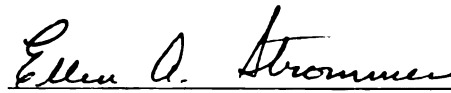


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MAINTAINING THE SELF IN THE SELF-IN-RELATION AMONG
EARLY ADOLESCENT GIRLS

By

Arlene Ruth Saitzyk

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTORATE OF PHILOSOPHY

Department of Psychology

1994

ABSTRACT

MAINTAINING THE SELF IN THE SELF-IN-RELATION AMONG EARLY ADOLESCENT GIRLS

By

Arlene Ruth Saitzyk

The present study seeks to better understand the developmentally predictable losses in self-competence and authenticity in relationships that girls may experience during the early adolescent years. In order to do so, the study draws upon the self-in-relation theory, which locates identity development in the context of connection and relatedness to others. The present work studies this phenomenon by attempting to change it, in that a 13-week small group intervention program (The Transition to Adolescence Program, TAP) designed to prevent these "losses" was implemented and evaluated. TAP encourages group members to assert their individuality within a context of connection, and in this respect, focuses on empowering girls to maintain their sense of self in the self-in-relation, which in turn may allow them to meet their own needs as well as the needs of others in their relationships. The issues discussed within the group meetings include both broad-based competencies (e.g., self-esteem, personal power, emotional awareness) and domain-specific knowledge and skills relevant to the challenges that confront early adolescent girls (e.g., peer pressure, body changes, intimate relationships,

sexuality). A total of 70 early adolescent girls participated in the study, either as part of the intervention or control conditions, and completed several measures prior to and following the intervention. Analyses examined the associations between self-in-relation identity and measures of well-being, distress, and ethnic identity, as well as changes associated with participation in the intervention program. The results supported the relevance of the self-in-relation construct, and provided support for the loss of self-confidence and authentic relationships as a developmental phenomenon. The hypotheses regarding the intervention were also partially supported by the data. Findings indicated increases in social self-competence for girls who participated in the intervention relative to girls who did not participate in the intervention, and the results suggest some impact on preventing development of relationships that focus on the needs of others to the exclusion of the self. Implications of this study regarding future development of contextually valid research and intervention programs that incorporate attention to relational and identity concerns are discussed.

To a woman who speaks loudly and clearly, who embodies
strength and nurturance, and who is a beautiful
maiden/matron/crone-- my Grandmother/Goddessmother Pearl.

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Second, I want to acknowledge three collaborating organizations, the MSU Institute for Children, Youth, and Families, the MSU Service-Learning Center, and the Lansing Boys & Girls Club. The Institute for Children, Youth, and Families funded the project through a research-outreach seed grant, and the Service-Learning Center will be providing support to continue the program in my absence. There are several individuals at the Boys & Girls Club that made this project a reality, and I want to recognize one person in particular, Dana Pink, the Unit Director in charge of

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INTRODUCTION

Extant research indicates that the early adolescent years may represent a period of great vulnerability (e.g., Attie & Brooks-Gunn, 1989; Farrell, Danish, & Howard, 1992; Webb, Van Devere, & Ott, 1984). For girls, the transition to adolescence poses a challenge that may signify a loss of self-confidence, vitality, and "voice" (Block & Robins, 1993; Brown & Gilligan, 1992). Sadly, these losses are not typically considered "clinically" significant until they are manifested as burdens to society in forms such as teenage pregnancy, school dropout, and drug and alcohol abuse. Not until recently have there been efforts to more closely investigate the factors that signal the potential for self-destruction and social distress (e.g., Block, 1983) and to develop interventions that address these antecedents (e.g., Caplan, Weissberg, Grober, Sivo, Grady, & Jacoby, 1992), in part because these "losses" have been viewed as extensions of "normal" female gender socialization and identity development (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972). However, the self-in-relation theory of identity development (Miller, 1984; Surrey, 1984) provides an alternative framework for understanding how girls' loss

of self-competence and authenticity in relationships during the early adolescent years represents a skewed version of healthy development. The present study (1) describes these issues by drawing upon the self-in-relation framework, and (2) implements and evaluates a 15-week small group intervention program (The Transition to Adolescence Program) designed to prevent the losses associated with early adolescent girls' development. In order to provide the background for the present study, two areas of research literature are reviewed: (1) relational theories of identity development, and (2) outcomes associated with the process of gender intensification.

The self-in-relation theory of identity development

The self-in-relation theory is distinct from traditional theories of development in that it locates identity development in the context of connection and relatedness to others. Miller, Surrey, and their colleagues at the Stone Center for Developmental Services and Studies at Wellesley College developed the self-in-relation theory because they found that prevailing theories of development as a process of separation from others (e.g., Freud, 1905; Erikson, 1963; Kohlberg, 1976) were inadequate for describing female development. The Stone Center group finds that the self-in-relation theory provides a better means of describing female development as a result of early experiences and socialization pressures. For example,

Chodorow (1978) describes how girls' early experiences with female caregivers provide influential role models for viewing and defining the self in the context of intimate relationships. Although there is not much empirical literature documenting the socialization of gender differences in sympathy and empathy (Lennon & Eisenberg, 1987), there is evidence that girls are influenced to emphasize relationships and connections in their lives (Block, 1978) and to be more attuned to others' emotions (Dunn, Bretherton, & Munn, 1987; Greif, Alvarez, & Ulman, 1981, cited in Eisenberg & Streyer, 1987), whereas boys are typically socialized to value separate or autonomous behavior (Lerner, Orlos, & Knapp, 1976).

The Stone Center group distinguishes the female sense of self as "grounded in the motivation to make and enhance relatedness to others." That is, women's lives are seen as centered within a context of meaningful and on-going connections with others. The self-in-relation theory has been applied in many contexts. For example, it has been used to describe how relationships between mothers and their adolescent daughters undergo change within a continuity of connection, rather than separation (Apter, 1990; Kaplan & Klein, 1984). Apter's (1990) work describes how adolescence is a time of transforming, not abandoning, daughters' relationships with their mothers. Similarly, the self-in-relation framework has been used to characterize the

relationships between mothers and their college-age daughters as ongoing and evolving, rather than focused on establishing autonomy (Gleason, 1985).

The self-in-relation perspective further proposes that individuals derive a sense of satisfaction and self-efficacy when they experience their livelihood as "arising from, and leading back into, a sense of connection with others" (Miller, 1986). Surrey (1984) suggests that women develop a sense of "response/ability," rather than pure "agency" or "autonomy." Consequently, Surrey proposes, self-knowledge and empowerment emerge in the context of the relational process. With respect to adolescents, Grotevant & Cooper (1986) propose that a relational perspective provides the most accurate model for understanding the origin of psychosocial competence.

Gilligan (1982) uses a framework that is consistent with the self-in-relation theory when she describes a distinct moral voice. In her study of the decision-making processes that women undergo when contemplating abortion, Gilligan frames the women's choices in terms of the emphases they place upon "self" and "other" in their universal obligations to exercise care and avoid hurt. Gilligan proposes a multi-stage theory of moral development with the following three levels: (1) Selfishness, (2) Responsibility, and (3) Truth. Notably, all of the stages focus on the relation of self and other. However, at the

first level, women's decisions are determined by a focus on caring for the self in order to ensure survival, because there may be no "other" to provide care. At the second level, moral goodness is equated with caring for others. For these women, survival depends upon perceiving the self as giving and unselfish. It is this stage that most closely resembles traditional notions of women's societal roles (Broverman, et al., 1972). Finally, the third level focuses on caring for both the self and other; that is, the self is included as an important "other" who deserves equitable care. The incorporation of care for both the self and the other eliminates the conflict between selfishness and responsibility. Gilligan contrasts these three levels of care with the orientation or voice of justice, which is concerned with the idea of generalized and abstract moral principles, such as equal rights and issues of hierarchy.

Interestingly, Paul, White, Speisman, & Costos (1989) offer a similar three level classification system to describe relationship maturity among peers. They describe (1) a Self-focused person as one who shows little involvement in social relationships with others, (2) a Role-focused person as one who emphasizes mostly stereotyped and socially acceptable forms of relationships, and finally, (3) an Individuated-connected person as one who manifests a sense of individuality within an attachment context, and who reflects the capacity to be mutual, sensitive, and empathic

with others. Although there may be less overlap between Paul et al.'s Self-focused person and Gilligan's Selfishness category, the other two levels appear to be more closely related.

Theoretical antecedents to the self-in-relation framework may actually be noted in the work of several developmental psychologists. These researchers (e.g., Franz & White, 1985; Grotevant & Cooper, 1986; Stern, 1985), like the self-in-relation theorists, have attempted to integrate the domains of separateness and relatedness, rather than focus on one construct to the exclusion of the other.

Stern's (1985) comprehensive developmental theory proposes that, from birth, infants begin to develop their sense of self within a context of relatedness, and continue to do so throughout toddlerhood. According to Stern, because the two domains of separateness and relatedness are always overlapping, infants never experience a period of total self/other differentiation. Although Stern did not use the term "self-in-relation," his theory is consistent with the work outlined by the Stone Center group, and in fact, they do cite his work in several papers.

Franz & White's (1985) work is notable, because they more explicitly address how Erikson's (1963) stage theory of development contains elements of the two separate, yet related, motivational issues of autonomy and connection. They conclude that Erikson believed autonomy and connection

were equally important, although secondary sources have often highlighted the development of the self as an autonomous, agentic being, and have disregarded the importance of relatedness to identity development. For example, they point to how Erikson perceived the child as "eager and able to make things cooperatively, to combine with other children for the purpose of constructing and planning" during the "initiative versus guilt" stage. In another example, they note that Erikson perceived the child developing self-confidence along with notions of mutuality during the initial stage of "trust versus mistrust." Franz & White also highlight the fact that Erikson viewed self-identity growing from a context of relatedness. In designating "trust versus mistrust" as the first stage of development, they propose that Erikson believed relatedness is most important for initiating the process of healthy development.

Nevertheless, Franz & White also point to how Erikson's theory fails to adequately account for the processes of interpersonal attachment. Because of the relative lack of attention to the relatedness aspect of identity development, Franz & White expand Erikson's stage model and outline the transformational stages associated with mature development of intimate attachments. In conclusion, they offer the metaphor of the "double helix" associated with the intertwining strands of the DNA molecule, in order to

illustrate their model of development encompassing the always-interacting domains of autonomy and connection:

"...experiences in any one realm will have ramifications for the other. Like the twisted strands making up a rope, tension on one strand will pull the other." (p. 247)

This information provides a useful framework for understanding "normal" development for girls, that is, as a process that includes attention to both domains of relatedness and autonomy. However, oftentimes Western society makes demands on girls to emphasize the relatedness aspect in their lives. In both explicit and more subtle ways, and at a crucial time in their lives (i.e., early adolescence), girls are asked to incorporate a role that is culturally idealized, but not culturally valued. The following section reviews studies that document the critical changes for girls during this period.

Loss of the self and the gender-intensification hypothesis

Socialization in the United States often prevents both girls and boys from truly integrating the two domains of autonomy and connection. Many theories, including Franz & White's (1985) conceptualization of the intertwining strands of development and other theories of identity and interpersonal development (e.g., Brion-Meisels & Selman, 1984; Elkind, 1967) do not account for the process of gender intensification that occurs for early adolescents. As a result, these theories do not address the loss of "voice" evidenced in interpersonal encounters among girls.

The gender-intensification hypothesis states that gender-differentiated socialization, role expectations, and demands for conformity reach their peak during early adolescence, especially for girls (Hill & Lynch, 1983). This may be due in part to the fact that during early adolescence, girls' self-images become more interpersonally oriented (Carlson, 1965; Simmons & Rosenberg, 1975). As a result, early adolescent girls may become overly focused on others' perceptions, such that they lose touch with their own feelings, goals, and aspirations.

Extant research indicates that early adolescent girls who are confronting multiple changes (e.g., puberty, dating, transition to junior high school, etc.) are the most vulnerable to the effects of gender-intensification. The messages that young girls receive regarding their development as women are mixed at best, and often negative (Brown & Gilligan, 1992; Katz, 1979), which may inhibit their healthy development as both autonomous and connected individuals. For example, as girls confront rapid physiological changes (e.g., development of secondary sex characteristics, maximum growth spurt, weight gain, menarche), they often experience their bodily changes as profoundly negative (Taylor, 1988). Simmons, et al. (1979) found that post-pubertal early adolescents exhibited greater self-concept disruption, as shown by increased self-consciousness, decreased self-esteem, and greater anxiety,

than both prepubertal girls and boys in general. Girls also suffer from poor body image related to weight gain, and increased concern about dieting, as they begin the normal process of physical maturation (Attie & Brooks-Gunn, 1989). Duncan, Ritter, Dornbusch, Gross, & Carlsmith (1985) note that weight gain during early adolescence is perceived as muscularity in boys, but fatness in girls. In their study of Caucasian, early adolescent boys and girls, they found that the normal developmental processes associated with puberty were viewed negatively by the girls and positively by the boys. Simmons, Blyth, Van Cleave, & Bush (1979) found that post-pubertal girls exhibited greater stereotyping of expectations for the behavior of peers than both prepubertal girls and boys at various stages of pubertal development. Similarly, Rosen & Aneshensel (1976) coined the phrase "chameleon syndrome" in order to describe adolescent girls' accommodative responses to environments perceived as hostile to inappropriate sex role behavior. Their data suggest that early adolescent girls are more likely than boys to cope with anxiety-provoking situations by behaving compliantly to avoid negative reactions.

