms of the self esteem literature.

Residential Care in South Africa

The South African Department of Health, Welfare, and Pensions lists 81
registered white children's homes, catering for 5,800 children. The
total number of black children in care is 8,646 (January, 1980).
The Children's Act 33 of 1960 provides the legal framework for the
placement of children in residential care. A distinguishing
feature of South Africa's approach to social welfare is the emphasis
placed upon voluntary organisations. A socialistic model such as
that of Western European countries has not beeen adopted. The res-
ponsibility for residential care has fallen to a number of voluntary
bodies with diverse policies and practices. The state provides only
nominal subsidies for children's homes, resulting in restrictions in
the quantity and quality of staff, a shortage of material resources,
and outdated organisational forms. However, the latter half of the
1970s has seen a change in South African institutions for children.
Emerging out of their "dark ages", they underwent major improvements
both materially and in the quality of case provided (Erasmus, 1980).
The changes represent a policy shift from the provision of mere
custodial care, to a recognition of the social and emotional needs
of the deprived child, and the remediation of problems. Although
still in a state of transition, the South African changes reflect
a world trend toward the recognition of group care as an alternate
and potentially positive model of child rearing.

Early Trends in Residential Care

Residential care has traditionally rested on two assumptions:

1. The family is the ideal model of child care and should be
    employed in preference to all other forms. This assumption
    emphasizes the "blood-tie" between parents and children, and
    derives support from tradition and a lack of tolerable
    alternatives. Early studies on the effects of maternal
    deprivation and separation (Spitz 1946, Goldfarb 1947,
    Bowlby 1950, 1969) have lent credence to this view.

2. Institutional care is inherently bad for children, to be avoided
    wherever possible. The reactions of people to prison life and
    the studies of Goffman (1961) have supported this viewpoint.
    Institutional care also represents a threat to the stability
    and importance of the family.

These assumptions have had far-reaching consequences. Welfare workers
have tended to exhaust every avenue of financial and clinical assistance
before resorting to institutional care. Even when compelled to remove
children from their homes, there is an attempt to replace one family
with another. Institutions have been modelled on the lines of a nuclear
family, employing houseparents to care for a group of 6-15 children.
The blood-tie philosophy was strongly maintained. At its crudest,
this asserts that children are the possessions of their parents, and
that parental rights are inviolable. Andrews (1980) points out that the
blood-tie assumption is not a bad one since children need the consistency
and protection offered by parental figures. However, before a child
could be removed, actual abuse had to be proved. It was not enough
to plead a hypothetical case that parental standards might fall
beneath an acceptable level or that on the balance of welfare probability,
the child would be better off placed in care. The fact that welfare
is a predictive concept - what is likely to happen - rather than a
historical or factual one - what has happened - was too often forgotten.

Perhaps the most controversial effect of the blood-tie assumption is
the view that institutional care is no more than a temporary measure.
Official policy is outlined in the Department of Social Welfare's
Handbook on children's institutions (1957):

   "The institution is no longer regarded as the home of the
    child in care, but merely as a link in the chain of methods
    applied to treat the child and his family. He therefore
    returns to his home .... as soon as circumstances permit ....
    the necessity of sending certain types of children to
    institutions must be acknowledged, but their sojourn in such
    institutions should be as short as possible and mean as much
    to the child" (P2)

The temporary nature of institutional care led to an emphasis on custodial rather than therapeutic care, despite evidence that children entering residential care are in need of some specialized attention. Residential care was not regarded as a priority in welfare policy, while the alternatives of foster care and reconstructive social work received greatest backing. As such, financial resources were limited, and staff ill-trained. The status of the child-care worker remained low (King et al 1971). Early research tended to emphasize the negative effects of institutional care on the child, while failing to identify factors that could improve the situation (Prosser 1976). Under these circumstances, the ill-repute of institutional care became a self-fulfilling prophecy, confirming the popular view of it.

The reality of the situation forced a rethink. Institutional care could not be eliminated nor could it be regarded as a temporary measure. Tizard (1971) noted that many children spent up to 3 years and more in institutions, and long term care was the rule rather than the exception. Children entering care had typically experienced neglect, abandonment, parental inadequacy, abuse, and variety of other social problems. The need for compensatory intervention, while recognised, was not fulfilled due to the restrictive assumptions underlying residential care (Prosser 1976). Institutional care could not be successful under these conditions, yet there was an increased recognition that certain family and community environments were dangerous for the socialization and education of children. Encouraged by new research that questioned the findings of early studies by Bowlby, Goldfarb and others, attention shifted to the possible positive role of residential care. The potential of the small group to elicit and maintain therapeutic changes in the individual led to a reassessment of the assumptions underlying institutional care. Current viewpoints (e.g. Wolin 1972, Morton et al 1976), hold that the institution itself is neither a good nor a bad place for children, and can be structured to produce positive effects. However, a considerable body of research points to the pervasive negative effects of institutions on children. The proponents of the group care philosophy argue that institutions have changed and are qualitatively

different to those employed in early studies. Despite these changes, the controversy over institutional care versus other forms is still very much in evidence. The review now moves to an examination of the effect on children of institutional care, and the counter-arguments proposed by the group care theorists.

The Effects of Residential Care

Early research into the effects of separation and maternal deprivation suggested that institutional placement would have permanent negative effects on the social, intellectual and emotional development of children. Bowlby (1951) concluded that protracted separation from a mother or substitute mother caused delinquency in a child and that the effects of maternal deprivation were irreversible. The developing bond between mother and child was of utmost importance, and where this process was blocked by stress, separation or other factors, the child would have difficulty developing satisfactory relationships with people. Maternal deprivation was also held to cause conditions such as mental subnormality, delinquency, depression, dwarfism, acute distress, and affectionless psychopathy. Bowlby(1951) Goldfarb (1944) found that lower IQs, retarded speech development, poor school achievement, social immaturity, and an inability to form attachments characterized institutionalized children.

Recent studies have been less condemnatory. Morgan (1978) has found little conclusive evidence to support Bowlby's hypothesis about the "affectionless character" reared in institutions, while Rutter (1972), Clark and Clark (1976) and others have indicated that it is possible to reverse negative cognitive effects in infants with a complete change in environment. Prosser (1976) has pointed out that the experiences included under the term "maternal deprivation" are too heterogeneous and too varied for it to continue to have any real usefulness. The data suggest that institutional care does not necessarily imply the detrimental and irreversible effects related by Bowlby and others, but that any 'bad' care will have 'bad' effects.

"The two potentially most damaging aspects of residential care
   are that a psychologically, culturally, and educationally
   restricted, impoverished or, at worst, even depriving
   substitute environment may unintentionally be provided;
   secondly that unless special steps are taken, children
   may grow up without a personal sense of identity, lacking
   a coherent picture of their past and their future" (Dinnage
   and Pringle 1967 - in Prosser 1976)

It is clear from a number of studies that institutionalized children
are more likely to exhibit behavioural disturbances or mixed anti-
social/neurotic disorders than children living in their own homes.
(Wolkind and Rutter 1973, Wolkind 1974). This occurs not so much
because of the effect of the care per se, but rather because such
children come from disturbed families. It is concluded from these
findings that to attempt at all costs to keep a child with its own
family may not be the way to prevent the development of psychiatric
disorders. Prosser (1976) proposes instead that attempts be made to
identify the factors within the residential home that are likely
to cause further damage to the child after its admission, as well
as factors that lead to some measure of recovery. Despite evidence
relating to antisocial disorder and behavioural disturbance there
is little evidence to suggest that children in residential care
are any less emotionally sensitive than children in normal homes
(Cheyne and Jahoda 1971 - In Prosser 1976)

However there is some evidence to suggest that children in long term
care are retarded in emotional and social development (Rosen 1971). Com-
pared with children in normal homes, adolescents in residential children's
homes are seen by staff to be overprotected, with less independence
and less freedom of movement. If this is so, it would seem that one
of the major aims of contemporary residential child care - to provide
the child with an environment as close to that of a normal home as
possible - is confounded by the effects of overprotection that set the
child in care apart from other children. It would also imply that
the adolescent in care is being ill-prepared for an independent life
outside of the institution.

Despite these problems, the picture of the child in residential care is
considerably more positive than before. The effects are now seen to
be reversible and amenable to environmental manipulation. Encouraged
by the pendular swing away from the extreme familial position postulated
in early studies, people have turned attention toward the positive
aspects of institutional life. The institution as a form of group
life has great power. It has generally been seen as having the power
to coerce, to deprive the individual of initiative and direction, to
instill in him a sense of slavery and mechanical obedience. Researches
have proposed directing these powers into the promotion of the "capacity
to love and work" (Wolins 1972). The group life provided in ins-
titutions is seen as a potential therapeutic environment, providing a
wide range of relationships, a safe environment for the child to test
out new learning and behaviour, and an extensive support system. The
residential milieu has been described as "the powerful environment"
with the potential to provide socializing and educational experiences
equal and superior to those of the family. Pointing out the success
of the Israeli Kibbutzim, and group care programs in the USSR, pro-
ponents of the group care model have called for a reorientation of
the values underlying child care and a recognition of residential care
as a legitimate mode of child care. The group care home is superior
to prior institutional forms partly because it is smaller, more home-
like, more therapeutic, less anonymous, and less barren (Meyer et al 1975).
Institutions are proposed to be particularly relevant in a period
when children who come into care are not merely those with incapable
parents, but those who are problems in their own right, and more
difficult to handle.

"They can provide such children with a benignly neutral care
   that the emotionally overwrought need, with a controlled
   environment which results eventually in self-controlled
   children, and in a setting in which people are tolerant of
   their behaviour" (Bush 1980)

There is one major problem with the notion of an ideal institution.
That notion stems from the belief that institutions are indeterminate
environments, neither good nor bad in themselves, but waiting to be

shaped according to the wishes of their staffs. If this belief is
supposed to indicate that institutions have not inherent characteristics
that affect their inmates, the notion contradicts most people's
common-sense understanding of the character of any form of institutional
living.

> "The need for more detailed regimentation than is necessary
> in families, the lack of long term emotional ties, the
> presence of unrelated people, the higher ratio of children
> to adults, the practical difficulties in allowing expression
> of individual tastes and idiosyncrasies - all appear to be
> inherent characteristics of institutional life. For most
> people these characteristics are also disadvantages. The
> unargued assertion that institutions do not have, a priori,
> an effect on the human spirit is unconvincing" (Bush
> 1980 P253)

Institutions have been found to possess a "hidden agenda"   of
effects, not immediately noticeable, but nevertheless profound. The
works of Goffman (1962) on total institutions drew attention to the
process of institutionalization and its effects on inmates.
Barton (1976) has termed these effects "institutional neurosis".

> "Institutional neurosis is a disorder characterized by
> a lack of initiative, loss of interest in things not
> immediately personal or present, submissiveness, a
> lack of interest in the future, a loss of individuality,
> and an acceptance that things will go on as they are -
> unchangingly, inevitably and indefinitely". (Barton 1976 P 2-3)

These signs are similar to those that designate a low self esteem.
Factors commonly found in the institutional environment that relate
to the disorder are a loss of contact with the outside world, a loss
of personal friends, possessions and personal events, bossy staff,
and a loss of prospects outside the institution.

The picture of apathy is one that exemplifies many institutionalized
children. While they may not experience setbacks in the more obvious
areas such as school work, language, and intelligence, few escape the
subtle effects of institutional life. This condition is reflected
in reports containing terms such as 'withdrawn', 'has settled down well',
'is cooperative and gives no trouble', 'works well but lacks initiative',
and 'uncommunicative'. (Barton, 1976).

Wolins (1972) has proposed that the group care model will eliminate
most of the effects of institutionaliztion, but this is disputed by others
such as Bush (1980). While the group care model represents an important
development in the field of child care, its claims to success have yet
to be tested.

