

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

A SELF-CONCEPT SCALE FOR THE
//
DEVELOPMENTALLY DISABLED ADULT

A Thesis submitted in partial satisfaction of the
requirements for the degree of Master of Arts in

Education, Educational Psychology
Counseling and Guidance

by

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ABSTRACT

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The creation of independent life functioning programs for the developmentally disabled adult has brought about a need for determining the individual's self concept to aid in the development of becoming a self sufficient and self supporting individual.

It became necessary to locate or develop an instrument which could be used in a specific independent life functioning program. The development of such an instrument which would be suitable had many steps and barriers.

The study shows the steps in determining the areas of concentration to be studied. The three areas chosen were:
1) Social self in life settings; 2) Physical self aware-

ness; and 3) Family relations. It is believed to be the first study of its kind as only a small amount of information was found in doing a literature review for this study. Few researchers have taken time to talk to, study or test the mild/borderline retarded subject and discover their feelings and attitudes about independent living. Over the years these subjects have been ignored, often institutionalized, and left to simply remain under the support of the state or a burden on the family.

The study proved to be an interesting account of the subject's feelings and attitudes and hopefully will provide counseling staff with information that could help with the training and therapy of the developmentally disabled adult.

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CHAPTER I

INTRODUCTION

Recent years have seen many new trends in treatment philosophies for the mentally retarded individual. Among these trends is an increased focus on a retarded individual's potential for independent life functioning. Individuals who previously may have been institutionalized or cared for by family on a custodial care basis are now, in some cases, being given the opportunity to develop skills that will facilitate independent life functioning through specialized programming. The term "mentally retarded" is one which conjures up many different images in the minds of individuals, and understandably so, inasmuch as it is a term which describes a range of disability from "severe and profound" to "mild to borderline." Additionally, the term "mentally retarded" is now often used interchangeably with the term "developmentally disabled", which is used to describe an even broader range of disabilities including epilepsy, autism, cerebral palsy, mental retardation, or any combination thereof. Individuals who are developmentally disabled and functioning cognitively and/or socially in the mild to borderline range of retardation are those who are currently most often selected for programming oriented

toward independent life functioning.

Independent life functioning may be manifest in several different residential and vocational combinations. Among these are: independent living and competitive employment, independent living and sheltered employment, independent living and volunteer employment and independent living and no employment. There currently are programs designed to prepare the individual for one and/or all of these life styles. These programs most often include specific independent living skills training, and may possibly be combined with a specific vocational orientation, be it competitive, sheltered or volunteer.

DEFINITIONS

The following definitions are offered and are limited to the context in which they are used for the purpose of this study. Definitions were obtained from Stedmans Medical Dictionary (23rd ed., 1976) and the Random House Unabridged Edition.

Mental Retardation: According to Stedmans Medical Dictionary, mental retardation is defined as:

"subaverage general intellectual functioning which originates during the development period and is associated with impairment in adaptive behavior"...."The definition of Mental Retardation requires assignment of an index for performance relative to one's peers on two inter-related criteria: measured intelligence (IQ) and overall socio-adaptive behavior (a judgmental rating of the individual's relative level

of performance in school, at work, at home, and in the community)."

MEASURED INTELLECTUAL RATINGS

	<u>Stanford-Binet IQ</u>	<u>Wechsler IQ</u>
Profound	below 20	below 25
Severe	20-35	25-39
Moderate	36-51	40-54
Mild	52-67	55-69
Borderline	68-83	70-84

Developmentally Disabled: not defined as a specific illness or form of retardation as it is a new term in the field of mental health. However, Random House does define Developmentally, Development and Disability.

Developmentally: "1. expansion, elaboration, growth, evolution, unfolding, opening, maturing, maturation.
2. Maturity, ripeness."

Development: "The act or process of developing: progress."

Disability: "1. lack of competent power, strength, or physical or mental ability: incapacity. 2. a permanent physical flaw or weakness, or handicap which prevents one from living a full, normal life or specific job."

Other terms used in the context of this study are defined as follows from Stedmans Medical Dictionary.

Epilepsy: "a chronic disorder characterized by paroxysmal attacks of brain dysfunction usually associated with some alteration of consciousness. Attacks may remain confined

to elementary or complex impairment of behavior or may progress to a generalized convulsion."

Autism: "a tendency to morbid self-absorption at the expense of regulation by outward reality."