It appears that the process of gender-intensification operates principally through peers, and in particular, through dating relationships. Most of the data supporting the gender-intensification hypothesis is in the area of social relationships. Rosen & Aneshensel (1976) found that

the "chameleon syndrome" was negatively related to serious involvement in dating relationships. Simmons, et al. (1979) also found that involvement in dating tended to inhibit girls' competencies. Notably, early physical maturation has been associated with many negative outcomes for girls, in part because it carries explicit sexualized meanings. Early maturers have been found to start dating earlier than "late bloomers."

Another stressor for early adolescent girls that is associated with marked decreases in self-esteem is the transition to junior high school. Blyth, Simmons, & Carlton-Ford (1983) found that self-reports of global self-esteem decreased from sixth to seventh grade among girls who had made the transition to junior high school after the sixth grade. This did not occur for girls who had attended a school that contained classrooms for kindergarten through eighth grade, and who had made the transition to a four-year high school after the eighth grade. Notably, not only did the former group of girls show a decrease in self-esteem in grade seven, but they were also the only group to show a substantial reduction in self-esteem as they moved into senior high school at grade ten. Additionally, Brown & Orthner (1990) found that residential relocations were associated with decreased levels of well-being among girls but not boys. The authors posit that the boys were able to use sports as "credentials" to ease the transition from one

environment to the next, but for girls it took much more time to develop relationships.

Although many studies have assessed self-esteem as an indicator of psychological well-being, few have examined changes in psychological symptomatology during early adolescence. Self-esteem comprises a person's self-evaluation across a number of areas, such as feelings of adequacy and worth, social skills, etc. (Whitley, 1983), and level of psychological distress may or may not be correlated with self-esteem (Block & Robins, 1993; Veit & Ware, 1983). In fact, level of psychological distress may actually be a better indicator of the turmoil experienced by early adolescent girls as they confront continual demands for conformity. Notably, it is during early adolescence that gender differences in symptomatology begin to emerge (Petersen, 1988; Sroufe & Rutter, 1984). Hirsch & Rapkin (1987) studied both Caucasian and African-American adolescent boys and girls, and although they found no changes in self-esteem across all participants from the sixth to the seventh grade, they did find that the girls experienced an increase in many of the symptom dimensions (e.g., depression, obsessive-compulsiveness, hostility), whereas the boys reported decreases in symptomatology. These findings are consistent with the gender-intensification theory. That is, the girls may be socialized to respond to problems in a passive or helpless

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manner, and as a result, are more likely to exhibit symptoms of depression. Higher rates for depression (both clinical and subclinical) begin to emerge for girls during early adolescence, and this may be related in part to socialization in the care-taker role, which includes the repression of angry feelings. Bernardez (1987) describes how cultural prohibitions against women expressing anger maintain women in positions of subordination. As subordinates, women must comply with negative expectations; i.e., if they complain or get angry, they will sound bad, irrational, ungenerous, sick, etc. Bernardez states that not until women are able to experience and express their anger will they restore a sense of internal freedom.

These quantitative studies have been extremely important in identifying relevant issues and factors affecting early adolescent girls' development. The gender-intensification hypothesis provides a partial explanation for the negative outcomes for girls; however, it does not explicitly describe the processes associated with these changes. A series of studies using qualitative, narrative methodologies, conducted during 1986-1990 with students at the Laurel School for Girls in Cleveland, Ohio (e.g., Brown & Gilligan, 1992; Gilligan, Lyons, & Hammer, 1989) help clarify the developmental mechanisms underlying negative outcomes.

Loss of the self in the self-in-relation: qualitative research

Gilligan and her colleagues, working at the Laurel School, interviewed nearly one hundred girls between the ages of seven and eighteen in their longitudinal study of identity development. Their aim was to understand girls' development in the context of relationships, both in terms of the relationships between the researchers and the participants, and the participants and their peers. In order to do so, the researchers conducted relatively unstructured interviews that allowed them to pose contextually meaningful follow-up questions. The researchers tape recorded and transcribed all of the interviews, and reviewed the narratives at least four times. When they listened to the interview the first time, their goal was to merely follow the sequence of events. The second time, the researchers listened for the voice of the "I" speaking in the relationship. In this manner, the researchers were able to understand how the participants spoke for themselves, before they, as researchers, spoke for them. In the third and fourth listenings, the researchers were attentive to the ways in which relationships were spoken; that is, they were attentive to how the participants experienced themselves in the relational world.

Brown & Gilligan (1992) found that, whereas young girls (7-8 years old) speak with self-confidence and sincerity, as

girls approach adolescence (11-12 years old), their responsiveness and consideration of others' needs becomes so strong that self-interest frequently goes "underground" during this time. Strength, courage, and authenticity are apparent until the time the girls are ten or eleven years old, but as they make the transition to adolescence, the girls' early childhood displays of self-confidence and openness gives way to "hiding." These findings are consistent with some of the characteristics of the "chameleon syndrome" (Rosen & Aneshensel, 1976), especially the notion of avoiding confrontation.

Gilligan's (1982) framework of moral development, specifically, the second level of morality that she proposes (i.e., Responsibility, or focus on others to the exclusion of the self) is of particular relevance to these findings. It was Gilligan and her colleagues' impression that the majority of the 11-12 year olds from the Laurel School appeared to "regress" to Gilligan's second level, from their earlier 7-8 year old stance, which would have placed them at the third level of true and authentic connections. It is important to note that this avoidance or "hiding," characteristic of Gilligan's second level, occurs from within a context of relatedness. The self-in-relation theory posits that the loss of "voice" results from an intensified focus on others, to the exclusion of attentive caring for the self (Surrey, 1984). Initially, the young

girls hide their strengths from others in attempts to please them. They begin to accept false relationships, for the "sake of relationship." That is, they move from authentic to idealized relationships, and lose the ability to know what is relationally true or real. As Brown & Gilligan (1992) state:

"...they are in danger of losing their ability to distinguish what is true from what is said to be true, what feels loving from what is said to be love, what feels real from what is said to be reality. Consequently, at a time of heightened physical and psychological risks in relationships, girls becoming young women are in danger of losing their ability to know the difference between true and false relationships." (p. 215)

Thus, as their relationships become increasingly stereotyped and ingenuine, these girls become increasingly inauthentic to themselves. They cease wanting what they want, in part because they fear that it will bring them into conflict with others. This would signify the loss of connection, no matter how superficial the relationship might be. These girls develop a false sense of self as they abandon their own thoughts and feelings. They begin to speak in a language characterized by an overabundance of "I don't know's." Consequently, they become disconnected from what they are feeling, distanced from their own desires and pleasures, and more reliant on others to tell them what they want, feel, think, and know. They begin to change their looks, modulate their voices, and monitor their behavior in relation to the looks and the voices of others in their

environment. It is conceivable that these girls would begin to experience increased levels of psychological distress, as they are dependent on others' (perhaps inconsistent or unreliable) considerations. It is also likely that these changes in their relationships may account in part for the decrease in self-esteem found among early adolescent girls.

The loss of emotional and cognitive self-awareness has been documented in the psychiatric literature; for example, Winnicott (1965) describes the development of a false or "not-me" sense of self. Notably, Stern (1985) also discusses the development of the false self that the infant develops in order to maintain a connection with its mother. Although all persons have the potential for developing healthy intimate relationships, Stern posits that early experiences shape the resultant intimacy style. The challenge for early adolescent girls is to avoid losing the self in the self-in-relation, in a milieu which fosters such pathways.

Critics of this progression, or rather regression from true to false sense of self, might argue that 7-8 year old girls are self-focused and assertive, merely because they are not yet cognitively able to integrate the perspectives of others. According to traditional cognitive developmental theory (e.g., Piaget, 1973), these young girls would be in the stage of "concrete operations." As such, they would not yet have made the transition to formal operational thinking,

a fundamental change in the transition from childhood to early adolescence, which allows the child to speculate, reflect, coordinate a variety of perspectives, and entertain both the hypothetical and the abstract. However, Brown & Gilligan (1992) found that even before the early adolescent years, the girls that they interviewed did have the capacity for careful attention and concern for others. Their interviews with 7-8 year olds revealed that they were not at all egoistic or concrete in their thinking. For example, not only were they able to access and express their own feelings and wants, they also knew what others expected of them, and they could take others' perspectives and anticipate their reactions to their own voices and actions. Most notably, in describing their personal moral dilemmas, they expressed their care for others while simultaneously maintaining strong voices and responsibility toward themselves. They were able to express their feelings directly and openly, and believed that disagreement would not necessarily jeopardize their relationships. They believed that they could be friends and yet maintain distinct opinions. Similarly, Lennon & Eisenberg (1987) found in their meta-analysis of age differences in the development of empathy that responsiveness to others increases during the early to middle elementary school years, but then levels off; they found no consistent patterns of age-related changes for boys or girls older than

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11 years of age.

Aside from the work of Gilligan and her colleagues, there has not been an effort to document the effects of the "self going underground" among nonclinical adolescent or young adult populations. And, not until recently has the phenomenon been examined with adults or older women (e.g., Bernardez, 1987; Hancock, 1989; Pearson, Reinhart, Strommen, Donelson, Barnes, Blank, Cebollero, Cornwell, & Kamptner, 1992). Of note is Hancock's (1989) retrospective study of adult women, in which she proposes that the pathway to "internal freedom" may be found when a woman can reach back to her girlhood and retrieve her original sense of self that may have "gone under" for most of her adult life. Hancock documents how some, perhaps more fortunate, women were able to do just this. Thus, a key aim of the present study was to obtain more information on these changes in early adolescence, and to examine the impact of a structured intervention designed to minimize the negative outcomes, as well as enhance the transition to adolescence.

Loss of the self among ethnically diverse early adolescent girls

Although much of the work that is reviewed above is based on fairly homogeneous samples (i.e., mostly middle to upper middle class Caucasian girls), bell hooks' (1993) recent work suggests that there is a similar process of "dissimulation" that operates for African-American youth.

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hooks, however, places the current circumstances for African-American girls in its historical context as follows. She points out that slaves told lies to White oppressors to keep from being brutally punished or murdered, and as a result, they learned that the art of hiding behind a false appearance was useful. This continued through the generations, and African-American children were raised to believe that they should not speak publicly about their private lives because the public world was powerful enough to use such information against them. Although they experienced anger and rage at the fact that they were being forced by social circumstances to commit the "sin of lying," through internalizing strategies of dissimulation, they began to withhold truth in interpersonal relationships within the African-American community, and notably, within the community of young girls. hooks provides several examples of the process of dissimulation. She points to how African-American children often learn that they must be "tough," which results in denial of physical bonding that communicates they are lovable and deserve tenderness and care. She notes that young African-American females often learn that they will not get any of their needs for physical touch and nurturance met in any realm except the sexual. And, she states that practicing dissimulation has led to overvaluing appearance in African-American communities. That is, African-American children often begin to believe

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that it is more important how things seem than how they really are. hooks concludes that dissimulation is dysfunctional because it encourages African-Americans to deny what is genuinely felt and experienced. Consequently, the capacity to "know who we really are and what we need and desire" is lost. hooks' experience in interviewing women suggests that these findings are not merely economic; she finds evidence of dissimulation across socioeconomic lines.

Regarding adolescence in particular, attempts to assess ethnic differences in authenticity of friendships has been sparse. Jones (1989) found only one study that compared the friendship patterns of African-American and Caucasian early adolescents (Clark & Ayers, 1986), but this study did not reveal any significant racial differences. Nevertheless, the early adolescent years are critical for minority youth. Ho (1992) notes that by middle childhood, minority individuals begin to learn about discrimination, political power, and economic resources of their ethnic group. As a result, early adolescents are at a point where they are trying to integrate two distinct cultures: (1) the larger societal system, and (2) the culture of their immediate family and community system (Norton, 1978). The stress of these two conflicting worlds may be overwhelming (Welsh, 1988), given critical messages from the mainstream culture.

Despite the rich theoretical literature that examines the intersection of gender and race, there are few empirical

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studies that have focused on both of these variables, and especially in examining early adolescent development in particular. Notably, the major shortcoming of Brown & Gilligan's (1992) theoretical and empirical work was that their conclusions were based on a group of mostly Caucasian girls, from mostly middle class families. Researchers have often confounded socioeconomic status with minority group membership (Scott-Jones & Clark, 1986). Further, much of the research has not accounted for other sociocultural variables such as ethnic identity, racism, oppression, nor psychocultural variables, such as chronic stress, as possible mediating processes (Spencer, Swanson, & Cunningham, 1991). Most notably, research with minority youth is typically concerned with deviance, identity confusion, assimilation efforts, school failure, or premature sexuality. This limitation fosters implicit linkages between ethnicity and pathology and the equating of cultural difference with cultural deviance (Spencer, et al., 1991).