CONCLUSIONS

The debate between the proponents and opponents of institutional care
is still very much in evidence. At the core lie two conflicting beliefs
about institutions in general:

1. That they are inherently bad places, and
2. That they are neutral places.

This study proposes to look at this question, using subjective self
esteem as an index of the effects of residential status.

Self esteem has been proposed to be an important influence upon a
variety of behaviours. It has been demonstrated to be sensitive to
changes in child care practices, and alterations in life style, and
therefore appears to be an appropriate measure for this study.

The antecedents and consequences of placement in residential care are
suggestive of a low self esteem. (Deprivation, separation, and
rejection are correlates of low self esteem). As such it was expected
that the self esteem of these children would be lower than that of a
group from an intact nuclear family.

<u>M E T H O D</u>

<u>SUBJECTS</u>

The subjects consisted of 160 children between the ages of 10 and 14
years of age drawn from three sources - residential care institutions,
boarding schools and day schools. When securing the names of qualified
subjects from the prospective agencies, the subjects were randomly
eliminated upon the degree of cooperation of the parents and children,
until a sample of a minimum of 25 children was obtained in each cell
as follows -

	Male	Female	Mean Age	
			M	F
Residential Care	30	30	12.6	12.7
Boarding School	25	25	12.8	12.7
Day School	25	25	12.6	13.4

<u>Table 1</u> : Descriptive data on the 3 groups of subjects

The children in residential care were selected from 5 institutions in
the greater Durban area, representing a cross section of institutional
forms and child care practices. Two were large, sexually integrated
institutions operating on the cottage system, two were males only
establishments operated on a modified traditional institutional model,
and one was a traditional type, but sexually integrated. All of
the institutions were participating members of the local Child Care
Workers Association and had social workers in their employ. They had
all seen a change in child care policy over the last 8 years from a
predominantly custodial to a more child-oriented model.

The boarding school sample was drawn from the hostels of two private
establishments, one for males and one for females. The schools were
operated on traditional lines, with a low staff-child ratio and strict
rules. The children attending the schools were of a relatively high
socioeconomic level.

The day scholars were drawn from two state schools, and randomly selected from standard 4 and 5 classes. A criterion of selection was that the children came from intact nuclear family units, thus representing the societal norm. The schools were situated in middle class areas. In an attempt to control for the effects of schooling, the schools selected were attended by both the residential care and intact family subjects.

The goal of selecting the subjects in this way was as follows:-

1. The residential care group was to represent a cross-section of institutions in Durban (6 out of 11).

2. The children from intact families were employed to represent a control against which to compare the self esteem scores of the residential care subjects.

3. The boarding school subjects were included to investigate the possible effects of the process of institutionalization and to provide a comparison of different forms of institutional policy. The boarding schools operated along traditional, typical institutional lines (rules, sharp distinctions between staff and others, custodial rather than child oriented care), while the residential care institutions have seen a move toward a more child-oriented form of child care.

TEST INSTRUMENTS

Two test instruments were employed to measure self esteem. The
Coopersmith Self Esteem Inventory (Coopersmith 1967) and a number
of semi-projective items (incomplete sentences and open questions)
drawn from a variety of sources. Since self esteem is a subjective
concept, it was decided that self-report data would be most
appropriate. The use of a fairly reliable and widely employed
scale designed for pre-adolescents would enable a comparison
with other studies, and permit the calculation of self esteem in a
quantifiable form. However, since the Self Esteem Inventory (SEI)
was a two point scale, responses were necessarily restricted.
Incomplete sentences and open questions were also employed to allow
greater freedom of response and suggest particular sources of self
esteem. An indication of high or low self esteem is not clinically
relevant without an indication of particular areas and sources
that require alteration. A sub-goal of the study was to devise and
test a simple instrument that could be employed by the staff of
institutions to give an indication of the child's self esteem
and particular areas of concern.

1.   The Self Esteem Inventory

This insturment, a two point rating scale, was specifically
devised for a research study (Coopersmith 1967) on children
aged 10 - 16 years. The full form, employed in this study ₁
contains 58 items and has a test-retest reliability over a
5 week period with 10 year old children of 0,88, and over a
3 year interval with a different sample of students a
reliability of 0,70 was recorded.

Some of the items were derived from the Rogers and Dymond scale
(1954) reworded for children, other items were devised by the
author. All the items of the scale were agreed upon by expert
judges as reflecting either high or low self esteem, and were then
pre-tested for comprehensibility on a small sample of children.

The subjects are requested to tick each item either as "like
me" or "unlike me" in statements that tap a wide area of self
conception, and are written in positive and negative forms to
obviate the acquiescence response set. The inventory contains
a lie scale of 8 items as a measure of the defensiveness of
the subjects. The self esteem measure is obtained by twice
the number of high self esteem items marked "like me" and the
low self esteem items marked "unlike me" - a score out of 100.

For the purposes of this study, the subjects were scored and
divided into 3 groups : a high self-esteem group whose scores
fell in the highest quartile, a low self esteem group whose
scores were in the lowest quartile, and a medium group between
the two. This follows the procedure adopted by Coopersmith (1967).

The self esteem inventory has been extensively employed in the
study of self esteem of preadolescent children in a variety of
settings (e.g. Purkey, 1970; Hawkins, 1972).

2. Unstructured and Semi-Projective Items

This being an exploratory study, an attempt was made to identify the sources of high/low self esteem in institutionalized children. This data would prove potentially valuable in generating hypotheses for further research and explaining the findings of the SEI. While an indication of the level of subjective self esteem is important, this does not assist in suggesting areas or strategies of remediation. Hence unstructured and semi-projective items were included to permit the identification of potential areas of concern in the children.

Twenty five incomplete sentences were employed (See Appendix A) and the subjects were asked to complete them with the first reply that came to mind. The value of this free response technique lay in the removal of the restriction imposed by the rating scale technique where the subject is forced to choose among limited alternatives to circumscribed questions. The freedom to respond brings with it the corollary that classification of responses becomes very difficult. Classification is left to the subjective judgements of the scorer. Validity is difficult to ascertain and face validity is the only form advanced.

The 25 incomplete sentences employed were devised by the author and some drawn from Schlemmer (1978). They were designed to tap different areas of self esteem : interpersonal relationships, needs and concerns, family relationships, future self image, body image, ideal, self image, scholastic self esteem, identity, self confidence, and peer relationships. Scoring was conducted in terms of a 3·category system : positive, neutral, and negative, otherwise content analysed (Rafferty and Schachizt 1949). The items selected for inclusion in the battery were varied in an effort to ascertain which were the most accurate indication of self esteem.

In addition to the incomplete sentences, some semi-projective material was employed (personality response batteries). The subjects were asked

to think of a person and to report on the feelings of that person. The scoring system was as follows -

> focus on self-positive
> focus on self-negative
> external focus
> indeterminate

The analysis depended on the face validity of the items and was assumed that the content of the answers would reflect emotional problems.

Suspecting that the above question would prove to be too abstract for some children, a second semi-projective (fantasy) item was included. Children were asked to think of themselves as transformed into animals, and to specify which animals they thought they would be and which they would like to be. The use of animals was intended to entertain the subjects and so reduce defensiveness. Again face validity was the only validity possible.

Finally, a measure of self confidence adapted from Schlemmer et al (1978) was employed. This consisted of a set of 5 items where the subject had to reply true or false to each. No large claims are made on behalf of this device, and results were analysed at face validity.

A pilot study employing 8 subjects selected from a day-care centre was conducted. Subsequent changes were made on the wording of the questionnaire in order to achieve greater clarity e.g. the words "like me" and "unlike me" were altered to "true" and "false".

RESEARCH PROCEDURE

The following is a list of steps followed in administering the questionnaire:-

1. Permission was obtained from the authorities concerned.
2. The lists of children to be used in the research was compiled, and subjects selected.

3. A pilot study was conducted using 8 children from an after-school centre, and modification to the questionnaire made.

4. The questionnaires were administered to the subjects. The author administered the questionnaire to the school and boarding school subjects, and to a few of the subjects in residential care. Where the author could not be present, the staff member concerned was urged to stress confidentiality and not to interfere in the responses of the children.

5. Statistical analysis of the data consisted of Chi^2 tests relating to different variables (sex, residential status, type of institution) to self esteem. The hypotheses were tested for significance at a p value $< ,01$, this being an exploratory study. The unstructured data was analysed on face validity.