Cerebral Palsy: "defect of motor power and coordination related to damage of the brain."

The following definitions are the authors' explanation of the way in which commonly used terms apply specifically to the context of this study.

Employment: That which engages or occupies time or attention.

Competitive: Employment which is remunerated monetarily and is devoid of special consideration for an employee's physical and/or intellectual disabilities.

Sheltered: Employment which is remunerated monetarily on the basis of an individual's ability to produce. Special permits are procured by the employer to pay less than minimum wage. It is assumed that employees are not able to work at levels of speed and quality required for competitive employment. Sheltered work may or may not be oriented toward preparation for competitive employment.

Volunteer: Employment that is not remunerated monetarily. Special consideration for physical and/or intellectual disabilities may or may not be present.

Independent Living: A residential environment that is unsupervised. The resident is solely responsible for manag-

ing the day to day functions of living: i.e., budgeting money, paying bills, personal mobility, grocery shopping, cooking, routine maintenance, etc. This does not exclude the possible presence of a peer roommate.

Self Concept: Defined by Vitro (1957) as:

"...the total appraisal or evaluation which a person has of himself. It is thought to include such complements as feelings, attitudes, opinions, etc., which a person holds about himself and which may or may not be reflected in his behavior."

Frymier (Vitro, 1957) says:

"... self concept is a learned behavior. Persons learn to hate or love self from significant others, based on feedback at home or other places of environment, such as schools, teachers, peers and parents."

STATEMENT OF THE PROBLEM

In the process of working with developmentally disabled clients in a program oriented toward independence for over two years, the author has witnessed evidences of negative self concepts in many of the program's clientele. Most often the evidences of negative self concept did not emerge behaviorally until the client had been involved in programming for a period of three to six months. Reasons for this time delay are undetermined, but are most probably related in part to the following: the period of adjustment to programming wherein the client is often hesitant to verbalize feelings, the lack of cognitive skills required to conceptualize and express abstract thoughts, and the time required to establish rapport with others to whom they might express themselves. When, in conversations with clients, the author was able to establish rapport and elicit feelings regarding self concept, the author's perceptions of negative self concepts were borne out.

The problem, therefore, is to develop an instrument whereby deficits in self concept can be identified during the initial phases of personal contact. Nathaniel Branden has stated the following regarding the significance of self concept: "There is no value judgment more important to man, no factor more decisive in his psychological development and motivation than the estimate he passes on himself." (Branden, 1969). It is the belief of the author that early

detection and intensive focus on remediation of deficits in self concept would enable the individual client to achieve a higher degree of personal satisfaction in life functioning, and would facilitate personal motivation toward independent functioning.

PURPOSE OF THE STUDY

It is the purpose of this study to locate, or develop if necessary, a suitable self concept instrument, which could be administered to the developmentally disabled adult in a specialized vocational/independent living skills training program.

CHAPTER II

PROBLEMS ENCOUNTERED IN RESEARCH FOR TEST INSTRUMENT

Initially research for a suitable test instrument seemed like a simple task. But, as one step indicated another it became obvious that finding such an instrument would be more complex than anticipated.

The first source consulted for research was the Psychological Abstracts, which did not provide many references in the field of self concept for the Mentally Retarded or Developmentally Disabled individual. What was listed were studies with severely retarded children and adults. There were no references cited referring to work with the mildly or moderately retarded.

The Educational Research Information Center documents became the second logical source of information. Again there were few references to material which might prove helpful in the search. It was then suggested by the reference desk librarian that the author research the Dissertation Abstracts for other thesis material that might pertain to the topic under investigation. Here were found only a few pertinent abstracts, and upon further investigation they proved to be of questionable benefit to the study.

Finding little information through the various abstracts and ERIC, the author consulted with local experts and

professors in the field of Special Education and Rehabilitation to inquire as to their knowledge of previous or current research, testing or tests that would be of benefit to this investigation. Assistance here was limited. The aforementioned sources were cited, and additionally the author's attention was directed to journals such as the American Journal of Mental Deficiency and the Journal of Mental Retardation. Locating these materials proved easy, but articles pertaining to the desired topic were not apparent.

The Library of Medicine at UCLA introduced the author to the Medline computer search, a service of the National Library of Medicine. It then became apparent that the topic of "Mental Retardation" is addressed more so in medical literature than in psychological literature.