Of the few empirical studies that have attended to gender, race, and/or class as independent variables, there is some evidence that African-American girls do not experience the profound drop in self-esteem that Caucasian girls describe. For example, Simmons et al. (1979) found that the African-American girls in their sample did not exhibit self-concept disruption, self-consciousness, or

anxiety following puberty that the Caucasian girls in their sample did. In fact, they noted that the effect was limited to Caucasian girls; Caucasian boys and African-Americans of both sexes reported increases in self-esteem. More recently, Simmons, Burgeson, & Reef (1988) found that African-American girls experience less disruption than Caucasian girls by the move between elementary and junior high school. Additionally, it has been found that children who experience two cultures sometimes demonstrate greater role flexibility and creativity. Among Hispanic youth who identify with and adopt both the Anglo-American and Hispanic cultures, higher scores on measures of self-esteem are noted (Szapocznik & Kurtines, 1980). Bicultural competence has also been associated with high achievement levels (Ramirez, 1983).

It is difficult to make sense of this conflicting information. It is conceivable that ethnic identity, that is, the psychological relationship that ethnic and racial minority group members have with regard to their own group (Phinney, 1990) may provide a partial explanation for the mixed results linking sense of self-in-relation and well-being outcome measures. Phinney outlined four ethnic identity statuses, (1) diffuse ethnic identity, characterized by a lack of exploration or commitment to an ethnic role, (2) foreclosed ethnic identity, in which individuals adopt their parents' values, attitudes, and

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behaviors regarding ethnicity, (3) moratorium, when individuals are actively exploring their ethnic identity but have not yet resolved their feelings, attitudes, and commitments to their ethnic roles, and (4) achieved ethnic identity, which occurs when individuals choose an ethnic label, identify and select desired role models, and demonstrate patterns of behavior consistent with these choices.

Although little work has examined the development of ethnic identity, especially during the transition from childhood to adulthood (Phinney, 1990), there is some research that supports the positive effects of ethnic identity among minority adolescents (e.g., Grossman, Wirt, & Davids, 1985; Paul & Fischer, 1980; Tzurriel & Klein, 1977). For example, among African-American early adolescents of low socioeconomic status, "acceptance of racial identity" was found to be significantly related to positive self-concept (Paul & Fischer, 1980).

Tatum (1993) specifically addresses how racism and ethnic identity impact interpersonal relationships and the development of a healthy sense of self-in-relation among African-American girls. For example, she notes that when individuals are not able to experience the "encounter" stage (i.e., an event that forces acknowledgement of racism in one's life, Cross, 1987) during early adolescence, they may not be able to withdraw from the dominant group until much

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later in their development. During adolescence, then, these individuals may experience intense feelings of isolation even among their peers, in part because there may be few other welcoming environments available to them. Such individuals might be more likely to deny certain aspects of themselves, and as a result, may accept superficial relationships for the sake of relationship itself. These young girls are forced to make connections with those closest to them and to construct the kind of image of self and others that allows some sort of relationship with the people available, albeit a superficial relationship. Thus, these girls have to redefine large parts of their experience. And, in denying their experience, they internalize their oppression. Tatum provides several narratives from her interviews with young African-American women who grew up in predominantly White communities in order to illustrate this phenomenon. For example,

"She introduced me to somebody and her friends gave her a look like I can't believe you have a Black friend. I remember that one friend saying, 'She's not really Black, she just went to Florida and got a really dark tan.' And that upset me incredibly because it was like, what? yes, I am, wait a second here." (p. 4)

Through this critical act of omission, this young girl was forced to try to make a connection with those closest to her and to construct the kind of an image of herself and others that could allow her some sort of relationship with the people available to her. In order to do so, she had to redefine a large part of her experience. Only later was she

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able to disengage from non-mutual relationships, and find an environment that was more conducive to the development of mutually empathic and empowering relationships.

One important point that should be highlighted is that the need to assimilate seems to be strongest for youth during early adolescence. As a result, they may opt to disengage from their ethnic or racial groups to fit in with mainstream culture.

Streitmatter's (1988) study of the relationship between ego identity status, grade, sex, and race/ethnicity among adolescents is noteworthy because she found that although females as a group obtained significantly higher scores than males on the Extended Objective Measure of Ego-Identity Status (EOM-EIS), non-Caucasian females were the most highly foreclosed of the groups, that is, they were the group least actively exploring options and alternatives.

This information, taken together, points to the relevance of ethnic identity for the phenomena under study. Consequently, ethnic identity was incorporated into the design of the research.

Loss of the self in the self-in-relation model:
quantitative research

Pearson, et al.'s (1992) work is noteworthy because she and her colleagues created an inventory (The Relationship Self Inventory; RSI) to quantitatively measure the constructs that Gilligan and her colleagues assessed more

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qualitatively. The RSI assesses two domains: (1) Connected self, which captures the importance of connection with others as described by the self-in-relation theory of the Stone Center group, and (2) Separate self, which refers to the developmental perspective assumed in much of the traditional psychological literature. The Connected self domain is further divided into three subdomains, which are associated with the three levels of care defined by Gilligan. They are: (a) Self care from need, (b) Primacy of other care, and (c) Self and other care. Pearson, et al. (1992) administered the RSI to over 1000 participants of different chronological ages, and from various socioeconomic backgrounds. Notably, they found that Primacy of other care, which is most similar to Gilligan's (1982) second level of moral development (Responsibility) was positively correlated with depression and fear, and negatively correlated with self-esteem for women. The researchers noted that the Primacy of other care orientation did not appear to have the negative implications for men that it had for women.

The present study draws upon the qualitative methodology used by Gilligan and her colleagues, as well as a more recent quantitative measure (the RSI), in order to assess self-in-relation identity among early adolescent girls. In this study, early adolescent girls are assessed at two different time periods in order to determine initial

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levels, as well as subsequent changes following an intervention that will be described shortly. It is expected that an intervention designed to enhance self-confidence from within authentic connections will prevent the "losses" associated with early adolescent development (e.g., loss of self-esteem, self-assurance, "real" relationships, etc.). The intervention may enhance self-in-relation identity and/or prevent decline by fostering connections that are focused on caring for both the needs of self and other, and by discouraging relationships that are focused on the needs of others to the exclusion of the self.

Because healthy identity, as conceptualized in the present study, underscores the importance of authentic connections, attention must be directed toward understanding the nature of the relationships that become increasingly important in early adolescence. A discussion of the influence of the peer group among early adolescent girls follows. Although peers provide a source of positive, growing experiences, they can also be limiting when they present as a source of inordinate pressure.

Barriers and facilitators to maintaining the self in the self-in-relation: friendship and peer pressure

Early adolescence is a critical developmental period because of many concurrent transitions as described above, and perhaps most significantly, because of changes in the relative emphases placed on family and peer relationships

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(Hill, 1980). Buhrmester's (1990) study of preadolescent and adolescent boys and girls from ethnically and racially diverse metropolitan schools found that establishing close, intimate friendships and competence in close relationship skills were just as important for socioemotional adjustment during preadolescence as during adolescence. The study demonstrated that both preadolescents and adolescents involved in intimate friendships had higher self-esteem, were more sociable, and were less anxious or depressed than their peers who were involved in less intimate friendships. Although Buhrmester did not find significant differences between the boys and girls for the hypotheses examined, it is conceivable that the support of intimate friends is especially important for girls as they confront stressors such as body changes, dating, sexuality, and strained family relationships. Notably, from preadolescence on, researchers have found greater levels of intimacy in the friendships of girls than boys (Sharabany, Gershoni, & Hoffman, 1981, cited in Strommen, McKinney, & Fitzgerald, 1983).

As early adolescents begin to look increasingly toward their peers as important points of reference for organizing their daily lives, they become more susceptible to both positive and negative peer pressure. Early adolescent girls commonly perceive themselves as being "on stage" in front of a panel of judges (Elkind, 1967). They are likely to be susceptible to adopting various behaviors as a way of

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attaining and maintaining particular impressions, whether these are societally desirable or not, because they are preoccupied with their social images.

The pressure to conform to dominant peer values, beliefs, and behaviors increases the probability for developing inauthentic peer relationships, regardless of the content of the pressure. Notably, the distinction between different types of peer pressure decreases from grades seven to nine, in that adolescents describe experiences of both positive (e.g., getting good grades) and negative (e.g., smoking, drinking) peer pressure (Brown, Lohr, & McClenahan, 1986). Similarly, Berndt (1979) found that for all types of behavior, peer conformity peaks at the sixth and ninth grades. He studied the responses of students in grades three, six, nine, eleven and twelve to hypothetical situations in which children were urged by peers to perform either antisocial, prosocial, or neutral behaviors.

The link between peer pressure and negative behavioral outcomes is complex. For example, Barton, Chassin, Presson, & Sherman (1982) found that smoking intentions most strongly related to the perceived negative qualities of smoking, rather than supporting the popular notion that early adolescents identify with the positive qualities of smoking (e.g., "It's cool."). That is, the less negative they viewed the smoking models, the more likely the early adolescents were to smoke. Additionally, they found that

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smoking initiation was more closely related to interpersonal image factors among sixth grade girls than among any other group they sampled. Barton, et al. found a different pattern for the tenth graders, in that their smoking attitudes were associated with interest in the opposite sex.

Early adolescents may be most easily influenced by their peers, in part because their understanding of social norms is extremely flexible. Alfieri, Thompson, Ruble, Harlow, & Higgins (1991) found that seventh and eighth graders were more adaptable than both younger and older children with respect to their knowledge of gender stereotypes. Alfieri and colleagues propose that perhaps exposure to a wider range of people, associated with the transition to junior high school, may challenge current gender stereotypes.

The challenge for early adolescent girls (i.e., greater interpersonal openness along with increased susceptibility to peer influence), is exacerbated by the fact that there seems to be few outlets to discuss the issues that are most salient to them. Parents, if available, may not be able to empathize with the dilemmas of their daughters (Steinberg, 1987). Similarly, the concurrent transition to junior high school, including its departmentalized structure where students rotate from teacher to teacher, may make it more difficult for students to establish stable relationships with teachers and peers. Studies show that children who, in

early or middle adolescence, are more autonomous than their same age peers appear to be at risk for feelings of low self-worth and insecurity, poor school performance, conduct problems, and alcohol and drug-related difficulties (e.g., Holmbeck, 1992). However, these studies do not address whether the negative outcomes might be due to a lack of appropriate role models, rather than autonomy or alienation from parents per se. It is feasible that significant others (e.g., extended family, coaches, after-school club leaders, peers) might also be able to meet early adolescents' needs for support and guidance. For example, Hirsch & Rapkin (1987) found a strong association between peer support and psychological well-being among early adolescents who were making the transition to junior high school.

Brown & Gilligan (1992) pose the question as to whether the losses of voice and relationship are necessary, and if not, how researchers and practitioners might intervene. Given that early autonomy may be a risk factor for adolescents (Hoffman, 1984), it seems most appropriate to design interventions that facilitate positive role model and peer group experiences. Peers, with the assistance of suitable role models, might be able to help correct the often exaggerated and inaccurate self-preoccupations that characterize early adolescents. Further, by providing a positive context for connection and relatedness, including both peers and older role models, the development of "false

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relationships" might be reduced. Research suggests that it is important to target the earlier age range of adolescents when designing such interventions (i.e., beginning at 11 years old) because it may facilitate the preservation of the self in the self-in-relation. The Transition to Adolescence Program (TAP; Poorman & Saitzyk, 1992), a group intervention program for early adolescent girls, was designed with attention to these elements, in an attempt to maintain and/or enhance the sense of self throughout adolescence. The following section reviews past efforts that guided the creation of TAP.

Group interventions for early adolescents

The group treatment literature may be divided into four categories: group therapy, group activity, group discussion, and group counseling (Denholm & Uhlemann, 1986). Group therapy refers to treatment of a specialized client group exhibiting problems of high intensity; for adolescents, this typically includes behavior problems and sexual abuse (e.g., Wayne & Weeks, 1984), or involves special in-patient settings (e.g., Pusttai & Johnson, 1984). Group activity makes use of unstructured recreation and play in groups. Group discussion is largely content-based.

Group counseling is the most popular approach among prevention techniques for adolescents, and refers to use of interactions among group members to promote self-understanding, self-acceptance, and development of problem-

solving skills. For example, Johnston, Healey, & Tracey-Magid (1985) initiated a program of group counseling with 15 African-American foster care adolescents. A multimodal approach was used that combined Interpersonal Cognitive Problem-Solving and a variation of drama therapy. At the end of the intervention, positive changes were noted in interpersonal cognitive problem-solving ability.