R E S U L T S

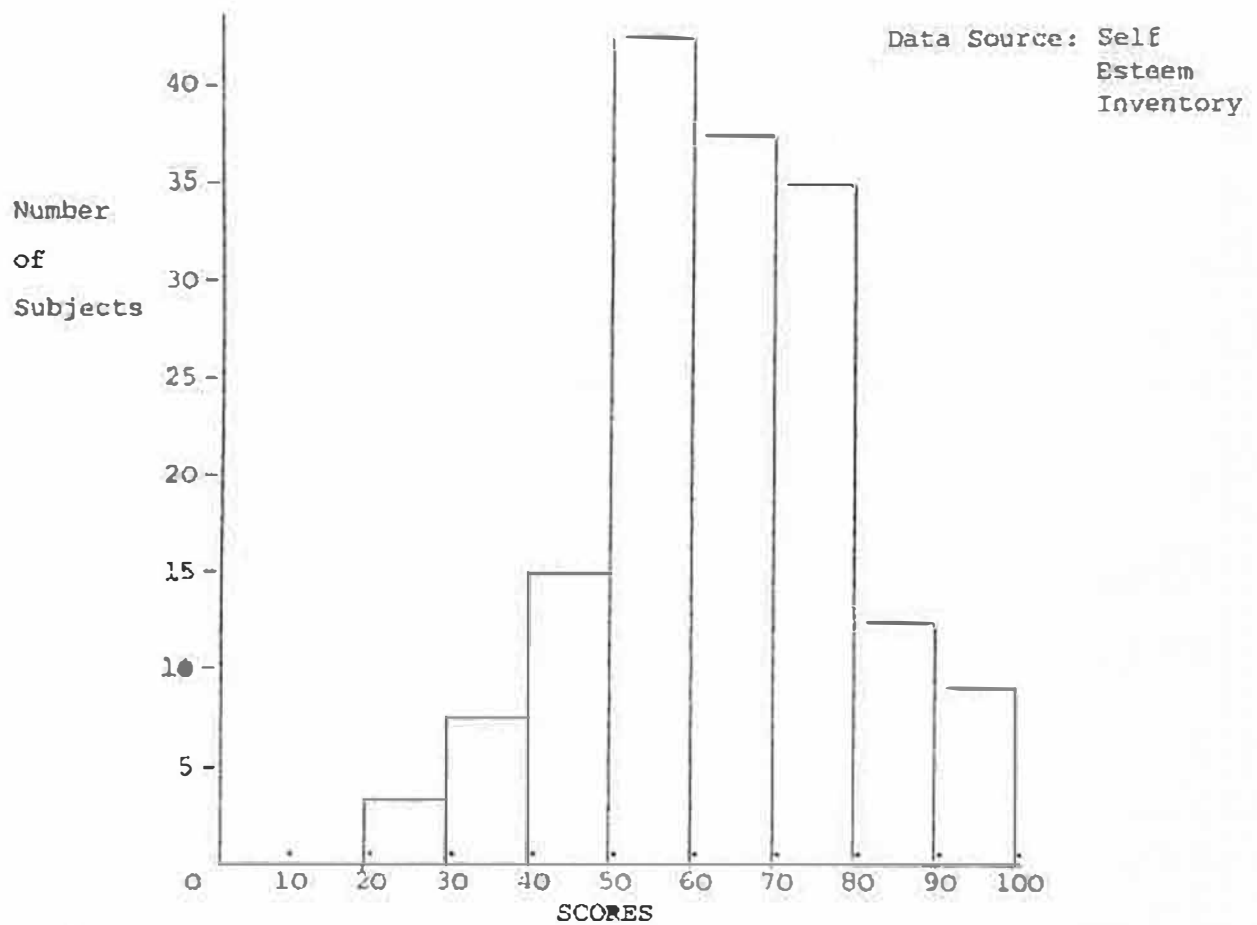## 1. DISTRIBUTION TABLES

Figure 1 : Distribution of All Scores on Self Esteem

Figure 1 shows the histogram for the distribution of all subjects on self esteem. The distribution is close to normal, but with a slight negative skew.
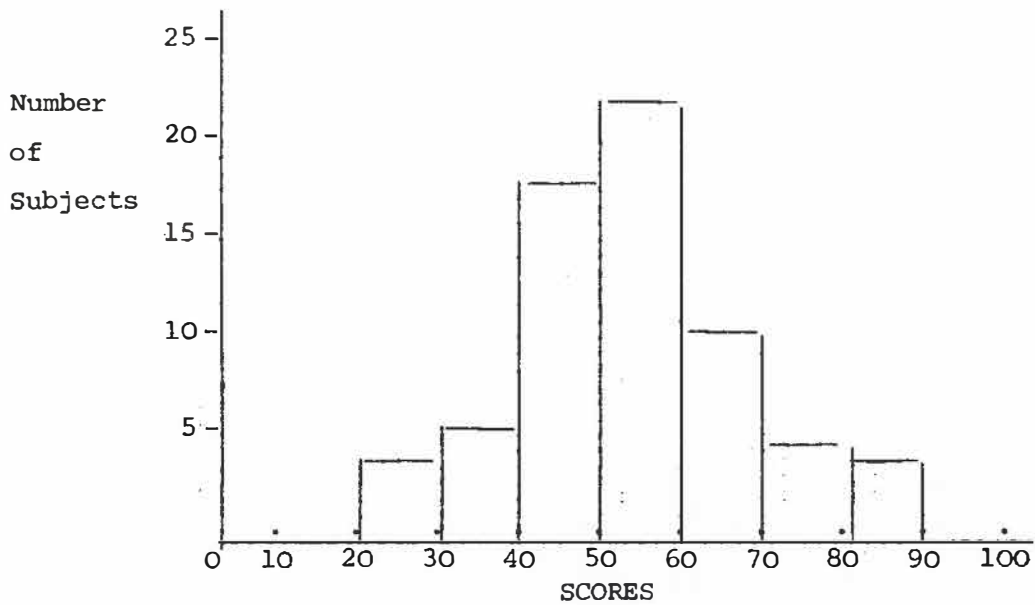
Figure 2 : <u>Distribution of Intitutionalised Subjects on</u>
<u>Self Esteem</u>

Figure 2 shows the histogram for children in residential care on positive
self esteem. Again the distribution is close to normal, with a slight
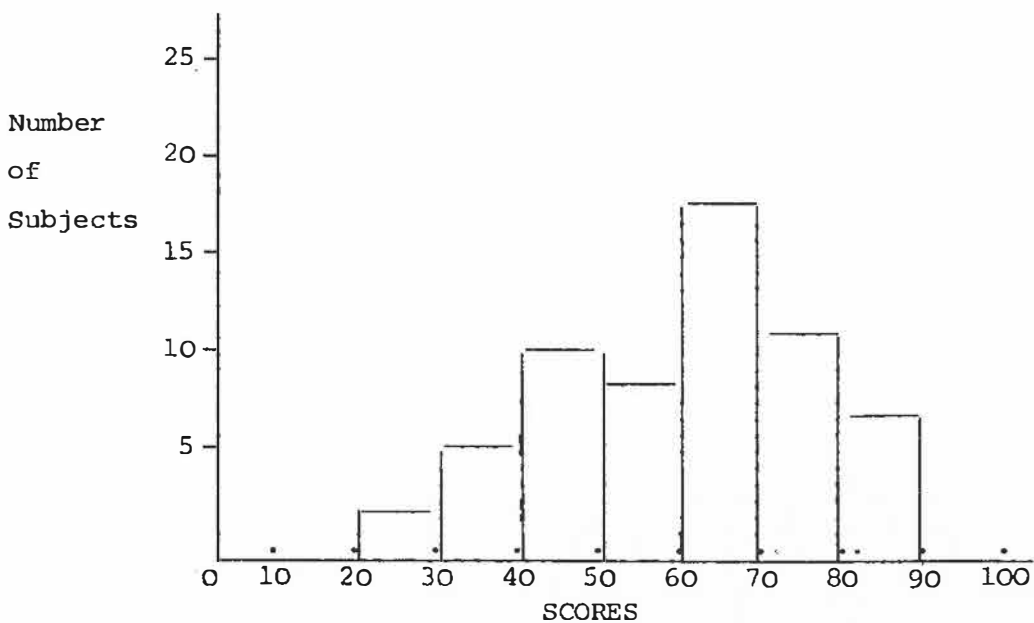negative skew.

Figure 3 : <u>Distribution of Non-Institutionalized Subjects</u>
<u>on Self Esteem</u>

Figure 3 shows the distribution for children in intact family units on
self esteem. The distribution is irregular but slightly negatively
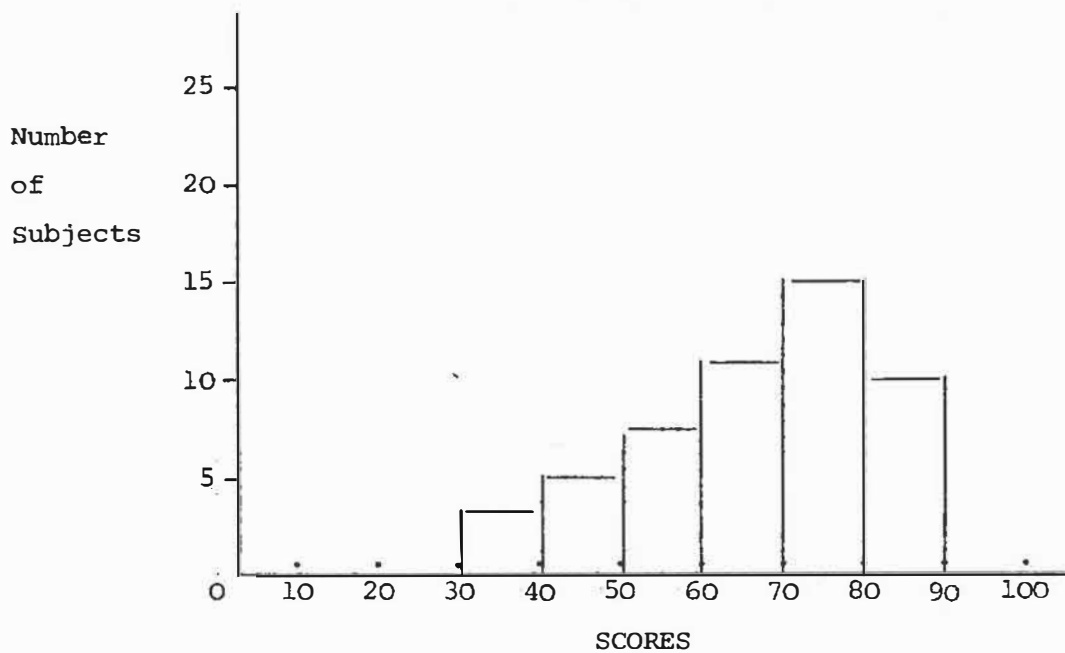skewed.

Figure 4 : <u>Distribution of Boarding School Subjects on Self Esteem</u>

Figure 4 shows the histogram for the children in boarding schools. The distribution is skewed in a nagetive direction with only 16% of the scores below 50.

A general statement can be made about the different distributions. The subjects of this study tended to score positively in all measures. This can be shown by examining the means - none was below 50. However, as mentioned, the distribution of most subjects is close to a normal distribution.

2. SELF ESTEEM AND RESIDENTIAL STATUS

   Data Source : Self Esteem Inventory

   A Chi^2 test for k independent samples was used to compare the three groups on self esteem scores.

Table 2 : The Frequency of Self Esteem Scores in 3 Categories
          for Children from 3 Residential Situations

Residential Status	Subjective Self Esteem		
	High	Medium	Low
Residential Care	15	42	3
Intact Family Care	18	20	2
Boarding School Placement	24	23	3
x^2 = 6,91	df = 4	p < .10	

The residential status of the children does seem to be positively
related to their subjective self esteem.

In a more detailed analysis, the 3 groups were compared further:

Table 3 : Residential Care and Intact Family Care as related to
          Self Esteem

Residential Status	Subjective Self Esteem		
	High	Medium	Low
Residential Care	15	42	3
Intact Family Care	18	30	2
x^2 = 1,55	df = 2	p < .20	

Residential care and intact family care show only a weak, non-
significant relationship with self esteem : the two groups do
not differ significantly in self esteem.

Table 4 : <u>Residential Care and Boarding School Placement as</u>
<u>related to Self Esteem</u>

Residential	Subjective Self Esteem		
Status	High	Medium	Low
Residential Care	15	42	3
Boarding School	24	23	3
$x^2 =$ 6,75 $\quad$ df = 2			$p < .01$

The distribution reveals a significant difference between
the self esteem of the two groups, suggesting that children
in the boarding school have a significantly higher self
esteem than those in residential care.

Table 5 : <u>Intact Family Care and Boarding School Placement</u>
<u>as related to Self Esteem</u>

Residential	Subjective Self Esteem		
Status	High	Medium	Low
Intact Family Care	18	30	2
Boarding School Placement	24	23	3
$x^2 =$ 1,96 $\quad$ df = 2			$p < .30$

The distribution reveals a weak, non-significant difference
between the two groups.

A general statement can be made about the different findings.
The self esteem of children in residential care does not
appear to be significantly different to that of intact, normal
families, but is significantly lower than that of boarding
school children. This suggests that institutions per se do
not necessarily imply a low self esteem for their inmates.

3.   SEX DIFFERENCES AND SELF ESTEEM

Data Source : Self Esteem Inventory

Table 6 : Sex Differences and Self Esteem (all groups)

Sex	Subjective Self Esteem		
	High	Medium	Low
Male	38	39	3
Female	19	56	5
x^2 = 9,36 df = 2 $p < ,001$			

It appears that subjective self esteem and sex are closely related,
males having a significantly higher self esteem than females.
On close analysis, no significant differences were found within
the boarding school and intact family groups, but the residential
care group had a marked difference:-

Table 7 : Sex Differences and Self Esteem - Boarding School
           Subjects

Sex	Subjective Self Esteem		
	High	Medium	Low
Male	14	10	1
Female	10	13	2
x^2 = 1,3 df = 2 $p < ,5$			

There does not appear to be a significant difference between
the self esteem scores of boys and girls in boarding school
placement.

Table 8 : <u>Sex and Self Esteem - Intact Family Care</u>

Sex	Subjective Self Esteem		
	High	Medium	Low
Male	11	13	1
Female	7	17	1
x^2 = 1,34	df = 2		$p < ,70$

Again there does not appear to be a significant difference between the subjective self esteem rating of male and female children in ordinary family care.

Table 9 : <u>Sex and Self Esteem - Residential Care</u>

Sex	Subjective Self Esteem		
	High	Medium	Low
Male	13	16	1
Female	2	26	2
x^2 = 69,89	df = 2		$p < ,001$

Boys and girls in residential care differ significantly in subjective self-esteem, boys being higher than girls.