At this point a decision was necessary to determine what direction to pursue for information on the topics of Self Concept, Mental Retardation and Development Disabilities. While discussing the Medline search with the librarian, it was determined that this source would most probably be the best source for pertinent articles and abstracts.

The Medline search requested that the investigator supply as much information as possible to assure receiving all possible articles pertaining to the desired topic. Various sub-topics under the main heading of Mental Retardation were given: epilepsy, cerebral palsy, social behaviors,

autism, minimal brain dysfunction, mildly retarded and approximately fifteen other terms used in defining Mental Retardation. Reference material dating back to 1969 was requested. Additionally, the author requested that the articles refer to adolescents and adults only, with no specifications being made as to whether or not institutionalized or non-institutionalized subjects were preferred. Therefore, material received was for both populations.

After receiving the results of the Medline search (106 references cited), selection of article titles which might prove fruitful was the next step. This and obtaining standard self concept instruments appeared to be the final phase of the search. Hopes were high that the instruments mentioned in the articles could be easily obtained and analyzed. It was not to be as anticipated. The articles selected for use (about 6 out of 106 possibilities) did not give adequate information as to the type of instrument used, nor adequate information on the subjects studied. These articles did however, lead the author to other articles not mentioned in the Medline search, each leading to one other article of interest.

Having obtained the names of several test instruments, the author then needed to find test samples to see if they were compatible with the needs of the specialized program and its clients. The Psychological Test Lab at California State University, Northridge, appeared to be a good source

for these materials. Oscar K. Buros, Tests In Print, Volume I and II provided the names of several popular Self Concept instruments and their basic descriptions. One instrument of particular interest to the author, the Laurelton Self Attitude Questionnaire, could not be found in Buros or in any of the various psychological testing catalogues.

CRITIQUE OF RELATED RESEARCH

It was revealed through the investigative research that the small number of significant articles relating to the Developmentally Disabled individual and his self concept had little relevance to the subjects of the specialized program client for purposes of this study. The subjects referred to in the articles were from one of three living situations. They were either from institutions, non-institutionalized workshops or from special education classes. There were, however, a number of articles relating to testing in areas of vocational task performance, depression, anxiety and behavior. These were instruments written for these specific purposes, and could not be adapted to a self concept instrument.

Of several articles which were thought to be of value in the search for a significant test instrument, one was titled "Self-Concepts of Institutional and Non-institutional Educable Mentally Retarded Children" (Montague and Cage, 1974). This article not only proved to be of little use,

but the article was uninformative as well. There was no reference to the ages of the subjects, their background or level of intelligence. The instrument used was the "I feel-Me Feel" Self Perception Scale, and it did not even list the name of the test author. Twenty Educable Mentally Retarded (EMR) students were used from an institution and twenty other EMR students were used from local special education classes in the area. Conclusions reached: No basic differences were found between the groups.

The Ringness Questionnaire (AJMO 1961) was developed to measure the self concept of three groups of children, all of the same age level. There were 20 boys and 20 girls in each group and the three groups were divided by their WISC IQ levels; retarded subjects 50-80 IQ, average subjects 90-110 IQ and high achieving subjects 120+ IQ. Each group was administered the test in a different way.

The high intellectual group had a self administering test while the other groups had it read to them with the retarded subjects receiving help in finding the answers and understanding the statements. This practice of the examiner giving interpretation to some subjects and no others could effect the validity of a standardized test, and is not a general practice when administering tests of this sort to comparative groups. However, it should be noted that a copy of this questionnaire could not be located, nor could any description of the questionnaire be found.

Further investigation directed the author to a study by Collins, Burger & Doherty (1970), in which the Tennessee Self Concept Scales were administered to 42 EMR and 49 Intellectually normal school adolescents. This study was unique as it was the first study to compare intellectually normal subjects with a group of EMR (borderline range) subjects. Information within this article stated nothing about the instrument itself, nor if it was altered or modified in any way, or had any parts deleted. There was little information on the scoring other than a brief statement noting that the two groups had similar attitudes in the following areas: self satisfaction, physical self and moral-ethical self. Family self was reported to be approaching significance. The investigators were surprised to find that both groups had a total negative self concept. It was then concluded that intelligence has no bearing on self concept as all adolescents tested in this study reported this negative feeling. This author feels it is important to note that it is generally accepted common knowledge that many adolescents feel this way. This article did not make any conclusions or determinations as to what could be done to change this feeling nor did the article give any information on the areas of wide differences in scoring of specific areas.