The group counseling approach has also been implemented at the level of the school system in an attempt to create a "competence-enhancing environment" (Weissberg, Caplan, & Harwood, 1991). An exemplary school-based social competence training program was designed for sixth and seventh graders in African-American inner-city, and Caucasian suburban samples (Caplan, et al., 1992). They found that the intervention promoted self- and teacher-reported skills and social adjustment of early adolescents in both samples. The program designed by Caplan and colleagues emphasized both broad-based competence promotion and domain-specific application to substance abuse prevention. Their rationale for an approach that combines both broad-based competencies and domain-specific skills was based on the literature documenting that narrowly focused programs are an inadequate deterrent of substance abuse (Botvin & Tortu, 1988; Farrell, et al., 1992). For example, Botvin & Tortu (1988) found that conventional approaches to the prevention of tobacco, alcohol, and drug abuse, that is, those that rely solely on

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the provision of factual information or fear-arousal messages, are unable to deter substance use. In another domain, Duncan, et al. (1985) found that an intervention designed to provide only information about the course of development in order to alter adolescents' negative feelings about their weight was unsuccessful. The ten-year olds who participated in the program reported an increase in pubertal knowledge, but their feelings about their weight, either in terms of dissatisfaction or abnormality were unaltered. Seventh-graders, who had more knowledge from the start, did not exhibit large changes in knowledge or weight attitudes. Similarly, in the area of adolescent sexuality, Dycus & Costner (1990) found that it is important to address the issue not only in terms of biological details, but in terms of emotional and social development as well. Their nine-week curriculum addressed adolescent sexuality both cognitively and affectively, and successfully reduced the number of early adolescent pregnancies in their county.

Looking more prospectively, Baker, Swisher, Nadenichek, & Popowicz's (1984) meta-analysis of forty primary prevention studies provides an encouraging assessment of past efforts (i.e., 1971 to 1982). Baker and colleagues analyzed studies that included a wide age range of participants (kindergarten through the college years) and a variety of techniques and goals. The effect size for all forty primary prevention strategies was .55, which is

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considered a "medium" effect (Cohen, 1969). Of the forty studies surveyed, six were targeted toward early adolescents and emphasized raising self-awareness, building self-esteem, and/or clarifying of values, all of which is relevant to the present project. The mean effect size for these six studies was .32 (range: .07-.52), which would be considered a "small," but meaningful effect.

Baskin & Hess (1980) reviewed several prevention programs that focused on affective education in particular. Although most of the programs were targeted toward younger children (kindergarten and primary grade levels), they evaluated outcomes for one domain, self-esteem, which is relevant to the present study. Of the eight assessments of self-esteem, four reported positive changes (note: the other four reported no change). One such program (Koval & Hales, 1972) had teachers of primary level classrooms lead daily 20-minute activities and discussions focused on helping students better understand their social-emotional behavior. Students were taught to label their feelings and they also learned about the relationships between their feelings, goals, and behaviors. Improvements in "Self-reliance" and "Feelings of belonging" were found at post-test. In another study, which focused on cognitive-affective training, improvements in the level of affective empathy were reported for a group of 14-17 year old aggressive girls, following four sessions of intervention

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(Pecukonis, 1990). Hartup (1984) found that cooperative learning environments that emphasize affective education and social skills training had the most positive effects for early adolescents.

Unfortunately, there have been remarkably few well-developed prevention programs that integrate broad-based competence training and domain-specific issues with the concerns unique to early adolescent girls. Similarly, culturally sensitive programs for adolescents are sparse (Tyler & Pargament, 1981).

Caplan, et al. (1992) in evaluating their intervention, recommended that the curriculum be lengthened, and that more attention be focused on the self-perceptions of the participants. This suggests the potential benefit to working in small groups, as opposed to a school-based curricular intervention. Weissberg, et al. (1991) added that family-, school-, and community-based prevention programs will be most effective when they focus on enhancing both the competence of the participants as well as their socializing environments. Thus, if the intervention is to occur at the small group level, attempts must be made to coordinate with the larger family, community, and cultural contexts.

The Transition to Adolescence Program (TAP) was designed based on the group counseling approach. It was intended to serve as a primary prevention program, rather

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than as an intervention for girls who have serious emotional or behavioral difficulties. This decision was made based on the literature that suggests that the early adolescent years, in general, may be conceptualized as a period of vulnerability (e.g., Attie & Brooks-Gunn, 1989). That is, although none of the girls who participate in the program are perceived of as being "at-risk" individually, all participants have the potential of losing self-confidence, vitality, and "voice." In order to best address these concerns, the program incorporates both broad-based competence training and domain-specific concerns, and considers issues involving family, community, and culture.

The Transition to Adolescence Program: general description

In order to initiate a positive peer group experience and a focus on healthy, growth-oriented relationships, a group intervention curriculum for girls between the ages of 11-13 was created. The program was designed to maintain the "self" in the self-in-relation. Four factors comprised the "method" of the program: (1) validate varied experiences, (2) foster self-empathy and understanding, (3) enhance self-esteem, and (4) empower from within relationships (Fedele & Harrington, 1990).

TAP encourages group members to assert their individuality within a context of connection, and in this respect, seeks to validate group members' diverse experiences. Self-empathy and understanding are fostered by

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having group members help each other learn about their own strengths and resources. In this way, the intervention fosters perspective taking, by underscoring an understanding of what one has in common with others, and how one is also unique or different from others. Such perspective taking training enhances social interactions and minimizes egocentrism. In addition, it makes available occasions for exploration in identity formation. Further, as the group members are able to help each other feel better, they learn that they have something to give. In learning from others in the group, participants learn to develop creative strategies for dealing with stress.

Group members begin to feel empowered from within relationships through "mutual empathy" (Miller, 1986). Mutual empathy, in this context, describes the process by which group members attend to cognitive and affective cues and respond to the perspectives of the other group members. Consequently, group members express their emotions in a manner that allows for emotional growth of others in the group. Mutual empathy builds self-confidence in interpersonal situations, enhances competence skills, and may prevent maladaptive behaviors. Skills in assertiveness and decision making are also emphasized throughout the curriculum. By helping adolescents explore who they are, what they want, and where they are going, TAP seeks to promote healthy self-in-relation identity development.

The curriculum for the program outlines the topics, activities, and discussions for each group meeting. The issues discussed within the group meetings include both broad-based competencies (e.g., self-esteem, personal power, emotional awareness) and domain-specific knowledge and skills relevant to the challenges that confront early adolescent girls (e.g., peer pressure, body changes, intimate relationships, sexuality). Initial sessions focus on building common ground for group members, while at the same time acknowledging diversity. Initial group meetings also provide a basis for addressing the other, more specific topics of concern. However, regardless of the specific topic, the broader perspective of cognitive and emotional awareness and understanding is emphasized. Activities include visualization techniques, role plays and drama, and exercises to help participants match or share in the emotions being expressed by the other group members. The cognitive-affective approach is appropriate for alleviating stresses and enhancing the transition to adolescence for girls. Additionally, the intervention encourages group members to look at cultural messages by exploring television, advertising, and other media. For the complete curriculum, see Appendix A, Program Manual.

Part 1: Pilot project

The pilot project for TAP was designed as a year-long intervention, and was conducted by two female clinical

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psychology graduate students. Four girls participated in the pilot project, although letters containing information about the group were sent to all girls attending middle schools in several local districts. The low response rate may have been due to the fact that there was a fee per session (\$5.00) and that the meetings occurred at the Michigan State University Psychological Clinic, rather than within the participants' own communities or schools.

A meeting for parents was held one week prior to the first group meeting. During this meeting, the parents signed an informed consent agreement, giving their daughters permission to participate in the program. The parents also agreed to assume responsibility for bringing their daughters to the weekly meetings at the Clinic, and agreed to pay the fee per session. During the first meeting with the girls themselves, they signed a contract of informed assent. In addition, they completed several questionnaires assessing their relationships with peers and family, sources of support and stress, and self-esteem. Participants completed some of the same measures half-way through the program, and again at the end of the program.

All four participants were Caucasian, and were from working or middle class socioeconomic backgrounds. The assessment materials suggested some improvements in self-esteem, decreases in anxiety levels, and decreases in peer conformity over time, although statistical analyses were not

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conducted. Notably, the participants seemed to enjoy themselves, learn from one another's experiences, and begin to express themselves more assertively. The one participant who attended the fewest sessions seemed to benefit the least from the program.

Part 2: Current study

In order to make the program more accessible to a larger number of girls in the community, a more appropriate location for meetings, that is, one within the community of the participants and one that already has many on-going programs available to participants without additional fees, was investigated. The Lansing Boys & Girls Club served as an ideal setting for such work. The Lansing Boys & Girls Club provides structured services for more than 2,000 young people (7-18 years old). Club members pay a \$5.00 yearly fee and have access to all programs (e.g., social, educational, vocational, physical fitness). Most Club members are minorities, and many live in families dependent on social aid. In order to meet the needs of the population that utilizes the services at the Lansing Boys & Girls Club (i.e., ethnically diverse, low-income, urban), the curriculum for TAP was modified. Attention to the cultural and class issues that intertwine with issues of gender were incorporated.

Although there is no single set of experiences that characterize the lives of minority adolescents (Smith,

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1982), both theoretical and logistical issues were considered in modifying TAP, including assessment, ethnic background of the group co-facilitators, curriculum discussions and activities, and program evaluation analyses. First, assessment incorporated a specific evaluation of racial/ethnic identity. Second, co-facilitators were assigned to groups to balance racial/ethnic background in order to provide diverse role models. Presentation of diverse role models as part of the intervention program was believed to be critical for several reasons. First, formalized exposure to alternative models may increase the probability of stimulating and expanding adolescents' relationships and identity search processes. Exposure also provides specific information about the benefits and costs of alternative lifestyles. Markstrom-Adams & Spencer (1994) suggest that perspective taking training among minorities should be conducted by members of the same minority groups as the participants. In ethnically diverse groups, they stated, the ethnicity of the adult leaders should reflect that of the participants. Third, because the issue of racial/ethnic identity and self-in-relation development is particularly relevant for girls, discussions, activities, and the program structure in itself reflects this belief. TAP provides an environment that is conducive to the development of mutually empathic and empowering relationships in order to assist girls in developing more

personally-defined racial/ethnic identities in their own terms. TAP seeks to foster movement toward racial pride, and in this way, attempts to propel girls to the "immersion" stage (Cross, 1987). One way the program does so is by raising self-awareness of stereotypes among girls from all backgrounds. For example, the session on body image incorporates discussion and activity regarding not only weight, but also skin color, hair texture, etc. Finally, program evaluation analyses examine whether the program has benefits for girls based on sociodemographic variables (e.g., race, family income level) as well as the psychocultural variable of racial/ethnic identity.

Hypotheses

The self-in-relation model is used to examine identity and its correlates among early adolescent girls. In addition, changes in self-in-relation identity following a 13-week intervention program are investigated.

Self-in-relation identity and its correlates

1. Type of self-in-relation identity will be associated with self-esteem, social support, conformity to deviant peer pressure, psychological distress, and ethnic identity.

- a. Scores for self-in-relation identity based on connections that are focused on caring for the needs of both self and others will be positively correlated with global and social self-esteem, whereas scores for self-in-relation identity based on connections that are focused on caring for

the needs of others only will be negatively correlated with global and social self-esteem.

b. Scores for self-in-relation identity based on connections that are focused on caring for the needs of both self and others will be positively correlated with size and strength of social support network.

c. Scores for self-in-relation identity based on connections that are focused on caring for the needs of both self and others will be negatively correlated with conformity to deviant peer pressure, whereas scores for self-in-relation identity based on connections that are focused on caring for the needs of others only will be positively correlated with conformity to deviant peer pressure.

d. Scores for self-in-relation identity based on connections that are focused on caring for the needs of both self and others will be negatively correlated with psychological distress, whereas scores for self-in-relation identity based on connections that are focused on caring for the needs of others only will be positively correlated with psychological distress.

e. Scores for ethnic identity will be associated with scores for self-in-relation identity. Specifically, ethnic identity will be positively correlated with scores for self-in-relation identity focused on caring for the needs of both self and others, and negatively correlated with self-in-

relation identity focused on caring for the needs of others only. As a result, it is hypothesized that ethnic identity will account for some of the variance in the relationship between self-in-relation identity and global and social self-competence.

Intervention versus control group effects

2. Positive changes or absence of decline in self-in-relation identity will be associated with participation in the intervention program.

a. Following the intervention, scores for self-in-relation identity focused on caring for the needs of both self and others will increase or remain the same, whereas scores for self-in-relation identity focused on caring for the needs of others only will decrease or remain the same for girls who participated in the intervention program. In contrast, scores for self-in-relation identity focused on caring for the needs of both self and others will decrease and scores for self-in-relation identity focused on caring for the needs of others only increase for girls who did not participate in the intervention program.

b. Following the intervention, scores for global and social self-esteem will increase for girls who participated in the intervention program, relative to girls in the control condition, who did not participate in the intervention program.