4. <u>THE EFFECTS OF INSTITUTIONALIZATION</u>

Data Source : Self Esteem Inventory

Table 10 : <u>Duration of Placement in Residential Care and Self Esteem</u>

Duration of Residential Placement	Subjective Self Esteem		
	High	Medium	Low
0-1 Year	3	7	0
1-3 Years	4	15	1
3 Yrs. & Over	8	20	2
x^2 = 1,16	df = 4		$p < ,9$

The data reveals a very weak, non-significant relationship between the length of stay in an institution and subjective self esteem.

Table 11 : A Comparison of the Self Esteem of Children in Residential Care up to One Year and over 3 Years

Duration of Residential Placement	Subjective Self Esteem		
	High	Medium	Low
0-1 Year	3	7	0
1-3 Years	4	15	1
x^2 = 0,80 df = 2 $p < ,7$			

A weak non-significant relationship exists between the self esteem scores of children in residential care under one yar and from 1 to 3 years. The first few years of institutionalization did not produce a marked effect on subjective self esteem in this sample.

Table 12 : A Comparison of the Self Esteem of Children in Residential Care up to One Year and over Three Years

Duration of Residential Placement	Subjective Self Esteem		
	High	Medium	Low
0-1 Year	3	7	0
3 Yrs. & over	8	20	2
x^2 = 9,6 df = 2 $p < ,01$			

A significant difference exists between the subjective self esteem of children in residential care up to one year, and those in care for more than three years. It appears that length of residential care is inversely related to positive self esteem, and that a significant drop in subjective self esteem occurs after the third year of residence.

5. THE TYPE OF INSTITUTION

Source : Self Esteem Inventory

Table 13 : The Traditional and Cottage Systems of Organisation and Self Esteem

Institutional Organisation	Subjective Self Esteem		
	High	Medium	Low
Cottage	7	23	3
Traditional	8	19	1
x^2 = 0,4	df = 2		$p <$,9

There does not appear to be a strong relationship between subjective self esteem and the broad organisational model adopted by the institution.

Table 14 : Sexual Integration and Self Esteem (Males)

	Subjective Self Esteem		
	High	Medium	Low
Male Only	5	7	O
Integrated	8	9	1
x^2 = 0,758	df = ,2		$p <$,7

There does not appear to be a relationship between the self esteem of boys residing in single sex and mixed sex institutions.

6. DEFENSIVENESS

Source : Self Esteem Inventory

Table 15 : Mean Lie Scale Scoes for the 3 Groups (Scores
out of a maximum of 8)

Institution	2,08
Intact Family	2,74
Boarding School	1,84

The scores are low, indicating a low degree of defensiveness
(Coopersmith 1967). The boarding school group appeared to
indicate the lowest defensiveness, and the intact family group
the highest.

7.   THE INCOMPLETE SENTENCES

Sentence completion indicated a distinct difference in the self
esteem and the concerns of the three groups. In general, the
residential care group indicated a low self esteem, and the
intact family and boarding school groups a higher self esteem.
The responses of children in institutional care and boarding
schools tended to reflect emotion and interpersonal relationships
to a greater extent than that of the third group. Each sentence
is analysed individually, where possible employing percentages.
The items were assessed in terms of their face validity.

1)   The best way to get on with others is ....

     This question did not reveal any differences between the
     groups. All of the children replied that playing, being
     friendly, and avoiding conflict were appropriate. This
     sentence did not reveal any insight into self esteem or
     other concerns.

2)   I guess I am .....

	Self Attribution		
	Positive	Neutral	Negative
Intact Family	40%	20%	40%
Residential Care	23%	30%	47%
Boarding School	53%	14%	33%

The findings support those of the SEI : that children in residential care had a lower self esteem than those in the boarding school, however a wide gap is also evident between the children in intact families and those in boarding schools. The responses of institutional children concerned personal failure (shame for being naughty, isolated, can't be relied on, lonely), those of intact families were less self-depreciating, but focussed upon scholastic failure (stupid, not working as hard as I should), possibly because the administration of the questionnaire took place at their schools. Those at the boarding school had a variety of responses, mainly relating to the body (fat, thin, muscular), possibly a reflection of the values of the schools concerned.

3) If only I could ....

This statement was included an an indication of future self image. Of the subjects in residential care, 40% indicated a desire to leave the institution, 32% to improve their personalities, and 22% miscellaneous non-personal concerns (e.g. if only I could leave this place, be with my family, be like others).

The subjects from intact families had an overriding concern with school (60%) (e.g. be clever, do better), and sporting skills (e.g. play soccer for Natal).

The boarding school children offered a diversity of replies relating to the improvement of scholastic and sporting ability.

4) My body .... (Body Image)

	Positive	Neutral	Negative
Residential Care	28%	45%	27%
Intact Family	40%	30%	30%
Boarding School	35%	42%	21%

Body image was not a source of low self esteem in any of the groups.

Judgements were largely neutral (e.g. clean, for walking). The
boarding school group were concerned with being small, unmuscular
and not suited to sport, again reflecting a school value.

5) People make me feel ......   (Interpersonal Relationships)

	Positive	Neutral	Negative
Residential Care	40%	15%	45%
Intact Family	60%	10%	30%
Boarding School	57%	0	43%

There were few neutral responses to this item. Children in
residential care perceived a negative relationship to others.
People made them feel shy, different, isolated and unhappy.
Some boarding school children felt people to be pushing them,
or making demands on them, in accordance with the emphasis placed
upon social achievement at these schools.

6) This Place ....

This item was included to tap feelings toward the institution or
school.

	Positive	Neutral	Negative
Residential Care	22%	13%	63%
Intact Family	44%	44%	12%
Boarding School	68%	13%	19%

These results indicate a clear trend : children in residential care
perceive their institution negatively (e.g. a prison, horrible,
makes me unhappy), while those in boarding school perceived their
institution positively (e.g. is great fun, suits me perfectly).
These results occur despite the fact that residential institutions
are more child care oriented than boarding schools, and lends some
support to the contemporary view that institutions are not
necessarily bad places. That the boarding school was an institution
in the classical sense was evident in the responses of those who
disliked it, describing it as a concentration camp, with too many
rules and restrictions. It is likely that the overall positive

response to the boarding school was a function of the school image
as a place for the advantaged and the talented.

7). When I look in the mirror I feel .... (Body image/self concept)

	Positive	Neutral	Negative
Residential Care	16%	5%	81%
Intact Family	34%	22%	45%
Boarding School	13%	40%	46%

The subjects in residential care expressed a strong dislike of
their bodies (e.g. ugly, awful, unhappy, stupid). Those in
boarding schools were more concerned with their sporting prowess
and the need to succeed on the sports field (e.g. too small for
rugby), again reflecting a school value. Children from intact
families reflected the most positive body images, although the
largest proportion was negative.

8) My mind ...... (Academic/Scholastic Self Esteem)

	Positive	Neutral	Negative
Residential Care	31%	22%	45%
Intact Family	28%	36%	36%
Boarding School	52%	29%	17%

Once, again, a trend toward low self esteem is observed in the
residential care group, and high self esteem in the boarding
school group, with the intact family group falling in the centre.
Typical responses from the residential care group were "mixed up"
and "muddled", while the boarding school group indicated that
their minds were "neat", "active", "bright" and also "dirty".

9) Someday I .... (Future self image)

	Occupation	Family	Self Improvement	Other
Residential Care	21%	39%	30%	10%
Intact Family	55%	33%	22%	0%
Boarding School	73%	12%	0%	15%

The responses fell largely into the four categories listed above. The residential care group appear to be most concerned with establishing a family (e.g. get married, have children, live with my sister), and self improvement (will be a hard worker, be a better person). In contrast, the other groups specified occupational choice, the boarding school children preferring more professional jobs (e.g. marine biologist, lawyer, doctor, veterinary surgeon) to the residential care children. The relatively high achievement goals of the boarding school children are consistent with a high self esteem and privileged background. (Burns 1979).

10) In a group I .... (Interpersonal Relationships)

	Positive	Neutral	Negative
Residential Care	32%	23%	45%
Intact Family	64%	18%	18%
Boarding School	73%	7%	20%

While the boarding school and intact family subjects indicated that they were comfortable in a group situation, the residential care subjects found group situations threatening, feeling "left out","unhappy" and "nervous". Boarding school subjects assumed a leadership role, feeling "assertive" and "outspoken".

11) Sometimes .... (A neutral item)

The boarding school and residential groups indicated a strong desire to return to their parents. Other themes to emerge were a desire for a simple, less pressurized way of life (boarding school), feelings of unhappiness (residential care and intact family groups). The majority of subjects responded on an emotional or interpersonal level, despite the neutrality of the stimulus.

12) I secretly ...... (Concern/Needs)

Responses were varied and the major themes to emerge were loneliness and sadness (residential care group), and girlfriends and boyfried

relationships (intact family group). While the residential care group indicated hidden emotions (e.g. feel sad, feel depressed, need my family) the responses of the boarding school group were relatively flippant (e.g. wish I could fly, like myself, eat sweets).

13. My greatest worry .... (Concerns/Needs)

This item was included in investigate possible sources of low self esteem.

	Parents	School	Injury to Self	Other
Residential Care	60%	5%	20%	15%
Intact Family	18%	54%	19%	9%
Boarding School	25%	37%	19%	19%

The results indicate that the major concern of the children in residential care is separation from their parents, particularly that they would never see them again or death. The other groups were concerned primarily with academic achievement.

14) Sometimes I.wish.I were .... (Ideal Self Image)

	At Home/ Elsewhere	Animal/ Another Person	More Powerful	Other
Residential Care	25%	17%	25%	33%
Intact Family	31%	28%	22%	19%
Boarding School	25%	13%	34%	28%

This item did not reveal any strong themes, but did identify some potential areas of concern in individuals (e.g. sometimes I wish I were just ordinary, the teacher for a change, with my family, useful).

15) At School .... (Scholastic/Academic self esteem)

	Positive	Neutral	Negative
Residential Care	21%	21%	58%
Intact Family	31%	27%	43%
Boarding School	60%	17%	23%

A sharp difference is observed between the feelings of the boarding school and other groups. The boarding school subjects perceived their school very positively (e.g. I am happy, have friends) while the other groups focussed upon their scholastic failures (e.g. I am not clever, could do better, feel out of place). The boarding school group appear to have a very positive perception of their institution.

16) I Need ...... (Concerns/Needs)

	Emotional	Material	Self Improvement	Nothing
Residential Care	81%	16%	3%	0%
Intact Family	54%	9%	19%	18%
Boarding School	26%	26%	34%	14%

This item was interpreted on a personal or emotional level by most of the subjects. The dominant theme is the high percentage of emotional need expressed by the residential care group (e.g. I need....Love,....Parents,.....Understanding). This trend is also noted in the intact family group. A need for self improvement particularly religious (e.g. I need to be a better Christian) was evident in the boarding school group, in keeping with the school's policies.

17) When Others disagree with me I ..... (Self Confidence)

	Acquiescence	Retaliation
Residential Care	63	37
Intact Family	50	50
Boarding School	30	70

This item was intended as a measure of self confidence in situations of conflict. A clear trend is evident. Residential care subjects have a tendency toward acquiescence (e.g. ....just agree, ... keep quiet) while the boarding school group tended to defend their viewpoints (e.g. ... argue back, ... argue until I am proved wrong) The residential care group appeared to interpret disagreement as a

personal failure (e.g. ....feel stupid,...feel awful, ...feel hurt).
Another theme is the tendency for children in the residential care
group to retaliate angrily or physically (e.g. ...get cross, ...
shout at them). No distinctive themes were evident in the intact
family group.

18) I regret .... (Concerns)

This item was included as a means of identifying possible sources
of distress and low self esteem.

	Family	Peers	School	Nothing/ Other
Residential Care	50%	12%	14%	24%
Intact Family	8%	13%	37%	42%
Boarding School	34%	50%	8%	8%

This item revealed personal, individual data, but two themes are
evident - children in residential care appear to regret events
concerning their parents (predominantly their separation from them)
while boarding school subjects were most concerned with having
wronged their friends (e.g. ..... being horrible to my friend,
.....ignoring others, ...being moody). A high proportion of
those subjects from intact families did not respond, or regretted
nothing.