The next article which provided some information of significance to this study was one which was referred to in the bibliography of another article. This article discussed

how Guthrie, Butler & Garlow (1961) developed the Laurelton Self Attitude Questionnaire for use at a Massachusetts hospital for moderately and mildly retarded adolescent girls. Information about the questionnaire was not included in this article, however information regarding the subjects, 50 institutionalized and 50 non-institutionalized adolescent girls who live at home, was provided. Test results indicate that similarities between the groups were very strong. Each group had three positive and 4 negative feelings.

POSITIVE FEELINGS

1. Nothing wrong with me
2. I do as well as others
3. I don't give trouble

NEGATIVE

1. I act hateful
2. I am shy and weak
3. I am useless
4. Nobody likes me

The study sample description given here by the Laurelton authors explained that the test was later repeated and that it was revised as well. All subjects were balanced in each group according to ethnic background and intelligence.

Later, in 1972, Harrison and Budoff questioned the use of the Laurelton Scales on women only and revised it to include males as well. It was revised from 150 questions to 160 statements. Subjects (172) from public school special education classes were selected on data similarities, and the mean age was 14 years and 9 months. Of the test items, 137 were modified for both sexes, and 13 items were dropped

completely due to feminine content with no modification possible. The Bealer's lie scale was also included which had we statements.

This questionnaire was very long and took an unlimited amount of time as it was administered individually, orally and by one examiner. Subjects responded by circling T for true and F for false.

Although many other articles were researched for purposes of this study, only these articles were critiqued inasmuch as they were selected by the author as the most appropriate material that could be found which related even closely to the thesis study.

CRITIQUE OF TEST INSTRUMENTS

Each of the following self concept instruments were studied to see if they could be considered for use in a specialized program for the Developmentally Disabled. The criteria for acceptance and administration in a specialized program for the Developmentally Disabled Adult are drastically different than the instrument requirements for a institutional setting.

The Mooney Problem Check List (Ross L. Mooney and Leonard V. Gordon, 1950) with its 9 scales and several categories proved to be too long and is written to be understood by normal individuals. There was also a complicated scoring system.

The Rhodes Sentence Completion instrument did not qualify for use in a special program as it is presented to the subject in a form that would make the Developmentally Disabled Adult feel as if they were not being treated as an adult.

The Minnesota Multiphasic Personality Inventory (Hathaway & McKinley, 1962) was also ruled out as being too long, difficult to understand and difficult to score and interpret. However, the test categories here did seem to relate to self concept in the areas necessary for the needs of special programming.

The Tennessee Self Concept Scales (William Pitts, 1969) best fit the requirements needed by a special program but it had several categories in which the author was not interested in studying. Despite its length, its categories provided much of the information sought after. The basic ideas of this test would prove to be most useful in the development of the Bryant Self Concept Survey.

An instrument which appeared to be of great value through the research was the Laurelton Self Attitude Questionnaire developed by Guthrie, Butler & Garlow (1961) for use at a Massachusetts state hospital with adolescent girls. Information regarding the instrument itself was somewhat scant. It is believed that the original questionnaire included 92 statements and was later increased to 150 statements while a third testing with males increased it to 160

statements. A sample of the instrument could not be located nor was sufficient information about the instrument provided in any of the readings.

It appears that the tests, questionnaires and surveys which have been administered to mentally retarded individuals were for reasons other than obtaining a profile of their level of self concept in the areas of social relationships, physical awareness, and family relationships, as is sought by this study. Testing of the Developmentally Disabled in areas other than these three categories has been predominantly in the area of vocational training.

Vocational testing of the Moderately Retarded by Tobias (1960); Timmerman & Doctor (1974); and Crowder (1975) as reported by Quiones (1978), did not relate any information on self concept. Self Concept of the retarded has been examined by Carrol (1967); Ringness (1961); Schurr, Joiner and Towne (1970) and Steward & Daniels (1970). Few have focused on the retarded persons concept of his place in society or of his own self awareness (Gan, Tymchuk & Nishihira, 1977).

CHAPTER III

METHODS AND PROCEDURES

PROBLEMS IN DEVELOPING INSTRUMENT

As previously stated, the purpose of this study is to locate, or develop, if necessary, a suitable self concept instrument which could be administered to the developmentally disabled adult in a specialized program for independent life functioning as mentioned in Chapter One. Upon concluding research for a suitable instrument, and not finding one which was adequate (i.e., short in length, understandable language, easy to score, and other factors to be discussed later in this chapter), the author initiated development of an instrument which could be of benefit to professionals working with developmentally disabled adults in an independent life functioning program.