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c. Following the intervention, scores for psychological distress will decrease for girls who participated in the intervention program, relative to girls in the control condition.

Link between theory and outcome: behavioral observations for intervention groups

3. The third hypothesis links the predictions between the first and second set of hypotheses. In accord with changes in self-report measures predicted over time for the intervention group participants, behavioral observational data will reveal process changes among girls in the ten intervention groups. Specifically, girls' behaviors (i.e., statements and actions), that reflect self-in-relation identity focused on caring for the needs of both self and others will increase over time, and behaviors that reflect self-in-relation identity focused on caring for the needs of others only will decrease over time.

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Method

Participants

The Unit Director in charge of Programming Services and Supervision at the Lansing Boys & Girls Club was responsible for generating interest in the program and recruiting participants. Advertisements for participation were in-house. Flyers were displayed at the Club, and a short description of the program that informed parents and youth of the program and listing the dates and times for group meetings appeared in the Club Newsletter. The Unit Director chose girls (for the most part, between the ages of eleven and thirteen) to participate in intervention. It should be noted that although assignment to the intervention versus control groups was not random, the Unit Director chose the girls for the intervention versus control groups for a variety of reasons. That is, she chose the girls for the intervention groups based on criteria such as: the girls happened to attend the club regularly on the night that the groups were to take place, the girls were either experiencing some difficulties with their peers or they seemed like they could really add to such a group, etc.

The total number of girls who participated in the study, either as part of the control condition or the intervention groups, was 70 early adolescent girls (N=24 control; N=46 intervention). According to information obtained from the Boys & Girls Club in January 1993, 456

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girls (of all ages) were members of the Club.

In the first phase of the TAP project (beginning February, 1993) 30 girls were chosen to participate in the intervention. These 30 girls were divided into five smaller groups, so that each group had six members. An additional 16 girls, who were also members of the Club, were asked by the Unit Director to complete a set of questionnaires, but they did not participate in the groups during this time, and thus they comprised the control condition. However, these girls were offered the opportunity to participate in the intervention the following semester, in the second phase of the program.

The second phase of the program (beginning September, 1993) included 20 additional participants for the intervention group. Only one girl from the first phase control group participated in the intervention during the second phase of the program. Similar to the first phase, there were five groups. An additional eight girls, who were also members of the Club, were recruited for the control condition.

Only two girls who were selected for participation in either phase of the program declined the offer, and these girls completed the questionnaires, but became part of the control condition. Notably, there was also one girl who attended only one or two sessions and did not complete any questionnaires. A total of nine additional girls from the

intervention condition did not complete the post-assessment for a variety of reasons (e.g., they had left for summer or winter vacation; their participation in the group declined at the end of the curriculum and they did not return to the Club; they moved and could not be contacted). For the control condition, 14 girls did not complete the post-assessment, also for the same reasons listed above.

On the average, the girls participating in the study in either the intervention or control conditions were 11.56 years old ($SD=1.29$), and were in grade 6.02 ($SD=1.06$). Although demographic information was not available for all the girls, in general, 52% of the girls are African-American, 29% are Caucasian, 6% are Hispanic, 12% are Native American, and 2% are Asian-American. Chi-square analyses assessing group (control/intervention) by race were non-significant. In terms of family income level, 48% of the girls are from families with incomes less than or equal to \$15,000, 12% are from families with incomes between \$15,001-\$25,000, 3% are from families with incomes between \$25,001-\$35,000, and 21% are from families with incomes greater than \$35,000. Chi-square analyses assessing group (control/intervention) by family income level were also non-significant. In addition, chi-square analyses assessing race by family income level were non-significant (can refer to Table 8, which appears later in the text, for these chi-square analyses).

Group co-facilitators

Clinical psychology graduate students and advanced undergraduate students in psychology co-facilitated the groups. As mentioned above, each group had two co-facilitators from different ethnic backgrounds.

Initially, 20 hours of training was required. This training focused on communication and group facilitation skills, as well as issues of diversity and early adolescent development, and included readings, discussions, and role plays. In addition to training before the program commenced, weekly supervision sessions including all of the group co-facilitators and the project coordinator and her assistant were held. Group co-facilitators had a weekly forum for sharing issues and concerns that were raised during the week's meetings. By utilizing group rather than individual supervision sessions, co-facilitators had the opportunity to learn from their peers' experiences. All sessions were audiotaped for supervision purposes. Two research assistants provided on-site observational coding, which will be described shortly, that was used for both research and supervision purposes. Individual "booster" supervision sessions were held as needed. In addition, experienced and professional staff were on-site at the Club during all group meetings and were available, although the need for outside intervention did not arise. In the case that a participant requested or seemed to need more

intensive services, the project coordinator and/or staff members at the Club were available to discuss this issue with the adolescent and encourage her to talk with her parent(s), although again, this did not occur. The project coordinator would have facilitated referral to the MSU Psychological Clinic and/or other community agencies in that case.

Procedure

The names of the participants who were selected for the intervention were posted at the Club, along with the names of their co-facilitators, and the dates and times that they were to meet. The groups met for approximately one hour per week. During the first phase, the groups met for a total of 13 weeks, but during the second phase, the intervention was shortened to 11 weeks based on feedback from the Unit Director at the Boys & Girls Club, and feedback from the co-facilitators. Specifically, the Unit Director was concerned about the girls' sustained commitment to a program of relatively long duration, and she suggested cutting it down to an eight-week intervention. We did not feel that this was possible without sacrificing the integrity and impact of the program. However, the co-facilitators consistently reported that the two sessions devoted to "changing family relations" were the least well received. Thus, in order to compromise, we shorted the program slightly.

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All groups met once at the beginning of the semester for pre-assessment, and once at the end of the semester, for post-assessment. Parents of the participants were invited to attend a meeting before the program commenced so that they could preview some of the materials, and voice their questions or concerns; however, none of the parents were present at those meetings. Thus, parents were sent Informed Consent Agreement forms (see Appendix B) that explained the procedures of the project, their right to discontinue their daughters' participation at any time without repercussions, and the name and phone number of the project coordinator, who they could contact with any questions or concerns about the program.

In order to evaluate the impact of the program, all participants (intervention and control) completed a battery of self-report measures before the program began, and at its conclusion. The intervention participants gave verbal consent and signed Informed Assent Agreement forms (see Appendix C) at the assessment session. These forms clarify their rights to discontinue participation at any time. The initial assessment occurred in a large group format led by the project coordinator, and assisted by the group co-facilitators. The final assessment session occurred within each of the small groups, and was led by the respective co-facilitators. Participants in the control condition also signed Informed Assent Agreement forms (see Appendix D)

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during their initial assessment session. Assessment sessions for the control group were led by the project coordinator and her research assistants, and took place one week following the intervention assessments. Participants from both the intervention and the control conditions were offered incentives (e.g., T-shirts and pizza party, fieldtrip) at each assessment session.

All research data, including questionnaires, audio, and videotapes were identified with a participant or group number only. All information was kept in files and locked rooms available only to project staff. The research assistants for the project underwent extensive and closely supervised training procedures, during which the importance of confidentiality was repeatedly emphasized.

Summary of Purposes and Procedures for the TAP Curriculum

Goals and Issues

The TAP curriculum is structured in a way such that each "session" addresses a distinct area relevant to the challenges that confront early adolescent girls (e.g., peer pressure, body changes, intimate relationships, sexuality). This is the "domain-specific" aspect of the program. However, within each session, the underlying theme is "broad-based." That is, the co-facilitators model the process of mutual empathy (Miller, 1986), and consequently, girls begin to feel empowered from within relationships. Thus, the girls are not taught what to think or feel or do,

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but are assisted in learning how to think, and to identify the feelings and motivations that guide their decisions and actions, so that they can then decide for themselves what, and what not to do. Group members begin to express their thoughts and feelings in a manner that allows for growth of others in the group. As group members attend to cognitive and affective cues and respond to the perspectives of the other group members, the girls learn from each other. Further, in accord with Brion-Meisels & Selman's (1984) model of "mature" interpersonal negotiation strategies, group members are encouraged to take care of both their own needs as well as the needs of others by communicating and acting in ways that are consistent with their feelings, and by promoting the growth of other group members. It is hypothesized that mutual empathy and interpersonal negotiation strategies characterized by "reciprocal exchanges and mutual collaborations" (Brion-Meisels & Selman, 1984) builds self-confidence in interpersonal situations, enhances competence skills, and may prevent maladaptive behaviors. By incorporating these dual emphases, regardless of the specific topic, the broader perspective of cognitive and emotional awareness and understanding is emphasized.

One particular exercise during the "peer pressure session" captures this dual focus, in that it allows girls to explore reasons they might do the things that they do,

whether these things are considered positive or problematic. The girls are asked to close their eyes and visualize a time when they felt "pressured." One by one the girls describe their scenarios, and the other girls are asked to pretend that they are that girl. They are asked to share what it feels like to be in that situation. Then, the pneumatic "FLAP" (**F**ame, **L**ove, **A**dventure, **P**ower) is used to explore why children get involved in drug/alcohol use, with gang, and even join cliques. The group co-facilitators help the girls explore distinctions between friendships, cliques, and gangs, and in this way, promote self-awareness of authentic connections.

The above is just one exercise in the curriculum. Each session is a combination of discussions and activities, with the clearly outlined objectives for each session. Although the reader is referred to Appendix A: Program Manual for further detail, Figure 1 summarizes the objectives for each session.

DAY 1: Introduction

PURPOSE: To encourage expression of difference and ability to learn from one another.

DAYS 2 & 3: Feelings

PURPOSE: To increase self-awareness of emotional experience. To facilitate alternative methods of coping with negative feelings.

DAY 4: Group Awareness

PURPOSE: To amplify group cohesiveness by helping individuals understand their contributions to the larger group.

DAY 5: Friendship

PURPOSE: To appreciate how being a good friend to oneself and to others are related, and both essential.

DAY 6 & 7: Peer Pressure

PURPOSE: To distinguish between peer pressure and peer support/friendship by addressing peer pressure in general and in specific areas. To create a Public Service Announcement for other early adolescent girl regarding peer pressure issues.

DAY 8 & 9: Body Image and Stereotypes

PURPOSE: To help girls appreciate their unique bodies. To understand how thoughts about our bodies are influenced by society. To create positive and negative advertisements to recognize the effects of media pressure to fit stereotypes.

DAY 10: Body Changes

PURPOSE: To develop ability to discuss typically "private" matters openly and honestly. To celebrate being a female.

DAY 11: Sexuality and Intimate Relationships

PURPOSE: To continue talking frankly about sexuality. to foster more questions by discussing the links between friendship, love, and sexuality.

Figure 1: Summary of Objectives for TAP Sessions

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Observational Measure

Operationalizing the process of self-in-relation for coding group interactions. In order to provide a concise, quantitative measure of the behaviors of both the participants and the co-facilitators in each group, research assistants observed and coded a sample of sessions (including initial, middle, and later sessions) for each group. The coding system draws upon Brion-Meisels & Selman's (1984) work on early adolescent development of interpersonal negotiation strategies. This work was modified for the present study to more closely approximate the self-in-relation framework. However, both works address issues of understanding and coordinating the social perspectives of self and other(s).

The coding system used in the present study is comprised of three levels of interpersonal behaviors: (1) Unreflective and Impulsive Strategies, (2) One-ways, and (3) Reciprocal Exchanges and Mutual Collaboration. The first level, Unreflective and Impulsive Strategies, includes behaviors that do not consider the thoughts and feelings of others (e.g., whining, bullying, ignoring). In a sense, behaviors that are coded at this level are noted by their lack of an interpersonal negotiation component.

The second level, One-ways, is divided into two categories: (a) For the self, and (b) Giving up the self. These two sublevels are similar to Gilligan's (1982) first

two levels of moral development (i.e., Selfishness and Responsibility, respectively). Behaviors that are more self-directed (e.g., defensive) are coded For the self. Behaviors that are characterized by their focus on other(s) are coded Giving up the self (e.g., going along with others' opinions; speaking one's own opinion, but then retracting it; silence when questioned).

The third level, Reciprocal Exchanges and Mutual Collaboration, most closely resembles Gilligan's third level of moral development, Truth. Reciprocal Exchanges and Mutual Collaboration is divided into four subcategories:

(a) Takes needs of self and another into account (e.g., group member or facilitator works on problem to benefit self and other simultaneously), (b) Actions consistent with feelings (e.g., assertiveness, confrontation, challenge), (c) Promotes growth of group (e.g., ask for clarification or elaborate on another's statement), and (d) Honesty in feelings with oneself and with another (e.g., offer personal responses dealing with personal problems, empathize).