19) At Home ...... (Family Relationships)

	Positive	Neutral	Negative
Residential Care	67%	9%	24%
Intact Family	22%	67%	11%
Boarding School	73%	20%	7%

These results suggest that children in residential care perceive
their home (i.e. not the institution) in positive terms, while
those from intact families regard home life neutrally. A possible
reason is the limited access afforded to the two institutional
groups. While the intact family group mentioned recreational items
(e.g. play, read, sleep), the others focussed upon interpersonal rela-
tionships or emotions (e.g. At home ......I am loved, ... I am
happy).

20) My Friends .... (Peer relationships)

	Positive	Neutral	Negative
Residential Care	45%	30%	25%
Intact Family	55%	40%	4%
Boarding School	69%	18%	13%

Peer relationships were valued by all groups as a source of pleasure, although the residential care group perceived the least satisfaction. While the two institutionalized groups emphasized the emotional aspects of friendship (e.g. My friends ..... are trustworthy, ... make me happy), the intact family group tended to place an emphasis upon recreation (e.g. My friends play).

21) My background .... (Identity)

	Positive	Neutral	Negative
Residential Care	15%	15%	70%
Intact Family	67%	22%	11%
Boarding School	57%	22%	23%

The residential care group indicated great unhappiness with the backgrounds, but tended not to reveal the reasons for this (e.g. My background ....is muddled, ...is ugly). A large proportion (15%) indicated that they did not have a background. The intact family group indicated greatest satisfaction with their backgrounds. The relatively high proportion of boarding school subjects who indicated a negative perception of their backgrounds may be due to placement following family problems.

22) I want people to understand that I ...... (Needs/Concerns)

	Doing My Best	Need Love	Not Bad/ Love Others	Other
Residential Care	5%	50%	37%	8%
Intact Family	44%	14%	28%	13%
Boarding School	41%	7%	24%	28%

The results indicate that children in residential care feel the need for greater attention, love and compassion, and that they are not as bad as others think them to be (e.g. ....I don't like fighting with others, ...I am not naughty). The high proportion of scores in this category are suggestive of negative feedback from others. The boarding school and intact family groups perceived themselves as pressurised academically.

23) My Parents ..... (Family Relationships)

	Positive	Neutral	Negative
Residential Care	85%	5%	9%
Intact Family	63%	27%	10%
Boarding SChool	72%	23%	5%

Once again the residential care group indicated an inordinately positive view of their parents. While this group and the boarding school subjects emphasized their emotional relationship with their parents (e.g. My parents .... love me), the intact family group were more neutral (e.g. My parents work).

24) When I look at other boys and girls and then look at myself I feel ....
(Self - other comparison)

	Positive	Neutral	Negative
Residential Care	4%	39%	57%
Intact Family	20%	40%	40%
Boarding School	71%	2%	27%

In contrast to the SEI, this item revealed a high proportion of negative responses in the residential care and intact family groups. Very few residential care subjects view themselves positively in relation to peers. (e.g. I feel ... ugly, ...funlly, ... like a piece of crumpled paper in a rubbish bin). Rejection and abandonment were evident in some of the replies. In contrast the boarding school subjects felt a sense of equality (not superiority) e.g. I feel ... like others, ...the same.

25) People ....   (Interpersonal relationships)

	Positive	Neutral	Negative
Residential Care	45%	18%	37%
Intact Family	60%	30%	10%
Boarding School	47%	27%	26%

The most notable trend here is positive view of others held by the
non-institutionalized children (e.g. People ..... are kind, ...
help me).

8. PERSONALITY RESPONSE PATTERNS

"Think of a person, any person. He or she can be a real person or
a person you make up. Tell us of three important feelings he
or she could often have about himself or herself?"

This item produced some confusion, particularly on the residential
care and intact family groups. The task appeared to be too abstract
for the younger children to grasp. The results are therefore
questionable (even at face validity).

	Residential Care	Intact Family	Boarding School
Focus of Self-Positive	24%	32%	40%
Focus on Self-Negative	38%	30%	23%
External Focus	18%	25%	25%
Indeterminate	21%	18%	12%

Accepting that the content of the answers reflects emotional patterns,
this pattern reflects, on a less exaggerated fashion, the findings of
the incomplete sentences : that residential care subjects have a more
negative reaction to the other groups.

9. SELF CONFIDENCE SCALE

The percentage of respondents endorsing items in a self-confident
direction were as follows:

	Residential Care	Intact Family	Boarding School
I wish I could be as happy as others (false)	64%	72%	58%
I feel satisfied with myself (True)	30%	62%	83%
I often feel I don't belong anywhere (False)	28%	58%	74%
I am more nervous than most people (False)	23%	27%	47%
I often wish I felt as good as the next person (False)	32%	38%	68%

These items were a repeat of some of the earlier questionnaire items,
and hence reflect a similar pattern as before, but in a more exaggerated
form than the SEI. The residential care group is observed to have
a lower self confidence score than the other groups.

10. FANTASY QUESTIONS

The diversity of responses and the difficulties involved in attaching
value judgements to animals, precluded a quantitative analysis. The
questions did not always succeed in their intention to reveal the
self/ideal self discrepancy as many subjects gave the same response
twice, having misread the second question or been influenced by the
first. In addition, some subjects did not think of themselves as an
animal, but indicated the animal that they personally liked. The
provision of examples and a separation of the two main questions may
facilitate correct responding. This is discussed further in the
discussion.

Of those that appeared to understand the questions, the majority in
each group indicated a desire to be birds "to be free". This possibly
reflects a cultural stereotype. In some instances, particularly older
children, the responses were revealing, indicating a discrepancy

- Children in residential care tended to view their biological parents
  in an exaggeratedly positive manner, and regarded their placement in
  the home as a major source of unhappiness. The institution was
  regarded negatively.

- The residential care group regarded peer interaction as anxiety
  provoking, and tended to devalue themselves.

- Like the residential group, the boarding school group were concerned
  with separation from their family, but to a lesser extent. The
  desire to achieve scholastically and on the sports field, feeling
  pressurized by the expectations of others, and incongruency with a
  religious ideal were the main sources of anxiety.

- The intact family group child indicated anxiety over scholastic
  achievement, but tended to give shorter, more neutral responses
  than the other groups.

- The residential care and boarding school groups responded with a higher
  proportion of emotional content than the intact family group. They
  appeared to value emotional above material things. This may be a
  function of the institutionalization process (isolation from
  significant others) or related to socioeconomic status.

- The responses may have been influenced by the environment in which they
  were administered. While the residential care groups completed
  the questionnaire in the institutional setting, the other groups
  completed theirs in a classroom situation, thus drawing attention
  to school and academic concerns.

7. The projective items (personality response pattern and fantasy
   questionnaire) and the self confidence scale did not make a marked
   contribution to the study. They were not clearly understood by many
   of the subjects. However, they must be regarded essentially as
   exploratory data, that in some cases revealed important individual
   facts.

DISCUSSION AND CONCLUSION

Contrary to expectations, and the self esteem literature, the
subjective self esteem of children in residential care was not
significantly different to that of the intact family group.
If self esteem is taken as an index of psychological adjustment,
this finding suggests that the quality of care provided is
adequate. However, this positive finding is tempered by the
comparison with the boarding school group, which had a significantly
higher self esteem score. In addition, the semi-projective material
revealed a consistently low self esteem for children in residential
care on the majority of items employed. The Coopersmith inventory
appeared to have given an overly positive view, a fault reported
in other studies (e.g. Coopersmith 1968). The picture that
emerged from the unstructured data was of children with excessively
poor beliefs about their value, likeability, academic ability, social
life and appearance. Common themes to emerge were isolation,
incarceration, unhappiness, and anxiety over separation from parents.
The children disliked their institutions, regarding them as the
major source of their unhappiness. Biological parents were idolized,
suggesting a misunderstanding of the reasons for their placement
in care. The low self esteem indicated by the unstructured material
coincides with literature reports of the antecedents of self esteem.
Separation from parents and a change in sub-cultural environment
have been cited as two of the major causes of a drop in subjective
self esteem. It is possible that placement in care represents
such a situaion. The typical child is removed from a predominantly
working class environment, and placed in a situation dominated by
traditional middle class values.

The diminished self esteem of the residential care child is not an
unexpected, or unwarranted phenomenon in terms of the prior experiences
of the child : for this the institution cannot be held accountable.
However, the finding that self esteem tends to decrease after the
third year in care suggests that institutions are contributing at
least to the maintenance of a low self esteem. The self esteem score
does not rise, as would be expected if the child altered his

expectations to suit the new environment, or as would follow from the child-oriented, therapeutic policies that officially predominate. The opponents of the institutional model of care would suggest that this is evidence of the inherently negative characteristics of institutions and the process of institutionalization. But this argument is challenged : the boarding school group who were exposed to harsher, less "therapeutic" forms of care indicated a relatively high self esteem. Institutions per se cannot be said to have a negative effect on their inmates. The boarding school children in many instances did not have free access to the community, were sexually segregated, and resided in traditionally structured institutions, yet still had a high self esteem. This finding suggested that something in the residential care milieu was at fault.

An inspection of the projective responses of these children reveal some sources of a low self esteem. The children were exceedingly distressed by prolonged separation from their parents, wishing to return to them as soon as possible. The paradox of current child welfare practice is that the parents are stripped of all responsibility for their child until they have shown themselves to be capable, yet denied access to demonstrate their capability. The welfare system makes it difficult for parents to maintain a parental role, and hence encourages a permanent break in the family. However, resentful at his enforced separation, the institutionalized child is unlikely to regard the measure as a permanent one, and devalues the institution. The institution can therefore not serve as an effective reinforcer or source of self esteem, and self esteem is likely to drop as representatives from his prior sub-culture gradually fade. The implications of this view are far reaching. An examination of current child welfare practices is indicated. The inclusion of parents in a more active role in the residential care of children is also suggested. This measure may serve to reduce the child's distress and provide some incentive for the parent to maintain an interest in the child.

Other possible sources of low self esteem in residential care children were a poor body image, a belief in the superiority of others, a

deficit in social skills, and a belief that they were not loved or
lovable. These factors may also be related to a discrepancy in sub-
cultural values. The working class or culture-of-poverty child placed
in a middle class setting would be unversed in the finer social skills
required, and may have been accustomed to a different way of expressing
love or affection. He may therefore conceive of himself as inferior
and unloved. This view suggests that the residential staff play
greater attention to enhancing self esteem through the provision of
positive feedback, and the training of appropriate social skills (e.g.
through role play).

The major recommendation is that the children's homes pay closer attention
to the phenomenon of low self esteem. Children may be screened upon
entering care to identify possible sources of concern and low self esteem,
and treat problems in their early stages. A number of methods exist
for the alteration of self esteem. These range from the traditional
humanistic therapy approaches to a more direct attack on personal
beliefs. (e.g. Ellis' Rational-Emotive Therapy) William James'(1890)
ingeneous formula still serves as a useful guide for altering self
esteem:-

$$\text{Self Esteem} \;=\; \frac{\text{Success}}{\text{Pretensions}}$$

Self esteem may be enhanced by increasing the number of successes or
decreasing a person's expectations and goals. Although very general,
the formula does provide a broad framework for the understanding of
self esteem.

Perhaps the most important medium for enhancing subjective self esteem
is that of the small group. Hammachek (1978) and others attest to its
success. A permissive,supportive environment serves as a safe place
to test attitudes, feelings, skills and relationships. This medium
is emphasized by the group care model of residential care.