The instrument to be developed was, of necessity, to contain statements which would reveal attitudes of subjects toward their social relationships, family relationships and their awareness of physical self. At this point it was a question of how this instrument was to be composed, administered, scored and interpreted.

Requirements for composition of the instrument, which are dictated by the population to be studied, are as follows:

1. Worded in language understandable to the subject.
2. Administered verbally (since some subjects are unable to read).
3. Short and concise (to prevent overtesting and compensate for limited attention span of some subjects).
4. Oriented towards information that can be readily provided by the subjects and that is indicative of the subject's self concept.
5. Easy to score and interpret.
6. Formulated in a manner that will be non-threatening to the subject's self image.

INSTRUMENT DEVELOPMENT

Having located, studied, and ruled out the available self concept instruments, developing an instrument for the purposes of this study seemed both feasible and necessary to the author.

Perusing the materials available, it was determined that the Tennessee Self Concept Scales (Fitts, 1969) and the Masters Students Self Attitude Test which had been developed by the author and others, for determining the self concept of college students were the best sources for a format and some sample statements.

Both of the above instruments have complex and lengthy statements and a complicated scoring system which involve extensive time for an examiner to compute. These disadvantages did not meet the criterion of easy to score and interpret.

Rather than use the seven categories of the Tennessee Self Concept Scales and the statements as written by these authors, the author decided to limit the categories and reword the statements to coincide with the receptive language skills of the subjects involved in this study.

Statements were selected and reworded from three areas of inquiry: Social relationships, family relationships and awareness of physical self. Sample statements included are: "I am not loved by my family", "When criticized, I feel bad for days" and "I am too fat or too skinny". These statements are designed to reflect specific feelings which can be dealt with through counseling and understanding by the counselors and supervisors working with the individuals. (See Appendix for example of questionnaire).

It was decided by the author to develop two pilot surveys to be administered to a small group of individuals who would not be included in the final survey. Two pilot surveys were used to determine whether a multiple choice or a true/false answer format would be most effective in obtaining the desired information. One survey utilized a four-part multiple choice response and the other a true/false response.

PILOT SURVEYS

The first survey administered was the true/false answer survey. After administering this survey and noting the

extent of explanation of terms and reminders of the possible responses that was necessary, it was evident that a four part multiple choice response would be very difficult for most of the subjects to select. It would also be difficult for the subject to distinguish between a response of "Never" and "Once in a While". The majority of the subjects to be studied in this survey seem to see things in only two ways, "True or False" and "Yes and No".

When asked to answer with a four part multiple choice response, subjects became confused, asked many questions which lengthened the test time and often answered on the extreme ends of the scale: Never and Always.

Through the pilot surveys, certain words and phrases were changed for the final survey to clarify the instrument to the subject and help eliminate an abundance of questions.

SUBJECT PROFILES

For the purposes of the final survey, subjects were limited to those individuals who had been recently admitted into the program and who were continuing their vocational, consumer and independent living skills training. Twenty-seven subjects were asked to participate; thirteen males and fourteen females whose ages range from 18-37 years of age. All twenty-seven agreed to participate in the study, and all signed consent forms after a complete explanation of what it was that they were being asked to do (see Administration of Survey).

The subjects being studied in the survey have several common characteristics. First, 92.5% were in special education classes in high school and 92.5% have graduated; secondly, 96.3% have lived at home until 18 years of age and 33.3% have lived at home beyond 25 years of age; and thirdly, 88.8% are diagnosed as being in the mild to borderline range of mental retardation. Other common characteristics are social skill deficits, low self confidence, verbalized motivation to become independent, behavioral problems and academic learning disabilities.

The author believes that it is because of the displayed "retarded" behaviors which are not detrimental to society or to the individual that these individuals have been ignored, left at home and their training toward inasmuch as their view of independence is of being away from parental protection, never to see family or friends again.

Of the twenty-seven surveys, only the results of one could not be tabulated with the others as there were 11 of 30 statements without any responses. Being an anonymous survey it is unknown if this survey belonged to a male or a female.

AGENCY SETTING

The subjects under investigation in this study are participants in a program that utilized academic education (in the context of survival consumer education), pre-vocational training, vocational training, social/recreational

skills training and independent living skills training. The goal orientation of this program is competitive employment and independent living.