Time sampling methodology was used to code behavioral interactions; that is, coders recorded all occurrences of these seven behaviors for both the group members and the co-facilitators during 60 second periods. Because more than one code may be recorded during a given 60 seconds, codes were numbered so that the sequence of behaviors could be determined. If none of the seven behaviors occurred during

a given 60 second period, then no codes were recorded for that block of time. Identical codes were not repeated within a given 60 seconds, unless another (different) behavior was emitted between them. These were also numbered sequentially.

The two research assistants who coded in-vivo group interactions were trained by coding videotapes from the pilot project. Coding for the behavioral observations was initially done in pairs for training purposes, but was completed individually by the coders, and interobserver agreement was assessed by having the research assistants code initial sessions together. When their coding reached an acceptable level of reliability (per cent agreement = $\text{agreements} / (\text{total agreements} + \text{disagreements}) = .70$ or above), they coded sessions independently, with intermittent reliability checks. 20% of the behavioral observations in this study were evaluated independently by two research assistants in order to assess interobserver agreement. Per cent agreement, computed on each of the four research assistants, was .82 (Range = .79-.91) for the behavioral observations.

Questionnaire Measures

Self-in-relation. Type of self-in-relation identity was assessed both quantitatively and qualitatively.

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Relationship Self Inventory. Participants completed an adaptation of the Relationship Self Inventory (RSI; Pearson, et al., 1992). This scale consists of 60 descriptive statements, and respondents are asked to rate each of these on a scale from (1) Not like me at all, to (5) Very much like me (see Appendix E).

The RSI assesses two major components of identity: (1) the Separate self, in which separation and autonomy are central to an individual's self-definition, and (2) the Connected self, in which relations with others are central for self-definition. In addition, two different manifestations of the Connected self are assessed: (a) Primacy of other care, in which caring for others, often at the expense of the self, is central, and (b) Self and other care, in which the individual still focuses on care for others, but the self is included as important among those to be cared for. These two manifestations of the Connected self correspond to Gilligan's (1982) second and third levels of moral development (i.e., Responsibility and Truth, respectively) and are consistent with the self-in-relation theory.

Both the scores for the two major components (i.e., Separate self, Connected self) and the other two scales (i.e., Primacy of other care, Self and other care) show high levels of internal consistency. Cronbach's alphas range from .68-.78 for females, and .67-.85 for males. In

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addition, the patterns of correlations between the RSI scale scores and other measures (e.g., depression, self-esteem) support the use of the RSI as a valid instrument.

Because the scale was designed for adults (i.e., Pearson, et al.'s sample included age groups from high school seniors and college students of both sexes, to women in their .60's and .70's), most items needed to be rephrased to more closely correspond to the reading level of early adolescents. Alphas were computed for the sample in the present study, and items that were ambiguous were eliminated.

Personal Narratives. Personal narratives were used as another means of assessing self-in-relation identity. The girls were asked to generate brief responses to two prepared narratives, and to describe an incident in which they experienced a similar dilemma. The two prepared narratives were taken from a sample provided by the girls in Brown & Gilligan's (1992) study (for the exact content of the prepared narratives, see Appendix F). Those girls generated narratives in response to the request to tell about a time in which they (the participants) had to make a decision, but did not know what they "should" do, that is, they did not know the right thing to do. In the present study, these scenarios were read aloud, and the girls were asked to respond to three questions: (1) What would you want to do in this situation? (2) What do you think you

should do in this situation? (3) What would you wind up doing in this situation? After the girls wrote their responses to these questions, they were asked to describe a time when they had to make a decision, but did not know what they should do, or didn't know what the right thing to do was. After they described this situation in written format, they were asked to respond to three similar questions: (1) What did you want to do then? (2) What did you think you should have done then? (3) What did you wind up doing?

Rather than classify responses based on the methodology utilized by Brown & Gilligan (i.e., the four readings), a simpler coding system, similar to the coding system for the behavioral observations described above, was used. Each response to each narrative was coded by the research assistants. Responses were, for the most part, grouped into one of the following categories: (1) Level 1, Unreflective and Impulsive Strategies (2) Level 2, One-ways, which as mentioned above, is comprised of two subcategories, (a) For the self, and (b) Giving up the self, and finally, (3) Level 3, Reciprocal Exchanges and Mutual Collaboration, which is comprised of four subcategories, (a) Taking the needs of self and other into account, (b) Actions consistent with feelings, (c) Promoting growth of other, and (d) Honesty in feelings with oneself and with other). Similar to the observational coding, these levels correspond to Gilligan's (1982) levels of moral development, and are consistent with

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the self-in-relation theory. In addition, a fourth level was included to represent the justice orientation of resolving moral dilemmas (Gilligan, 1982).

Research assistants coded each of the girls' nine responses (three per story) from the personal narratives into one of these eight categories. For the present analyses, several categories were collapsed in order to better capture the major constructs of self-in-relation identity, and responses coded as reflecting a justice orientation were not included in the present analyses, because no specific hypotheses were generated for these responses. Specifically, Level 1: Unreflective and Impulsive Strategies and Level 2a: One-ways for the self, were collapsed into one category, and classified as For the self, to represent a self-directed perspective, as opposed to a more other-directed one. Some examples of responses coded as For the self include, "Tell her she talks too much," and "I should ignore her." Level 2b: One-ways giving up the self remained a category on its own, called Giving up the self. This category represents an outlook that places others' needs ahead of the needs of the self. In one narrative in which a girl was describing whether or not she was going to give in to a situation of peer pressure, she responded, "I ended up doing it, and I regretted it." All of the Level 3 categories (i.e., Taking the needs of self and other into account, Actions consistent

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with feelings, Promoting growth of other, and Honesty in feelings with oneself and with other) were collapsed into one category, called Reciprocity, in order to represent a position that respects and meets the needs of both self and other. Examples of responses that represent the category Reciprocity include, "I should tell her the truth about what I heard," and "I should tell her she might have a chance, and to go for it."

Hence, in total, the girls' responses for each of the questions and for each of the stories were coded into one of three categories. However, many of the girls did not distinguish between the three questions (i.e., they generated one response to the question, "What would you want to do?" and then they put "same" for the other two questions), thus, scores were collapsed again into one of the three categories to represent a style of responding across the three questions. In other words, scores for each of the three questions were collapsed within each of the three narratives. Because the present study is particularly concerned with the developmental process of taking care of others' needs to the exclusion of one's own, girls who received a score of Giving up the self on any of the questions for a particular narrative were placed in the Giving up the self category for that narrative. Next, the remaining girls who received a score of For the self on any of the questions for a particular narrative were placed in

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the For the self group for that narrative (note: this was a relatively low frequency response). Finally, the remaining girls, who had received a score of Reciprocity for all of the questions for a particular narrative were placed in the Reciprocity group for that narrative.

Coding for the narratives was initially done in pairs for training purposes, but was completed individually by the coders. Interrater reliability was calculated by having research assistants code a subset of the narratives independently. 20% were coded by two of the four research assistants, and per cent agreement was calculated in order to insure interrater reliability. Per cent agreement, computed on each of the four research assistants was .73 (Range=.50-.80) for the narratives.

It is conceivable that the written response format influenced the data. Most notably, several of the narratives were uncodable because directions were not followed, responses were too brief to adequately code them, and/or the grammar and spelling were so incoherent that the meaning of the response could not be discerned.

Self-esteem. Harter's (1982) Perceived Competence Scale for Children, a 36-item self-report measure, was used to assess both global self-worth and domain-specific areas of competence (see Appendix G). This measure presents perceptions toward a range of behaviors in a format in which respondents are asked to decide which stem best describes

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them (i.e., the statements are presented side by side, for example: "Some kids think..." BUT "other kids think...") After deciding which stem best describes them, respondents must decide whether the statement is "Sort of true" or "Really true" for them. The scales are reliable, well-validated, and show little association with social desirability. Harter (1981) reported a stable factor pattern for children in grades three through nine, and reliability levels in the form of internal consistency, in the high .70's and .80's.

Harter's measure was chosen in particular because it evaluates self-concept at a level that is more precise than global measures of self-esteem (e.g., Rosenberg, 1965) and more representative and generalizable than task-specific measures of self-efficacy, such as the percent confidence that a girl might estimate in accomplishing a series of increasingly difficult or stressful tasks (Bandura, 1977). Harter's theory (1978) and research (1985) suggest that self-competence is not a global trait, but rather is a domain-specific construct that develops gradually over time, based on the socializing environment of the individual. More recent work, such as Sonstroem, Harlow, & Josephs' (1994) studies on athletic self-competence is consistent with Harter's multidimensional nature of self-concept.

Social support. Cauce, Felner, & Primavera's (1982) Adaptation of Social Support Rating Scale was used to assess the both the number and the perceived helpfulness of the different individuals (e.g., parents, teacher, clergy, friends) potentially available to the girls as sources of social support. The measure lists several different individuals and provides space for the respondent to add other sources of support. Respondents rate how helpful each individual is from (1) Not at all helpful, to (3) Very helpful. Cauce, et al. (1982) found evidence for three factors of support-- family, formal, and informal (see Appendix H).

Conformity to deviant peer pressure. The girls' susceptibility to deviant forms of peer pressure was assessed by a subset of items from the Conformity Analogue Survey (Berndt, 1979). The full survey measures compliance with antisocial, prosocial, and neutral influences; however, in the present study, only compliance with antisocial influences was assessed. Berndt used split half reliability coefficients, corrected by the Spearman-Brown formula, and reported that the average reliability across grades for the antisocial scale was .81 (range=.76-.89). (see Appendix I).

Psychological distress. In order to assess level of distress, the Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1979) was used. This scale yields three subscales of anxiety: Physiological anxiety,

Worry and oversensitivity, and Concentration anxiety, and it also includes a Lie scale. Internal consistency reliability using the Kuder-Richardson formula is .83. However, in a large sample study of youth 6-19 years old, Reynolds & Richmond found that reliability estimates with African-American females younger than 12 years old ranged from .42-.79, whereas reliability was much more stable with Caucasian males and females, and African-American males (range=.75-.87). It is conceivable that the very young African-American girls (i.e., 6-8 years old) were the ones to skew the reliability estimate, thus, this finding was not taken as a major concern (see Appendix J).

Ethnic identification. A nine-item questionnaire taken from the Adolescent Pathways Project (Allen, Seidman, Mitchell, & Aber, 1991) was used to assess ethnic identity. In this questionnaire, respondents are first asked to identify their own ethnic background, and may use as many words as they want (i.e., can include race, religion, ethnicity). Then respondents are asked to rate nine statements that assess feelings regarding being a member of one's ethnic group, on a four-point scale, from (1) Not at all true to (4) Very true (see Appendix K).

Results

This study examined three sets of hypotheses and used three types of measurement methodology, self-report questionnaires, written narratives coded by a group of research assistants, and behavioral observations, also recorded and coded by a group of research assistants. Frequencies of the scales from the self-report questionnaires were normally distributed, and thus, all the scales were treated as continuous variables. However, because the narratives and behavioral observation data were coded into categories representing the major constructs of the self-in-relation theory, these data were treated as categorical variables. As mentioned above, assignment to the control versus intervention group was not random. However, it should be noted that the girls who were chosen for the intervention group likely represented a wide range of socioemotional functioning. Analyses mainly consisted of Pearson product-moment correlations, chi-square, and multivariate analyses of variance (MANOVAs). Except for the first set of analyses that included all of the participants, for the most part, each participant was assigned to one of the two groups (control versus intervention), then the groups were contrasted on all other variables. The MANOVA clusters were grouped by including all scales within a particular measure. That is, one MANOVA was used to assess self-in-relation identity and included all four of the

scales of the RSI. One MANOVA assessed self-competence, and included the six scales from the measure of self-competence. The MANOVA evaluating psychological distress included the three scales physiological anxiety, worry, and concentration difficulty. Finally, one MANOVA grouped the two scales from the social support questionnaire and the scale assessing conformity to deviant peer pressure. Table 1 presents the mean scores on all measures for the entire sample at Time 1 (pre-test).

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Table 1

Means and Standard Deviations for all Time 1 (Pre-test)
Measures

Variable	Mean (SD) or Percentage
<u>Demographics</u>	
Age	11.56 (1.29)
Grade	6.02 (1.06)
Race*	
African-American	48% (N=25)
Caucasian	29% (N=15)
Hispanic	10% (N=5)
Native American	12% (N=6)
Asian-American	1% (N=1)
Family income**	
< \$15,000:	48%
\$15,001-\$25,000	21%
\$25,001-\$35,000	3%
> \$35,000	21%
<u>Self-in-relation identity</u>	
Relationship Self Inventory	
Separate self	3.11 (.67)
Connected self	3.84 (.87)
Primacy of other care	2.95 (.81)
Self and other care	3.91 (.95)
<u>Perceived self-competence</u>	
Social self-competence	2.86 (.80)
Global self-competence	3.09 (.60)
Athletic competence	2.62 (.68)
Appearance	2.79 (.70)
Behavioral competence	2.73 (.63)
Scholastic competence	2.76 (.67)
<u>Social support</u>	
Social network strength	2.61 (.24)
Social network size	8.19 (3.59)
<u>Ethnic identification</u>	2.98 (.47)
<u>Deviant peer conformity</u>	2.46 (1.0)
<u>Psychological distress</u>	
Physiological anxiety	2.48 (.58)
Worry	2.59 (.64)
Concentration difficulty	2.46 (.74)

*Total does not sum to 70 because some girls did not identify race in the Ethnic Identification questionnaire.