The inclusion of children in the decision-making process is also
suggested as a means of overcoming low self esteem and a negative
attitude toward the institution. Institutionalized children have been
traditionally stripped of responsibility and the power to take

significant action on their lives. The children in this study indicated
a concern with an apparent lack of confidence showed toward them by
those in their environment. This was evident in statements such as
"I am not stupid" and "I can be useful sometimes". The children
also resented being excluded from decisions on their lives e.g.
"Sometimes I wish they would tell me what will happen to me". This
suggestion is a tentative one, requiring further detailed investigation.

The study indicated that boarding school subjects had a considerably
higher subjective self esteem than the other groups. A possible
reason for this was that they were from a predominantly high socio-
economic class, and had high achievement goals (correlated with high
self esteem). The results suggested that the school's emphasis upon
sporting and academic achievement was a source of anxiety and low self
esteem. A number of boys felt that their bodies were too small
while the majority felt that they were being pressurized to achieve
academically. This latter finding was also the major source of anxiety
in the intact family group.

The exceedingly low self esteem score of girls in residential care is
unsupported in the literature. Two reasons may have accounted for it
in this case -
1. The subjects were not typical of the population
2. Institutional placement does not permit an adequate identification
   with the traditional female roles of housemaker and mother
   because of diminished responsibility.
This latter explanation is a tentative one.

A sub-goal of the study was to develop a simple instrument for the
assessment of self esteem that could be employed by child care workers.
The incomplete sentences discriminated most clearly between the
3 groups of children, and assisted in the identification of specific
areas of concern. The device does not permit an objective assessment
of self esteem, but can act as a source of hypotheses.

Administration is relatively simple, and the battery may be completed
in a relatively short time. Item 1 did not prove to be very relevant
for self esteem, and may be dropped from the battery.

This study revealed the subjective self esteem of children in residential care to be lower than that of other children. It is suggested that the sources of this low self esteem lie in the circumstances of the institutions themselves. The study did not find evidence to suggest that institutions are bad places per se. Isolation from parents appeared to be the major source of concern in these children.

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A P P E N D I X

A. A copy of the Questionnaire

B. Examples of Completed Questionnaires
   1. Male - Residential Care
   2. Female - Residential Care
   3. Male - Intact Family
   4. Female - Intact Family
   5. Male - Boarding School
   6. Female - Boarding School

C. An Exerpt from the Children's Act defining the
   Child in Need of Care

A.   A copy of the questionnaire

UNIVERSITY OF NATAL

DEPARTMENT OF PSYCHOLOGY

We are interested in knowing how school children feel about themselves. These questions will help us to understand how you feel.

It is not a test — there are no right or wrong answers.

Will you please help us?

This form will take only 20 minutes to complete. You need not put your name on it. Work as quickly as you can and write the first answers that come to mind.

Just say how YOU really feel.

AGE: YEARS   MONTHS

SEX:

Please mark each statement in the following way:

If the statement describes how you usually feel, put a tick (✓) in the column "TRUE"

If the statement does not describe how you usually feel, put a tick (✓) in the column "FALSE" .

	TRUE	FALSE
1. I spend a lot of time daydreaming.		
2. I'm pretty sure of myself.		
3. I often wish I were someone else.		
4. I'm easy to like.		
5. My parents and I have a lot of fun together.		
6. I never worry about anything.		
7. I find it very hard to talk in front of the class.		
8. I wish I were younger.		
9. There are lots of things about myself I'd change if I could.		
10. I can make up my mind without too much trouble.		
11. I'm a lot of fun to be with.		
12. I get upset easily at home.		
13. I always do the right thing.		
14. I'm proud of my school work.		
15. Someone always has to tell me what to do.		
16. It takes me a long time to get used to anything new.		
17. I'm often sorry for the things I do.		
18. I'm popular with kids my own age.		
19. My parents usually consider my feelings.		
20. I'm never unhappy.		
21. I'm doing the best work that I can.		
22. I give in very easily.		
23. I can usually take care of myself.		
24. I'm pretty happy.		
25. I would rather play with children younger than me.		

		TRUE	FALSE
26.	My parents expect too much of me.	———	———
27.	I like everyone I know.	———	———
28.	I like to be called on in class.	———	———
29.	I understand myself.	———	———
30.	It's pretty tough to be me.	———	———
31.	Things are all mixed up in my life.	———	———
32.	Kids usually follow my ideas.	———	———
33.	No one pays much attention to me at home.	———	———
34.	I never get scolded.	———	———
35.	I'm not doing as well in school as I'd like to.	———	———
36.	I can make up my mind and stick to it.	———	———
37.	I really don't like being a boy—girl.	———	———
38.	I have a low opinion of myself.	———	———
39.	I don't like to be with other people.	———	———
40.	There are many times when I'd like to leave home.	———	———
41.	I'm never shy.	———	———
42.	I often feel upset in school.	———	———
43.	I often feel ashamed of myself.	———	———
44.	I'm not as nice looking as most people.	———	———
45.	If I have something to say, I usually say it.	———	———
46.	Kids pick on me very often.	———	———
47.	My parents understand me.	———	———
48.	I always tell the truth.	———	———
49.	My teacher makes me feel I'm not good enough.	———	———
50.	I don't care what happens to me.	———	———
51.	I'm a failure.	———	———
52.	I get upset easily when I'm scolded.	———	———
53.	Most people are better liked than I am.	———	———
54.	I usually feel as if my parents are pushing me.	———	———
55.	I always know what to say to people.	———	———
56.	I often get discouraged in school.	———	———
57.	Things usually don't bother me.	———	———
58.	I can't be depended on.	———	———

PART 2

Here are some statements that will help us to understand children.
Look at each and complete it quickly. Write the first reply that
comes into your mind.

1. The best way to get on with others is _____

   _____

2. I guess I am _____

   _____

3. If only I could _____

   _____

4. My body _____

   _____

5. People make me feel _____

   _____

6. This place _____

   _____

7. When I look in the mirror I feel _____

   _____

8. My mind _____

   _____

9. Someday I _____

   _____

10. In a group I _____

    _____

11. Sometimes _____

    _____

12. I secretly _____

    _____

13. My greatest worry _____

    _____

14. Sometimes I wish I were _____

    _____

15. At school _____

    _____

16. I / ...

PART 2 / CONTD ....

16. I need _____
_____

17. When others disagree with me I _____
_____

18. I regret _____
_____

19. At home _____
_____

20. My friends _____
_____

21. My background _____
_____

22. I want people to understand that I _____
_____

23. My parents _____
_____

24. When I look at other boys and girls and then look at myself, I
feel_____
_____

25. People _____
_____

PART 3

1. Think of a person - any person. He or she can be a real person
or a person you make up. Tell us of three important feelings he
or she could be feeling.

1)
2)
3)

2. Here / ...

2. Here are a few statements we are reading to children. Tell
    us whether each one is true or not true of yourself.

	TRUE	FALSE
I wish I could be as happy as others		
I feel satisfied with myself		
I often feel I don't belong anywhere		
I am more nervous than most people		
I often wish I felt as good as the next person.		

3. If everyone was magically changed into animals, what animal
    do you think you would be?

    _____

    _____

    Why do you say this?

    _____

    _____

    What animal would you like to be?

    _____

    _____

    Why do you say this?

    _____

    _____

Thank you for answering these questions. We really appreciate
your help.

JOHN DUNN
MASTERS STUDENT
UNIVERSITY OF NATAL

PART 1

Please mark each statement in the following way:

If the statement describes how you usually feel, put a tick (✓) in the column "TRUE"

If the statement does not describe how you usually feel, put a tick (✓) in the column "FALSE"

	TRUE	FALSE
1. I spend a lot of time daydreaming.		✓
2. I'm pretty sure of myself.		✓
3. I often wish I were someone else.		✓
4. I'm easy to like.	✓	
5. My parents and I have a lot of fun together.		✓
6. I never worry about anything.		✓
7. I find it very hard to talk in front of the class.		✓
8. I wish I were younger.		✓
9. There are lots of things about myself I'd change if I could.	✓	
10. I can make up my mind without too much trouble.	✓	
11. I'm a lot of fun to be with.	✓	
12. I get upset easily at home.		✓
13. I always do the right thing.	✓	✓
14. I'm proud of my school work.	✓	
15. Someone always has to tell me what to do.		✓
16. It takes me a long time to get used to anything new.		✓
17. I'm often sorry for the things I do.	✓	
18. I'm popular with kids my own age.		✓
19. My parents usually consider my feelings.		✓
20. I'm never unhappy.		✓
21. I'm doing the best work that I can.	✓	
22. I give in very easily.		✓
23. I can usually take care of myself.	✓	
24. I'm pretty happy.	✓	
25. I would rather play with children younger than me.		✓

	TRUE	FALSE
26. My parents expect too much of me.		✓
27. I like everyone I know.		✓
28. I like to be called on in class.	✓	
29. I understand myself.	✓	
30. It's pretty tough to be me.		✓
31. Things are all mixed up in my life.		✓
32. Kids usually follow my ideas.		✓
33. No one pays much attention to me at home.		✓
34. I never get scolded.		✓
35. I'm not doing as well in school as I'd like to.		✓
36. I can make up my mind and stick to it.	✓	
37. I really don't like being a boy—girl.	✓	✓
38. I have a low opinion of myself.		✓
39. I don't like to be with other people.		✓
40. There are many times when I'd like to leave home.	✓	
41. I'm never shy.		✓
42. I often feel upset in school.	✓	
43. I often feel ashamed of myself.	✓	
44. I'm not as nice looking as most people.	✓	
45. If I have something to say, I usually say it.	✓	
46. Kids pick on me very often.		✓
47. My parents understand me.	✓	
48. I always tell the truth.		✓
49. My teacher makes me feel I'm not good enough.		✓
50. I don't care what happens to me.	✓	
51. I'm a failure.	✓	
52. I get upset easily when I'm scolded.	✓	
53. Most people are better liked than I am.	✓	
54. I usually feel as if my parents are pushing me.	✓	
55. I always know what to say to people.		✓
56. I often get discouraged in school.	✓	
57. Things usually don't bother me.	✓	
58. I can't be depended on.		✓

PART 2

Here are some statements that will help us to understand children. Look at each and complete it quickly. Write the first reply that comes into your mind.

1. The best way to get on with others is _to be kind to them and not fight with them_

2. I guess I am _always getting cross when someone calls me names_

3. If only I could _be big or man size every thing will be much better_

4. My body _is not like I want it to be_

5. People make me feel _very proud of myself if I do something good_

6. This place _is not the most nicest place for any special occasion_

7. When I look in the mirror I feel _..... ..._

8. My mind _can be very clear if I calm myself down_

9. Someday I _wish ... I was I would like to be a high standard man_

10. In a group I _..... can settle well_

11. Sometimes _I get cross with my friends_

12. I secretly _do ... things that ... wrong_

13. My greatest worry _is my brother_

14. Sometimes I wish I were _at home with my ....._

15. At school _I try my best with the school work_

16. I / ...

PART 2 / CONTD ....

16. I need _ learnt people to help me
the right and the wrong way_

17. When others disagree with me I _sometimes get_
upset.

18. I regret _as if I upset my mother or father_

19. At home _I like it (in a ways)_

20. My friends _sometimes make me very upset a_

21. My background _is not very guilty_

22. I want people to understand that I _can do things_
right if I want to

23. My parents _always give me it they can_

24. When I look at other boys and girls and then look at myself, I
feel _foolish._

25. People _don't like me and when I show of_

PART 3

1. Think of a person - any person. He or she can be a real person
or a person you make up. Tell us of three important feelings he
or she could be feeling.
   1) sad
   2) happy
   3) unhappy

2. Here / ...

2. Here are a few statements we are reading to children. Tell us whether each one is true or not true of yourself.

	TRUE	FALSE
I wish I could be as happy as others	✓	
I feel satisfied with myself		✓
I often feel I don't belong anywhere	✓	
I am more nervous than most people	✓	
I often wish I felt as good as the next person.	✓	

3. If everyone was magically changed into animals, what animal do you think you would be?

a monkey

Why do you say this?

because I am so silly.