DESCRIPTION OF THE INSTRUMENT

The Bryant Self Concept Survey (BSCS), as the instrument has been named, consists of 30 statements covering three sub categories: Social self, Physical self and Family self. The subject responds to each statement by marking the answer sheet, circling the T for true and the F for false. Statements are read to the subject by the examiner, giving the individual as much time as necessary to respond.

ADMINISTRATION OF THE INSTRUMENT

For the study, the BSCS was administered to five groups of subjects rather than to individual subjects to save time. It should be noted that this instrument is amenable to both group and individual administration. Groups consisted of the following: two groups of 7 individuals, one group of 5 individuals and two groups of 4 individuals.

Instructions were given to the subjects as follows:

1. "This is a school project for the author, and is a questionnaire to see how people see themselves and their relationships."
2. "This is a volunteer experience." A consent form was explained (read) and upon signing the

form they received and answer sheet (with a verbal reminder that NO NAME is to appear on the sheet).

3. This is to remain anonymous and honest answers will not be harmful to you in any way."
4. The subjects were asked to refrain from making any comments or answering out loud during the administration of the survey (as they may influence the decision of another).
5. They were told to respond to as many or as few statements as they wished to and were informed that there are no right or wrong responses.
6. Subjects were also instructed to ask for an explanation of words or phrases they did not understand.
7. Subjects were then moved apart from each other to insure physical comfort and to insure that the answer sheet could not be seen by another who could respond by teasing or commenting about another person's response.

Statements were then read, one at a time, allowing ample time for responses and additionally the examiner would ask if the statement was understood or needed repetition or explanation. The examiner also noted expressions on subjects faces to determine if the statement was understood. Every fourth statement would be preceded by the question:

"True or False?..." The average time to administer the instrument to each group was 10 minutes.

CHAPTER IV

RESULTS

SOCIAL SELF

The category of social self concept elicited the highest percentage (33%) of negative responses of the three survey categories (See Table 1). It is felt by the author that the responses are an accurate reflection of the subject feelings and that these feelings are in turn displayed through social behaviors. The subjects lack of social skills; i.e., starting and maintaining conversations, choosing appropriate topics of conversation and inviting others to engage in social activities would likely cause them to feel frustration and often failure to achieve their desired social level.

On the BSCS statements #1 and #4 are positive, and all (100%) subjects responded that they are friendly and look nice around others. (See Table 2). It should be noted that 50% responded that they are not popular (#10), in spite of the unanimously positive response to friendliness and nice appearance.

Responses to questions regarding behavioral reaction to feelings tend to be somewhat negative. Fifty percent of the subjects responded that they were not calm and easy

going (#7) and 46.1% responded that if they behaved like they wanted, others wouldn't like them (#25). These responses are in reality often reflected by their efforts to impress peers by engaging in behavior that they perceive will raise others' perception of them.

For the counselor or supervisor working with the individual in programming, it is significant to note that 57.6% of the subjects responded that they feel bad for days when criticized (#16). The survey statement however, does not make any reference to the way in which criticism is delivered, or to what exactly is perceived as criticism. The results from this survey statement could certainly be used as a basis to explore the individuals feelings in greater depth.

TABLE I

CATEGORY		NEGATIVE	POSITIVE
SOCIAL	No. Resp.	87	173
	%	33%	67%
PHYSICAL	No. Resp.	59	201
	%	22.6%	77.4%
FAMILY	No. Resp.	62	198
	%	23.8%	76.2%

TABLE II

BRYANT SELF CONCEPT SURVEYSOCIAL SELF CATEGORY

Number of
Responses:

T	F	Survey Statements
26	0	1. I am a friendly person
26	0	4. I try to look nice around others
13	13	7. I am not a calm and easy going person
13	13	10. I am not a popular person.
23	3	13. I try to understand the other persons' side of the story.
15	11	16. When I am criticized, I feel bad for days.
14	12	19. I do not always tell my friends the truth.
6	20	22. I tell others my likes and dislikes.
12	14	25. I feel if I behaved like I want to, others wouldn't like me.
11	15	28. I find it hard to say "no" to my friends.

PHYSICAL SELF

The physical self category received the fewest (22.6%) negative responses of the three categories (See Table 1).