**Information was obtained from applications to the Club and this question was optional.

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Hypothesis I: Self-in-relation identity and its correlates:

The first set of analyses examined the Time 1 (pre-test) data for girls from both the control and the intervention groups together. Associations were predicted between scores for self-in-relation identity as assessed by the RSI and the personal narratives, and self-report measures of self-competence, social support, conformity to deviant peer pressure, psychological distress, and ethnic identity.

Assessing self-in-relation identity using The Relationship Self Inventory

Because the RSI had not yet been used with an adolescent sample, some words and sentence structures had to be modified for use with this younger group. Hence, reliability analyses of the Time 1 (pre-test) scores for all subjects were undertaken in order to demonstrate that the scales remained internally consistent. Corrected item-total correlations were calculated between each item and its designated scale from the previous studies with adult samples. Next, correlations between each item and the other three scales were computed. All items that had higher correlations with scales other than the originally designated scales were deleted. Approximately half of the items were deleted from the original 60-item questionnaire. Notably, the majority of items were deleted from the Primacy of other care and the Self and other care scales. With the

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exception of the Primacy of other care scale, alphas remained relatively stable (alphas=.65-.74; Primacy of other care, alpha=.56). Table 2 presents the corrected item-total correlations items and scales for items included in subsequent analyses. See Appendix L for the item-scale correlations for all of the items from the RSI before any items were deleted.

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Table 2

Corrected Item-total Correlations for Relationship Self Inventory

Relationship Self Inventory Scale	Alpha	Item number	Corrected item-total correlation
Separate self	.70		
		3	.38
		9	.07
		13	.44
		14	.35
		19	.45
		26	.47
		33	.45
		34	.51
		43	.29
		45	.15
Connected self	.74		
		20	.26
		27	.33
		36	.49
		37	.73
		54	.58
		55	.63
Primacy of other care	.56		
		1	.22
		5	.21
		8	.47
		16	.33
		28	.32
		48	.25
Self and other care	.65		
		4	.50
		32	.45
		38	.29
		56	.52

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In addition to assessing internal consistency, steps were taken to determine whether the scales were distinguished from each other. Correlations between each of the scales of the RSI were computed. As seen in Table 3, interscale correlations were small to moderate, and were in the expected directions. For example, the Connected self scale was positively correlated with the other two scales that represent identity where a focus on connection is salient (i.e., Primacy of other care, Self and other care). In particular, Connected self was positively correlated with Self and other care, $r(63) = .53$, $p < .01$. See Table 3 for the full correlation matrix.

Table 3
Interscale Correlations from the Relationship Self Inventory

	1	2	3	4
1 Separate self				
2 Connected self	.15			
3 Primacy of other care	-.01	.21		
4 Self and other care	.13	.53**	.15	
**p<.01				

Associations between self-in-relation identity and measures of well-being and distress

The first hypothesis predicted that scores on Self and other care would be positively correlated with scores on social and global self-competence and social support, but negatively correlated with scores for conformity to deviant peer pressure and psychological distress. In contrast, it was hypothesized that scores on Primacy of other care would be positively correlated with scores for conformity to deviant peer pressure and psychological distress, but negatively correlated with scores for social and global self-competence and social support. In addition, it was hypothesized that if significant correlations between ethnic identity and self-in-relation identity emerge (i.e., positive correlations between ethnic identity and Self and other care, and negative correlations between ethnic identity and Primacy of other care), then ethnic identity may account for some of the variance between self-in-relation identity and social and global self-competence. Correlations between the self-in-relation scale scores from the RSI and the other self-report measures are presented in Table 4.

Table 4

Correlations Between Self-in-relation Identity and Measures of Self-competence, Social Support, Conformity to Deviant Peer Pressure, and Psychological Distress

	Self-in-relation Identity	
	Primacy of other care	Self and other care

Self-competence		
Social self-competence	-.04	.11
Global self-competence	.00	.20
Athletic competence	-.01	-.25
Appearance	-.02	.12
Behavioral competence	.12	.04
Scholastic competence	-.24	-.11
Social support		
Social network strength	.22	.32*
Social network size	.29*	-.05
Deviant peer conformity	-.03	-.25
Psychological distress		
Physiological anxiety	.10	.15
Worry	.15	.22
Concentration difficulty	-.01	.00

*p<.05 **p<.01		

As seen in Table 4, the correlations provided only some support for the hypotheses. Consistent with the hypothesis, Self and other care was positively correlated with strength of social support, that is, degree of helpfulness from individuals in one's social support network, $r(63) = .32$, $p < .05$. However, in contrast with the hypothesis, Primacy of other care was positively correlated with size of social support network, $r(63) = .29$, $p < .05$. Neither Self and other care nor Primacy of other care were statistically significantly correlated with social or global self-competence, although many of the correlations between Self and other care and the other self-report measures were in the expected direction. That is, Self and other care was positively correlated with both social and global self-competence, $r(63) = .11$, ns, $r(63) = .20$, ns, respectively. With respect to the negative measures, no statistically significant relationships emerged between Self and other care or Primacy of other care and the scales of psychological distress. Although neither of these RSI scales were statistically significantly associated with conformity to deviant peer pressure either, the correlations were in the expected direction. That is, Self and other care was negatively correlated with conformity to deviant peer pressure, $r(63) = -.25$, ns.

In order to assess the association between the self-in-relation identity scores as measured by the narrative

categories, and the measures of self-competence, social support, conformity to deviant peer pressure, and psychological distress, several MANOVAs with two levels of the independent variable, narrative category (Giving up the self, Reciprocity) for each of the three narratives were computed. Notably, the For the self category was a relatively low frequency response across narratives, and as such, was omitted from the present analyses. Three significant findings emerged, and these results are summarized in Table 5. It should be noted that the N's may differ across the analyses because of the differential number of codable narratives and the fact that a certain number of narratives were dropped across the three analyses if they represented the For the self category.

Table 5

MANOVAs for Measures of Well-being and Distress and Responses to Narratives

Scale Score and Narrative	Giving up the self <u>Mean</u> (SD)	Category Reciprocity <u>Mean</u> (SD)	F-value and df

Narrative 1			

Self-competence			
Social	2.94 (.79)	2.74 (.84)	ns
Global	3.20 (.48)	3.08 (.52)	ns
Athletic	2.72 (.64)	2.70 (.70)	ns
Appearance	3.03 (.58)	2.72 (.69)	ns
Behavior	2.78 (.39)	2.73 (.61)	ns
Scholastic	2.61 (.47)	2.91 (.64)	3.12c (1,43)

Social support			
Strength	2.62 (.24)	2.63 (.23)	ns
Size	10.33 (1.61)	10.94 (1.20)	ns

Psychological distress			
Physiological	2.52 (.59)	2.42 (.59)	ns
Worry	2.61 (.56)	2.66 (.69)	ns
Concentration	2.47 (.72)	2.53 (.69)	ns

RSI measures			
Primacy of other	3.04 (.79)	3.00 (.85)	ns
Self and other	4.15 (.89)	3.96 (.75)	ns
Connected self	3.94 (.58)	3.99 (.86)	ns

(table continues)

Table 5 (cont'd)

Scale Score and Narrative	Giving up the self <u>Mean</u> (SD)	Category Reciprocity <u>Mean</u> (SD)	F-value and df
Narrative 2			
Self-competence			
Social	2.95 (.65)	2.94 (.81)	ns
Global	3.22 (.46)	3.08 (.68)	ns
Athletic	2.69 (.69)	2.64 (.71)	ns
Appearance	2.91 (.54)	2.81 (.76)	ns
Behavior	2.83 (.47)	2.74 (.70)	ns
Scholastic	2.78 (.61)	2.81 (.71)	ns
Social support			
Strength	2.82 (.17)	2.54 (.21)	5.70 (2,30)**
Size	10.57 (1.27)	10.58 (1.34)	10.97 (1,31)**
Psychological distress			
Physiological	2.61 (.54)	2.45 (.63)	4.61 (3,48)**
Worry	3.04 (.61)	2.43 (.60)	ns
Concentration	2.56 (.70)	2.34 (.72)	9.64 (1,50)**
RSI measures			
Primacy of other	3.15 (.69)	3.07 (.77)	ns
Self and other	4.06 (.61)	3.99 (.68)	ns
Connected self	4.23 (.44)	3.79 (.83)	3.32 (1,51)b

(table continues)

Table 5 (cont'd)

Scale Score and Narrative	Category Reciprocity		F-value and df
	Giving up the self <u>Mean</u> (SD)	<u>Mean</u> (SD)	

Narrative 3			

Self-competence			ns
Social	2.50 (.82)	2.96 (.75)	2.99 (1,34)d
Global	2.94 (.52)	3.28 (.59)	3.42 (1,34)b
Athletic	2.70 (.76)	2.76 (.71)	ns
Appearance	2.61 (.66)	3.01 (.69)	3.12 (1,34)d
Behavior	2.61 (.66)	2.90 (.68)	ns
Scholastic	2.72 (.62)	2.86 (.67)	ns
Social support			4.63 (2,15)**
Strength	2.51 (.25)	2.70 (.27)	ns
Size	11.30 (1.25)	10.25 (1.04)	3.62 (1,16)c
Psychological distress			ns
Physiological	2.54 (.75)	2.41 (.58)	ns
Worry	2.68 (.77)	2.47 (.68)	ns
Concentration	2.77 (.88)	2.27 (.81)	3.66 (1,33)a
RSI measures			
Primacy of other	3.26 (.53)	3.10 (.60)	ns
Self and other	4.15 (.59)	3.88 (.91)	ns
Connected self	3.93 (.59)	4.17 (.71)	ns

Note: N's differ across analyses due to differential number of codable narratives

a $p < .06$

b $p < .07$

c $p < .08$

d $p < .09$

** $p < .01$

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As seen in Table 5, the MANOVA examining psychological distress scores for the second narrative was significant, $F(3,48)=4.61$, $p<.01$. Follow-up univariate analyses indicated that, consistent with the hypothesis, girls whose responses were coded as Giving up the self had higher scores on the worry scale, relative to girls whose responses were coded as Reciprocity, $F(1,50)=9.64$, $p<.01$. In addition, there were significant multivariate effects for the analyses examining social support scores for both the second narrative, $F(2,30)=5.7$, $p<.01$, and the third narrative, the one that the girls generated themselves, $F(2,15)=4.64$, $p<.05$. Follow-up univariate analyses indicated that, for the second narrative, in contrast with the hypothesis, girls whose responses were coded as Reciprocity had lower scores on strength of social support, relative to girls whose responses were coded as Giving up the self, $F(1,31)=10.97$, $p<.01$. For the second narrative, follow-up univariate analyses indicated that, also in contrast with the hypothesis, girls whose responses were coded as Reciprocity had lower scores on the size of social support network relative to girls whose responses were coded as Giving up the self, $F(1,16)=3.63$, $p<.01$. There were no significant findings regarding self-competence or conformity to deviant peer pressure, although several trends in the expected directions can be seen in Table 5 as well.

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Exploratory analyses of self-in-relation identity and its correlates: comparisons between the RSI and the personal narratives

In order to examine whether the girls' responses to the narratives were congruous with their scores on the RSI, MANOVAs with two levels of the independent variable, narrative category, were computed, and included all of the scales within this measure (Separate self, Connected self, Primacy of other care, Self and other care). It was predicted that scores on the RSI scale Primacy of other care would be associated with narrative responses coded as Giving up the self, and that scores on the Self and other care scale of the RSI would be associated with narrative responses coded as Reciprocity. Additionally, because the Connected self scale of the RSI reflects both other-focused (Primacy of other care) and self and other focused (Self and other care) ways of being in relationship, it was predicted that scores on this scale should be associated with either Giving up the self and/or Reciprocity. None of these predictions were supported by the data, which suggests that the two measures may be tapping distinct aspects of self-in-relation identity.

Exploratory analyses of self-in-relation identity and its correlates: Connected self and Separate self

Although no specific hypotheses were generated regarding the relationship between the Connected self and

Separate self scales from the RSI, analyses examining the correlation between these two scales and self-competence, social support, conformity to deviant peer pressure, and psychological distress were conducted. Notably, interscale correlations (Table 3) revealed a statistically significant positive relationship between Self and other care and Connected self, and as such, it was suspected that additional relationships might emerge between Connected self and the other measures of well-being and distress in accord with the hypotheses. Analyses were conducted with the Separate self scale in an exploratory manner. These results are reported in Table 6.