What animal would you like to be?

a monkey

Why do you say this?

because I am so clumsy.

Thank you for answering these questions. We really appreciate your help.

JOHN DUNN
MASTERS STUDENT
UNIVERSITY OF NATAL

PART 1

Please mark each statement in the following way:

If the statement describes how you usually feel, put a tick (✓) in the column "TRUE"

If the statement does not describe how you usually feel, put a tick (✓) in the column "FALSE"

	TRUE	FALSE
1. I spend a lot of time daydreaming.	✓	
2. I'm pretty sure of myself.		✓
3. I often wish I were someone else.	✓	
4. I'm easy to like.		✓
5. My parents and I have a lot of fun together.	✓	
6. I never worry about anything.		✓
7. I find it very hard to talk in front of the class.		✓
8. I wish I were younger.		✓
9. There are lots of things about myself I'd change if I could.	✓	
10. I can make up my mind without too much trouble.		✓
11. I'm a lot of fun to be with.	✓	
12. I get upset easily at home.	✓	
13. I always do the right thing.		✓
14. I'm proud of my school work.		✓
15. Someone always has to tell me what to do.		✓
16. It takes me a long time to get used to anything new.	✓	
17. I'm often sorry for the things I do.	✓	
18. I'm popular with kids my own age.		✓
19. My parents usually consider my feelings.	✓	
20. I'm never unhappy.		✓
21. I'm doing the best work that I can.		✓
22. I give in very easily.		✓
23. I can usually take care of myself.	✓	
24. I'm pretty happy.		✓
25. I would rather play with children younger than me.		✓

		TRUE	FALSE
26.	My parents expect too much of me.		✓
27.	I like everyone I know.		✓
28.	I like to be called on in class.		✓
29.	I understand myself.		✓
30.	It's pretty tough to be me.	✓	
31.	Things are all mixed up in my life.	✓	
32.	Kids usually follow my ideas.		✓
33.	No one pays much attention to me at home.	✓	
34.	I never get scolded.		✓
35.	I'm not doing as well in school as I'd like to.	✓	
36.	I can make up my mind and stick to it.	✓	
37.	I really don't like being a boy—girl.		✓
38.	I have a low opinion of myself.	✓	
39.	I don't like to be with other people.	✓	
40.	There are many times when I'd like to leave home.	✓	
41.	I'm never shy.		✓
42.	I often feel upset in school.	✓	
43.	I often feel ashamed of myself.	✓	
44.	I'm not as nice looking as most people.	✓	
45.	If I have something to say, I usually say it.		✓
46.	Kids pick on me very often.	✓	
47.	My parents understand me.	✓	
48.	I always tell the truth.		✓
49.	My teacher makes me feel I'm not good enough.	✓	
50.	I don't care what happens to me.	✓	
51.	I'm a failure.	✓	
52.	I get upset easily when I'm scolded.	✓	
53.	Most people are better liked than I am.	✓	
54.	I usually feel as if my parents are pushing me.		✓
55.	I always know what to say to people.	✓	
56.	I often get discouraged in school.	✓	
57.	Things usually don't bother me.	✓	
58.	I can't be depended on.		✓

PART 2

Here are some statements that will help us to understand children. Look at each and complete it quickly. Write the first reply that comes into your mind.

1. The best way to get on with others is _to ignore them_

2. I guess I am _Just useless and ugly_

3. If only I could _I would buy myself a new face_

4. My body _is awful_

5. People make me feel _as IF I'm nothing_

6. This place _is not to bad but could be better_

7. When I look in the mirror I feel _as IF its going to crack any moment_

8. My mind _is like a Roundabout ._

9. Someday I _would like to meet cliff Richard Personally and maybe I will feel important._

10. In a group I _Feel Left out and unwanted_

11. Sometimes _I wish I were dead_

12. I secretly _wish that I could be Someone very important_

13. My greatest worry _is how I'm going to to when I leave school_

14. Sometimes I wish I were _Rich so that I wouldn't have a care in the world_

15. At school _I Feel that I'm useless and bad at work._

16. I / ...

PART 2 / CONTD ....

16. I need _someone to love and in return for them to love me_

17. When others disagree with me I _just carry on arguing till I am right_

18. I regret _ever having hurt someone or being spiteful_

19. At home _I do just sit and do my own thing and try not to worry about many things_

20. My friends _are bally and loved_

21. My background _Is not very good_

22. I want people to understand that I _am lonely and need love_

23. My parents _are the people I love most_

24. When I look at other boys and girls and then look at myself, I feel _as if I'm a disgrace_

25. People _are hard to live with in many ways_

PART 3

1. Think of a person - any person. He or she can be a real person or a person you make up. Tell us of three important feelings he or she could be feeling.

   1) worried
   2) sad
   3) anxious

2. Here / ...

2. Here are a few statements we are reading to children. Tell us whether each one is true or not true of yourself.

	TRUE	FALSE
I wish I could be as happy as others	✓	
I feel satisfied with myself		✓
I often feel I don't belong anywhere	✓	
I am more nervous than most people		✓
I often wish I felt as good as the next person.	✓	

3. If everyone was magically changed into animals, what animal do you think you would be?

I think I would I would be a Springbuk

Why do you say this?

Because it is beautiful and Praised

What animal would you like to be?

an owl

Why do you say this?

Clever and beautiful

Thank you for answering these questions. We really appreciate your help.

JOHN DUNN
MASTERS STUDENT
UNIVERSITY OF NATAL

PART 1

Please mark each statement in the following way:

If the statement describes how you usually feel, put a tick (✓) in the column "TRUE"

If the statement does not describe how you usually feel, put a tick (✓) in the column "FALSE"

	TRUE	FALSE
1. I spend a lot of time daydreaming.	✓	
2. I'm pretty sure of myself.		✓
3. I often wish I were someone else.		✓
4. I'm easy to like.		✓
5. My parents and I have a lot of fun together.		✓
6. I never worry about anything.		✓
7. I find it very hard to talk in front of the class.	✓	
8. I wish I were younger.	✓	
9. There are lots of things about myself I'd change if I could.	✓	
10. I can make up my mind without too much trouble.	✓	
11. I'm a lot of fun to be with.		✓
12. I get upset easily at home.		✓
13. I always do the right thing.	✓	✓
14. I'm proud of my school work.		✓
15. Someone always has to tell me what to do.		✓
16. It takes me a long time to get used to anything new.	✓	
17. I'm often sorry for the things I do.		✓
18. I'm popular with kids my own age.		✓
19. My parents usually consider my feelings.	✓	
20. I'm never unhappy.	✓	
21. I'm doing the best work that I can.		✓
22. I give in very easily.		
23. I can usually take care of myself.	✓	✓
24. I'm pretty happy.		✓
25. I would rather play with children younger than me.	✓	✓

		TRUE	FALSE
26.	My parents expect too much of me.		✓
27.	I like everyone I know.	✓	
28.	I like to be called on in class.	✓	
29.	I understand myself.		✓
30.	It's pretty tough to be me.	✓	
31.	Things are all mixed up in my life.	✓	
32.	Kids usually follow my ideas.	✓	
33.	No one pays much attention to me at home.	✓	
34.	I never get scolded.	✓	
35.	I'm not doing as well in school as I'd like to.		✓
36.	I can make up my mind and stick to it.	✓	
37.	I really don't like being a boy—girl.		✓
38.	I have a low opinion of myself.	✓	✓
39.	I don't like to be with other people.		✓
40.	There are many times when I'd like to leave home.	✓	✓
41.	I'm never shy.		✓
42.	I often feel upset in school.	✓	
43.	I often feel ashamed of myself.	✓	
44.	I'm not as nice looking as most people.	✓	
45.	If I have something to say, I usually say it.		✓
46.	Kids pick on me very often.		✓
47.	My parents understand me.		✓
48.	I always tell the truth.		✓
49.	My teacher makes me feel I'm not good enough.	✓	
50.	I don't care what happens to me.	✓	
51.	I'm a failure.	✓	
52.	I get upset easily when I'm scolded.	✓	
53.	Most people are better liked than I am.	✓	
54.	I usually feel as if my parents are pushing me.		✓
55.	I always know what to say to people.		✓
56.	I often get discouraged in school.	✓	
57.	Things usually don't bother me.		✓
58.	I can't be depended on.	✓	

PART 2

Here are some statements that will help us to understand children.
Look at each and complete it quickly. Write the first reply that
comes into your mind.

1. The best way to get on with others is _to do what_
they want to do.

2. I guess I am _a friendly person_

3. If only I could _control my temper_

4. My body _is pretty healthy_

5. People make me feel _happy_

6. This place _I live in, I like_

7. When I look in the mirror I feel _I see myself_
doing well

8. My mind _is very soft but I can load_
anything in

9. Someday I _will be good at tennis_

10. In a group I _am I feel very happy_

11. Sometimes _I feel sorry for people_

12. I secretly _swear to myself about things_

13. My greatest worry _is to get loss a arm_
or leg

14. Sometimes I wish I were _"boy"_

15. At school _I get many friends_

16. I / ...

PART 2 / CONTD ....

16. I need _others to help me_

17. When others disagree with me I _will soon get in_

18. I regret _staying from home for long_

19. At home _I enjoy myself alot_

20. My friends _all, I hope like me_

21. My background _is not very exciting_

22. I want people to understand that I _like them_

23. My parents _work very hard for me_

24. When I look at other boys and girls and then look at myself, I feel _I am ashed of them_

25. People _I think will destroy the world_

PART 3

1. Think of a person – any person. He or she can be a real person or a person you make up. Tell us of three important feelings he or she could be feeling.
   1) _would be think of food_
   2) _wish they had parents_
   3) _wished they lived somewhere else_

2. Here / ...

2. Here are a few statements we are reading to children. Tell
us whether each one is true or not true of yourself.

	TRUE	FALSE
I wish I could be as happy as others		✓
I feel satisfied with myself	✓	
I often feel I don't belong anywhere		✓
I am more nervous than most people		✓
I often wish I felt as good as the next person.		✓

$\frac{5}{5}$

3. If everyone was magically changed into animals, what animal
do you think you would be?

A cat

Why do you say this?

*A cat often stares and I often
why watch things*

What animal would you like to be?

eagle

Why do you say this?

A eagle is free

Thank you for answering these questions. We really appreciate
your help.