Responses to statement numbers 23 and 29 indicate that 100% of the subjects like themselves and care about themselves. (See Table 3). While 92.3% of the subjects said they like their looks (#2), 38.5% of the subjects replied they would like to change their looks (#20). Seventy-three percent of the subjects replied that they don't mind looking into mirrors (#11).

Forty-six percent of the subjects replied they feel their body weight is not satisfactory (#5) and 23% responded they feel they are not healthy (#14). These responses are substantiated by the actual number of subjects who participate in a weight loss program and by observing that there are a number of subjects who constantly complaining of physical ailments that are unsubstantiated by medical examination.

Statements regarding sexual feelings (#8, 17 & 26) received fewer negative responses than was anticipated by the author, that the subjects often use sex as a guide to being normal (i.e., if I enjoy sex, I'm OK). Sixty-nine percent of the subjects reflected they like others to think they are sexy and 38.5% responded they do not like sex (or the idea of sexual behaviors).

The strong positive responses in this category could be interpreted as the developmentally disabled persons scale of "normalcy" as indicated by answering in a positive manner to most of the sex related statements. It could also mean that they do not have an actual awareness of their bodies or how to satisfy the body needs. To the subject, whatever is accepted by society in general is what they must agree with or do to be considered normal.

TABLE III

BRYANT SELF CONCEPT SURVEYPHYSICAL SELF CATEGORYNumber of
Responses

T	F	Survey Statements
24	2	2. I like my looks the way they are.
14	12	5. I am too fat or too skinny.
18	8	8. I enjoy having others think I'm sexy.
7	19	11. I do not like to look into mirrors.
6	20	14. I am not a healthy person.
16	10	17. I really like having sex.
10	16	20. I would like to change the looks of certain parts of my body.
26	0	23. I like myself
24	2	26. I feel others are attracted to me.
26	0	29. I care about myself.

FAMILY SELF

The category of family self received 23.8% negative responses. (See Table 1).

All subjects reported that they have families that would help them in any kind of trouble (#6), and 92.3% of the subjects reported that they come from happy families (#24). (See Table 4).

As the author began to relate some of the family self responses to previous category response, the following relationships began to appear.

Statement #3 shows that 88.4% of the subjects feel their friends trust them, and 23% of the subjects feel their family doesn't trust them (#30). Even if 53.8% of the subjects do not tell their friends the truth (Social Self, #19) they still feel trusted by their friends.

Family relations responses indicate that 46.1% of the subjects do not act as their family expects them to (#27), yet 46.1% of the responders indicated that if they changed their behavior, others wouldn't like them (Social Self, #25).

Only 38.5% of the subjects responded that they argue a lot with the family (#12) and 57.6% responded that they go along with their family when they would rather not (#21). Nineteen percent of the subjects indicated that they do not feel loved by their family (#18).

Sixty-nine percent of the respondents reflected they feel confident to take care of themselves in any situation

(#9) and 96.1% of the subjects feel satisfied with the way they treat others (#15).

TABLE IV

BRYANT SELF CONCEPT SURVEYFAMILY SELF CATEGORYNumber of
Responses:

T	F	Survey Statements
23	3	3. My friends trust me.
6	0	6. I have a family that would help me in any kind of trouble.
18	8	9. I can always take care of myself in any situation.
10	16	12. I argue a lot with my family.
25	1	15. I am satisfied with the way I treat others.
5	21	18. I am not loved by my family.
15	11	21. I often go along with my family when I'd rather not like to.
24	2	24. I am a member of a happy family.
12	14	27. I do not act as my family expects me to.
6	20	30. I feel my family does not trust me.

CHAPTER V

CONCLUSIONS

The results of this survey, although slightly different than anticipated by the author, are felt to be an honest reflection of the feelings, attitudes and behaviors of the subjects who participated in this study. In particular, the Social Self category yielded a higher frequency of negative responses than was anticipated while the Physical Self category demonstrated a higher frequency of positive responses than was expected. The content of this chapter will address itself to a commentary containing observation, opinion and speculation by the author regarding the significance of selected survey methods.

SOCIAL SELF

Skill deficits in the area of social skills (i.e., starting, maintaining and closing a conversation, choosing a topic of conversation, discussing personal needs, asking a question, etc.) are reflected in the survey results. For example, 50% of the subjects responded that they "are not popular". It is possible that this is reflective of the frustration experienced in social settings due to a lack of social skill. Additionally, 50% of the subjects stated

that they are not "calm and easy going" and would not be liked if they behaved like "they want to". This also could be indicative of a deficiency of and discomfort with social skills, and, in fact, these feelings are often indicated in exhibited behaviors. As an added observation, it is interesting to note that by not behaving like "they want to", the subjects are reflecting their adaptation to the social expectations of the society.