JOHN DUNN
MASTERS STUDENT
UNIVERSITY OF NATAL

PART 1

Please mark each statement in the following way:

If the statement describes how you usually feel, put a tick (✓) in the column "TRUE"

If the statement does not describe how you usually feel, put a tick (✓) in the column "FALSE"

	TRUE	FALSE
1. I spend a lot of time daydreaming.		✓
2. I'm pretty sure of myself.	✓	
3. I often wish I were someone else.		✓
4. I'm easy to like.	✓	
5. My parents and I have a lot of fun together.		✓
6. I never worry about anything.		✓
7. I find it very hard to talk in front of the class.		✓
8. I wish I were younger.		✓
9. There are lots of things about myself I'd change if I could.	✓	
10. I can make up my mind without too much trouble.	✓	
11. I'm a lot of fun to be with.	✓	
12. I get upset easily at home.		✓
13. I always do the right thing.		✓
14. I'm proud of my school work.	✓	
15. Someone always has to tell me what to do.		✓
16. It takes me a long time to get used to anything new.		✓
17. I'm often sorry for the things I do.	✓	
18. I'm popular with kids my own age.		✓
19. My parents usually consider my feelings.		✓
20. I'm never unhappy.		
21. I'm doing the best work that I can.		✓
22. I give in very easily.		✓
23. I can usually take care of myself.		✓
24. I'm pretty happy.	✓	
25. I would rather play with children younger than me.		✓

		TRUE	FALSE
26.	My parents expect too much of me.		✓
27.	I like everyone I know.		✓
28.	I like to be called on in class.	✓	
29.	I understand myself.	✓	
30.	It's pretty tough to be me.		✓
31.	Things are all mixed up in my life.		✓
32.	Kids usually follow my ideas.		✓
33.	No one pays much attention to me at home.		✓
34.	I never get scolded.		✓
35.	I'm not doing as well in school as I'd like to.	✓	
36.	I can make up my mind and stick to it.		✓
37.	I really don't like being a boy—girl.		✓
38.	I have a low opinion of myself.		✓
39.	I don't like to be with other people.		✓
40.	There are many times when I'd like to leave home.		✓
41.	I'm never shy.		✓
42.	I often feel upset in school.		
43.	I often feel ashamed of myself.		✓
44.	I'm not as nice looking as most people.		✓
45.	If I have something to say, I usually say it.	✓	
46.	Kids pick on me very often.		✓
47.	My parents understand me.	✓	
48.	I always tell the truth.		✓
49.	My teacher makes me feel I'm not good enough.		✓
50.	I don't care what happens to me.		✓
51.	I'm a failure.		✓
52.	I get upset easily when I'm scolded.		✓
53.	Most people are better liked than I am.		✓
54.	I usually feel as if my parents are pushing me.	✓	
55.	I always know what to say to people.		✓
56.	I often get discouraged in school.		✓
57.	Things usually don't bother me.	✓	
58.	I can't be depended on.		✓

PART 2

Here are some statements that will help us to understand children.
Look at each and complete it quickly. Write the first reply that
comes into your mind.

1. The best way to get on with others is to mix with people.

2. I guess I am quite happy.

3. If only I could do better at school.

4. My body is tall.

5. People make me feel sometimes happy

6. This place is my home

7. When I look in the mirror I feel quite pleased

8. My mind is puzzled

9. Someday I would like to go to university

10. In a group I like to talk

11. Sometimes I feel sad

12. I secretly do things

13. My greatest worry is my schoolwork.

14. Sometimes I wish I were stronger

15. At school I like to talk

16. I / ...

PART 2 / CONTD ....

16. I need _c lot of attention_

17. When others disagree with me I _am quite subborn_

18. I regret _not learning hard enough for the last exams_

19. At home _i often read_

20. My friends _need I often go riding_

21. My background _is happy_

22. I want people to understand that I _can do better_

23. My parents _love me_

24. When I look at other boys and girls and then look at myself, I feel _quite pleased_

25. People _sometimes make me happy_

PART 3

1. Think of a person - any person. He or she can be a real person or a person you make up. Tell us of three important feelings he or she could be feeling.

   1) _quite mad_
   2) _depressed_
   3) _lonely_

2. Here / ...

	TRUE	FALSE
26. My parents expect too much of me.		✓
27. I like everyone I know.		✓
28. I like to be called on in class.	✓	✓
29. I understand myself.		✓
30. It's pretty tough to be me.		✓
31. Things are all mixed up in my life.		✓
32. Kids usually follow my ideas.	✓	
33. No one pays much attention to me at home.		✓
34. I never get scolded.		✓
35. I'm not doing as well in school as I'd like to.		✓
36. I can make up my mind and stick to it.	✓	✓
37. I really don't like being a boy—girl.		✓
38. I have a low opinion of myself.		✓
39. I don't like to be with other people.		✓
40. There are many times when I'd like to leave home.		✓
41. I'm never shy.		✓
42. I often feel upset in school.		✓
43. I often feel ashamed of myself.		✓
44. I'm not as nice looking as most people.		✓
45. If I have something to say, I usually say it.	✓	
46. Kids pick on me very often.		✓
47. My parents understand me.	✓	
48. I always tell the truth.		✓
49. My teacher makes me feel I'm not good enough.		✓
50. I don't care what happens to me.		✓
51. I'm a failure.		✓
52. I get upset easily when I'm scolded.		✓
53. Most people are better liked than I am.		✓
54. I usually feel as if my parents are pushing me.		✓
55. I always know what to say to people.		✓
56. I often get discouraged in school.		✓
57. Things usually don't bother me.		✓
58. I can't be depended on.		✓

PART 2

Here are some statements that will help us to understand children. Look at each and complete it quickly. Write the first reply that comes into your mind.

1. The best way to get on with others is _pay attention to them_

2. I guess I am _a bit over confident sometimes._

3. If only I could _improve my life just a little bit_

4. My body _is well built quite well built._

5. People make me feel _happy_

6. This place _suits me correctly perfectly_

7. When I look in the mirror I feel _nothing out of the ordinary_

8. My mind _could be improved_

9. Someday I _would like to have my own farm with a trout stream out_

10. In a group I _in I am happy_

11. Sometimes _I do feel like a longing to be by myself near a clear (trout) stream without the noise of city life_

12. I secretly _wish I could sleep easier._

13. My greatest worry _is that I'll come home and find my parents have left forever._

14. Sometimes I wish I were _just ordinary._

15. At school _I feel happy._

16. I / ...

PART 2 / CONTD ....

16. I need _to be a better Christian._

17. When others disagree with me I _usually stick to my decision_

18. I regret _that I do not always own up_

19. At home _I like to be with my parents._

20. My friends _are a happy lot._

21. My background _is a happy one_

22. I want people to understand that I _am not perfect._

23. My parents _are very kind to me._

24. When I look at other boys and girls and then look at myself, I feel _that maybe I could be better._

25. People _are very helpful to me_

PART 3

1. Think of a person – any person. He or she can be a real person or a person you make up. Tell us of three important feelings he or she could be feeling.

   1) TIRED TIRED
   2) HAPPY
   3) GRATEFUL

2. Here / ...

2. Here are a few statements we are reading to children. Tell us whether each one is true or not true of yourself.

	TRUE	FALSE
I wish I could be as happy as others		✓
I feel satisfied with myself	✓	
I often feel I don't belong anywhere		✓
I am more nervous than most people		✓
I often wish I felt as good as the next person.		✓

3. If everyone was magically changed into animals, what animal do you think you would be?

EAGLE

Why do you say this?

Because it fly an eagle is a bird

What animal would you like to be?

MERLYN (A kind of bird)

Why do you say this?

It is compact and it hasn't is a fast
flyer

Thank you for answering these questions. We really appreciate your help.

JOHN DUNN
MASTERS STUDENT
UNIVERSITY OF NATAL

PART 1

Please mark each statement in the following way:

If the statement describes how you usually feel, put a tick (✓) in the column "TRUE"

If the statement does not describe how you usually feel, put a tick (✓) in the column "FALSE"

	TRUE	FALSE
1. I spend a lot of time daydreaming.		✓
2. I'm pretty sure of myself.	✓	
3. I often wish I were someone else.		✓
4. I'm easy to like.	✓	
5. My parents and I have a lot of fun together.	✓	
6. I never worry about anything.		✓
7. I find it very hard to talk in front of the class.	✓	
8. I wish I were younger.		✓
9. There are lots of things about myself I'd change if I could.	✓	
10. I can make up my mind without too much trouble.		✓
11. I'm a lot of fun to be with.	✓	
12. I get upset easily at home.		✓
13. I always do the right thing.		✓
14. I'm proud of my school work.		✓
15. Someone always has to tell me what to do.		✓
16. It takes me a long time to get used to anything new.		✓
17. I'm often sorry for the things I do.	✓	
18. I'm popular with kids my own age.		✓
19. My parents usually consider my feelings.	✓	
20. I'm never unhappy.		✓
21. I'm doing the best work that I can.	✓	
22. I give in very easily.		✓
23. I can usually take care of myself.	✓	
24. I'm pretty happy.	✓	
25. I would rather play with children younger than me.		✓

		TRUE	FALSE
26.	My parents expect too much of me.		✓
27.	I like everyone I know.		✓
28.	I like to be called on in class.		✓
29.	I understand myself.	✓	
30.	It's pretty tough to be me.	✓	
31.	Things are all mixed up in my life.		✓
32.	Kids usually follow my ideas.		✓
33.	No one pays much attention to me at home.		✓
34.	I never get scolded.		✓
35.	I'm not doing as well in school as I'd like to.	✓	
36.	I can make up my mind and stick to it.	✓	
37.	I really don't like being a boy—girl.		✓
38.	I have a low opinion of myself.		✓
39.	I don't like to be with other people.		✓
40.	There are many times when I'd like to leave home.		✓
41.	I'm never shy.	✓	
42.	I often feel upset in school.		✓
43.	I often feel ashamed of myself.		✓
44.	I'm not as nice looking as most people.		✓
45.	If I have something to say, I usually say it.	✓	
46.	Kids pick on me very often.		✓
47.	My parents understand me.	✓	
48.	I always tell the truth.		✓
49.	My teacher makes me feel I'm not good enough.	✓	
50.	I don't care what happens to me.		✓
51.	I'm a failure.		✓
52.	I get upset easily when I'm scolded.		✓
53.	Most people are better liked than I am.		✓
54.	I usually feel as if my parents are pushing me.		✓
55.	I always know what to say to people.		✓
56.	I often get discouraged in school.		✓
57.	Things usually don't bother me.	✓	
58.	I can't be depended on.		✓

PART 2

Here are some statements that will help us to understand children. Look at each and complete it quickly. Write the first reply that comes into your mind.

1. The best way to get on with others is *the be kind and show that you care about them*

2. I guess I am *a bit horrible sometimes when I am in a bad mood*

3. If only I could *grow physically*

4. My body *is how I would like it to be*

5. People make me feel *happy*

6. This place *is very ___ ___ I have never really stopped worrying*

7. When I look in the mirror I feel *that I wish my hair would stay in place*

8. My mind *always ___ ___ ___ am learning*

9. Someday I *wish I will be the prettiest girl*

10. In a group I *feel happy because I like the ___ of ___ people*

11. Sometimes *I wish people were all equal*

12. I secretly *hope that blacks and whites become equal*

13. My greatest worry *is that I will ___ ___ ___ a rabid dog to ___*

14. Sometimes I wish I were *___ ___ beautiful island*

15. At school *I ___ ___ happy ___ ___ I do not ___*

16. I / ...

PART 2 / CONTD ....

16. I need _a friend whom I can_ _trust_

17. When others disagree with me I _feel happily_

18. I regret _those who I dislike_

19. At home _I am very happy because_ _I am with my family_

20. My friends _are all very kind to me_

21. My background _is happy and exciting_

22. I want people to understand that I _love everyone_ _even blacks_

23. My parents _are the best people in the_ _world_

24. When I look at other boys and girls and then look at myself, I feel _rejected when I am with boys_

25. People _often say I am very nice_

PART 3

1. Think of a person - any person. He or she can be a real person or a person you make up. Tell us of three important feelings he or she could be feeling.
   1) happy
   2) Generous
   3) pleased

2. Here / ...

2. Here are a few statements we are reading to children. Tell us whether each one is true or not true of yourself.

	TRUE	FALSE
I wish I could be as happy as others		✓
I feel satisfied with myself	✓	
I often feel I don't belong anywhere		✓
I am more nervous than most people		✓
I often wish I felt as good as the next person.		✓

3. If everyone was magically changed into animals, what animal do you think you would be?

A frog

Why do you say this?

If the magician is horrible he will turn us into a frog because frogs are ugly

What animal would you like to be?

A bird

Why do you say this?

I can fly anywhere I like and I can sing and make a noise

Thank you for answering these questions. We really appreciate your help.

JOHN DUNN
MASTERS STUDENT
UNIVERSITY OF NATAL