PHYSICAL SELF

The Physical Self category yielded a higher frequency of positive responses than was anticipated. The results were, in fact, surprising to the author. It is speculated that the high frequency of responses indicating a positive physical self image are indicative of the subjects' perception of what is expected of them in terms of physical well being, awareness and sexuality in order to be "normal". In short, the subjects seem to be saying that they see themselves as "OK," when in fact they may not be aware of their discomfort over their physical appearance. The responses involving sexuality are further confused by familial, religious or other environmental variables dictating moral values.

FAMILY SELF

The responses offered in the survey category of Family self were not at all indicative of the author's preliminary hypothesis. It was anticipated that the subjects would respond more negatively to the statement "I am not loved by my family". Having worked with the subjects for over two years, it has been the author's experience that many subjects express feelings of being unloved by their family because of a sense of rejection relating to being "placed" out of the family home. The reasons behind this survey finding remain unexplained, with the possible exceptions of the socially unacceptable and personally threatening nature of a statement such as "I am not loved by my family".

FUTURE OF THE SURVEY INSTRUMENT

It is believed by the author that the instrument used in this survey provided the desired information. It remains to be seen whether or not the effectiveness of the instrument would be affected by administration in an individual setting, rather than within the anonymous framework of administration in a group setting. The further use of the survey instrument by the agency referred to throughout and described in Chapter One of this study, will be determined by the agency's needs and desires, and could be administered on either a group or individual basis. The most important use of the Survey would be to form a basis for individual counseling of the developmentally disabled adult.

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APPENDIX

ADMINISTRATION OF SURVEY

Instruction to Examiner

The survey is to be administered the first week the client enters the program, along with a battery of other tests which help program personnel establish the clients' academic and self concept level needed by the counselors who will be working with the client.

The examiner is to verbally ask each statement to the client and allow them to respond on the answer sheet by circling T for true or F for false. There is no time limit set for the administration of this survey, as each client may wish to think about the statement or ask for an interpretation of the statement.

For the purpose of obtaining honest and reliable answers, clients will not be given this survey individually after the initial intake interview. It may possibly be given at six month intervals to determine any notable change in the level of client self-concept, but it would be given in small groups so the client would feel free to answer honestly and not have the results effect his/her relationship with program rewards or losses.

1. I am a friendly person
2. I like my looks the way they are.
3. My friends trust me.
4. I try to look nice around others.
5. I am too fat or too skinny.
6. I have a family that would help me in any kind of trouble.
7. I am not a calm and easy going person.
8. I enjoy having others think I am sexy.
9. I can always take care of myself in any situation.
10. I am not a popular person.
11. I do not like to look into mirrors.
12. I argue a lot with my family.
13. I try to understand the other person's side of the story.
14. I am not a healthy person.
15. I am satisfied with the way I treat others.
16. When I'm criticized, I feel bad for days.
17. I really like having sex.
18. I am not loved by my family.
19. I do not always tell my friends the truth.
20. I would like to change the looks of certain parts of my body.
21. I often go along with my family wne I'd really not like to.
22. I tell others my likes and dislikes.

23. I like myself.
24. I am a member of a happy family.
25. I feel that if I behaved like I want to, others wouldn't like me.
26. I feel others are attracted to me.
27. I do not act as my family expects me to.
28. I find it hard to say "no" to friends.
29. I care about myself.
30. I feel my family doesn't trust me.

SCORE SHEET

1.	T	F	16.	T	F
2.	T	F	17.	T	F
3.	T	F	18.	T	F
4.	T	F	19.	T	F
5.	T	F	20.	T	F
6.	T	F	21.	T	F
7.	T	F	22.	T	F
8.	T	F	23.	T	F
9.	T	F	24.	T	F
10.	T	F	25.	T	F
11.	T	F	26.	T	F
12.	T	F	27.	T	F
13.	T	F	28.	T	F
14.	T	F	29.	T	F
15.	T	F	30.	T	F

CONSENT FORM

I, _____,
Social Security Number _____ hereby
authorize Jan Bryant to use the information obtained from
the Self Concept Survey for her school project. I under-
stand that my name will not be used in this project.

(Signature)

(Date)