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Table 6

Exploratory Analyses Assessing Correlations Between Self-in-relation Identity and Measures of Self-competence, Social Support, Conformity to Deviant Peer Pressure, and Psychological Distress

	Self-in-relation Identity	
	Connected self	Separate self
Self-competence		
Social self-competence	.18	.03
Global self-competence	.20	.04
Athletic competence	-.42*	-.12
Appearance	.12	.04
Behavioral competence	.05	-.04
Scholastic competence	-.15	.13
Social support		
Social network strength	.37*	-.37*
Social network size	.07	-.35**
Deviant peer conformity	-.15	.19
Psychological distress		
Physiological anxiety	.10	.36**
Worry	.16	.16
Concentration difficulty	.05	.13
*p<.05 **p<.01		

Consistent with the findings from the Self and other care scale, Connected self was significantly positively correlated with strength of social support network, $r(63) = .37$, $p < .05$. However, regarding the self-competence measure, the one statistically significant finding that emerged was in contrast to expectations. The correlational analyses revealed that Connected self was negatively correlated with athletic self-competence, $r(63) = -.42$, $p < .05$. Although the following correlations were non-significant, Connected self was positively associated with both social and global self-competence, $r(63) = .18$, ns, $r(63) = .20$, ns, respectively. These results are consistent with the findings from the Self and other care scale. No significant correlations emerged between Connected self and the scales assessing conformity to deviant peer pressure or psychological distress.

With respect to the Separate self scale, there were several significant correlations between this scale and the other measures. Specifically, Separate self was negatively correlated with both strength of social support network, $r(63) = -.37$, $p < .01$, and size of social support network, $r(63) = -.35$, $p < .01$. In addition, Separate self was positively correlated with physiological anxiety, $r(63) = .36$, $p < .01$.

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Follow-up analyses with the RSI to account for
sociodemographic factors

The next set of analyses sought to examine the associations between self-in-relation identity and family income level, race, age, and grade. Four levels of family income (<\$15,000, \$15,001-\$25,000, \$25,001-\$35,000, >\$35,001) and five groups representing the race (African-American, Caucasian, Hispanic, Native American, Asian-American) were identified in the sample. However, even separate one-way MANOVAs for each factor resulted in cell sizes that were too small for reliable findings.

Age and grade were entered as continuous variables for each of the MANOVA clusters in order to examine whether these variables might better predict some of the associations between self-in-relation and the other dependent variables. These analyses revealed a few trends. Although the multivariate effect was not significant for grade, $F(4,53)=2.05$, $p=.10$, there was one significant univariate effect on the scale Primacy of other care, $F(1,56)=5.16$, $p<.05$, $\beta=.29$. That is, for the sample as a whole, girls in the older grades had higher scores on Primacy of other care than girls in the younger grades. Along the same lines, although the multivariate effect for age was not significant, $F(4,53)=1.29$, $p=.29$, there was a univariate trend for age on the scale Primacy of other care, $F(1,59)=3.74$, $p<.06$, $\beta=.24$. That is, for the sample as a

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whole, older girls tended to have higher scores on Primacy of other care than younger girls.

Exploratory analyses of the interrelationships between measures of well-being, distress, and sociodemographic variables

The relationships among the measures of self-competence, social support, conformity to deviant peer pressure, and psychological distress were computed in order to validate expected relationships as documented in the literature. These correlations are presented in Table 7.

Table 7

Correlations Between Measures of Self-competence, Social Support, Conformity to Deviant Peer Pressure, and Psychological Distress

	Soc	Glo	Ath	App	Beh	Sch	Siz	Str	Dev	Phy	Wor	Con
Soc	1											
Glo	.38**	1										
Ath	.15	.33**	1									
App	.38**	.62**	.47**	1								
Beh	.04	.56**	.06	.20	1							
Sch	.32*	.30*	.26*	.15	.25	1						
Siz	-.12	-.08	.08	.03	-.06	.11	1					
Str	-.21	-.11	.15	-.01	.25	-.23	.23	1				
Dev	.12	-.14	.04	.07	-.34*	.13	-.05	-.42*	1			
Phy	-.36**	-.30*	-.20	-.30*	-.28*	-.25	-.08	.26	-.21	1		
Wor	-.37**	-.25	-.25	-.34*	-.19	-.30*	.00	.37*	-.21	.66**	1	
Con	-.46**	-.35**	-.19	-.30*	-.35**	-.34**	-.13	.21	-.06	.57**	.66**	1

Key:

Self-competence variables: Social (Soc), Global (Glo), Athletic (Ath), Appear (App), Behavioral (Beh), Scholastic (Sch)

Social support variables: Size of network (Siz), Strength of network (Str)
Conformity to Deviant Peer Pressure: (Dev)

Psychological distress variables: Physiological anxiety (Phy), Worry (Wor),
Concentration difficulties (Con)

*p<.05 **p<.01

The statistically significant relationships that emerged were generally consistent with past research. As shown in Table 7, reports on several scales of self-competence were negatively correlated with reports on several scales of psychological distress. Also consistent with expected relationships, conformity to deviant peer pressure was negatively correlated with behavioral self-competence, $r(58) = -.34$, $p < .05$, and strength of social support network, $r(58) = -.42$, $p < .05$. In contrast to expected outcomes, strength of social support network was positively correlated with one of the scales of psychological distress (i.e., worry, $r(59) = .37$, $p < .05$).

The next set of analyses sought to provide a contextually valid analysis by examining the relationship between the measures of well-being, distress, and the sociodemographic variables. However, MANOVAs with four levels of family income and MANOVAs with five groups representing the races identified in this sample yielded groups with cell sizes that were too small for reliable interpretation. Nevertheless, when age and grade were included in the MANOVAs, there were a few significant findings.

For age, there was a significant finding for the social support cluster. Although the multivariate effect was not significant, $F(3,31) = 1.86$, $p < .16$, the univariate effect on strength of social support network was significant,

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$F(1,33)=5.45$, $p<.05$, $\beta=-.38$. That is, the individuals in older girls' social support networks were perceived as being less helpful than those in younger girls' social support networks. For grade, there was a significant finding for the psychological distress cluster. Although the multivariate effect was not significant, $F(3,52)=1.68$, $p<.18$, the univariate effect on physiological anxiety was significant, $F(1,54)=5.03$; $p<.05$; $\beta=-.29$. That is, girls in the older grades reported less physiological anxiety than girls in the younger grades.

Relationships between ethnic identity, self-in-relation identity, well-being, and distress

The hypothesis that ethnic identity would be positively correlated with Self and other care, and negatively correlated with Primacy of other care was examined next. Notably, it had been predicted that ethnic identity would account for some of the variance in the relationship between self-in-relation identity and global and social self-competence. However, correlational analyses demonstrated that ethnic identity was not statistically significantly associated with any of the scales from the RSI. Further, as demonstrated above, the correlations between self-in-relation identity and social or global self-competence were not significant. Thus, the corollary hypothesis was not supported.

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A series of exploratory analyses examined the relationship between ethnic identity and the measures of well-being and distress more directly. These analyses revealed that ethnic identity was positively correlated with two of the scales of self-competence, scholastic self-competence, $r(58) = .29$, $p < .05$, and athletic self-competence, $r(58) = .30$, $p < .05$.

Hypothesis II: Control versus intervention group effects

The next set of analyses were conducted to assess the impact of the intervention on the girls' reports of self-in-relation identity, self-competence, and psychological distress. First, chi-square analyses were conducted to determine whether the control and intervention groups differed significantly by family income or race. These analyses are presented in Table 8. First, it should be noted that differential N 's in the Table reflect differential response rates to questions that parent(s) of the girls completed on their application for membership at the Boys & Girls Club, and/or differential response rates for the girls on the questionnaires that they completed for the current study. Nevertheless, as the table indicates, there were no significant differences between the groups.

Next, means and standard deviations for age and grade, and for all scales of the RSI, self-competence, and psychological distress were calculated for the control and the intervention groups separately, and MANOVAs with two levels of the independent variable, group (control/intervention) for each of the clusters of self-in-relation identity, self-competence, and psychological distress measures were computed in order to determine whether the control and intervention groups differed significantly at Time 1 (pre-test). Table 9 provides the means and standard deviations of the variables for the two groups.

Table 9

Means and Standard Deviations for Control and Intervention Groups at Time 1 (Pre-test)

Variable	Control	Intervention	F-value and Effect
Age	Mean (SD)	Mean (SD)	
Grade	11.52 (1.03)	11.58 (1.41)	ns
Number of sessions	6.00 (.94)	6.02 (1.11)	ns
	N/A	7.32 (3.18)	ns
Separate self	3.09 (.70)	3.11 (.68)	ns
Connected self	3.84 (.93)	3.84 (.83)	ns
Primacy of other care	2.68 (.93)	3.11 (.70)	4.51* Intrvntn>Ctrl
Self and other care	4.01 (1.11)	3.85 (.86)	ns
Social self-competence	2.83 (.83)	2.86 (.80)	ns
Global self-competence	3.10 (.56)	3.08 (.63)	ns
Athletic competence	2.75 (.67)	2.62 (.68)	ns
Appearance	2.89 (.70)	2.74 (.70)	ns
Behavioral competence	2.68 (.59)	2.76 (.66)	ns
Scholastic competence	2.75 (.67)	2.77 (.68)	ns
Social network strength	2.52 (.23)	2.64 (.23)	ns
Social network size	8.00 (3.77)	8.28 (3.54)	ns
Ethnic identity	3.00 (.41)	2.98 (.47)	ns
Deviant peer conformity	2.34 (.96)	2.53 (1.06)	ns
Physiological anxiety	2.48 (.73)	2.48 (.49)	ns
Worry	2.56 (.68)	2.60 (.62)	ns
Concentration difficulty	2.63 (.83)	2.37 (.69)	ns

*p<.05

As indicated in Table 9, girls in the control and intervention conditions did not differ significantly on the demographic variables age or grade. Further, there was only one statistically significant difference between the control and intervention groups for the self-report measures. Although the multivariate effect for self-in-relation was not significant, $F(4,60)=1.34$, $p<.26$, the univariate effect for Primacy of other care was significant, $F(1,63)=4.51$, $p<.05$. Scores for girls in the intervention group on Primacy of other care were significantly higher than scores for girls in the control group.

Internal consistency reliability for the RSI at Time 2 was then computed because of the newness of the measure and because of the hypothesized effects of the intervention. These analyses revealed that three out of the four scales from Time 1 remained relatively internally consistent, as evidenced by the following alphas: Separate self, $\alpha=.72$, Connected self, $\alpha=.68$, and Self and other care, $\alpha=.69$. However, the alpha for Primacy of other care dropped to .38. Thus, all results from analyses with the scale Primacy of other care must be interpreted with caution.

The next set of analyses tested the hypothesis that participation in the intervention program will lead to positive changes or absence of decline in self-in-relation identity. A series of 2 X 2, group (control/intervention) X

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time (pre-test/post-test) repeated measures MANOVAs was conducted for Primacy of other care, Self and other care, and for each of the scales of self-competence and psychological distress, predicting that interaction effects would be significant. Table 10 presents the means and standard deviations across time on the three sets of outcome measures for the control and the intervention groups.

Table 10

Repeated Measures MANOVAs for Control, Intervention, and "8+ Sessions" Groups

Variable at Pre-test (1) and Post-test (2)	Control (N=24) Mean (SD)	Intervention (N=46) Mean (SD)	"8+ Sessions" (N=25) Mean (SD)	F-value, Effect, and Effect Size
<u>Self-in-relation identity</u>				
Primacy other care (1)	2.52 (.84)	3.19 (.68)	3.15 (.67)	F(1,37)=5.24* Interaction: Group X Time Eta sq=.12
Primacy other care (2)	3.03 (.79)	2.96 (.58)	2.91 (.54)	
Self and other care (1)	4.05 (1.15)	3.88 (.75)	3.75 (.77)	ns
Self and other care (2)	3.89 (.72)	3.81 (.84)	3.71 (.90)	
<u>Perceived self-competence</u>				
Social competence (1)	3.23 (.58)	2.76 (.86)	2.91 (.87)	F(1,32)=5.19* Interaction: Group X Time Eta sq=.14
Social competence (2)	2.85 (.85)	2.91 (.60)	3.02 (.58)	
Global competence (1)	2.93 (.55)	3.02 (.70)	2.95 (.69)	ns
Global competence (2)	2.86 (.56)	2.93 (.84)	2.93 (.93)	
Athletic competence (1)	2.91 (.67)	2.65 (.78)	2.58 (.73)	ns
Athletic competence (2)	3.08 (.74)	2.56 (.74)	2.61 (.76)	

* $p < .05$

(Table continues)

Table 10 (cont'd)

Variable at Pre-test (1) and Post-test (2)	Control (N=24) Mean (SD)	Intervention (N=46) Mean (SD)	"8+ Sessions" (N=25) Mean (SD)	F-value, Effect, and Effect Size
<u>Self-competence</u>				
Appearance (1)	2.68 (.70)	2.73 (.78)	2.72 (.86)	ns
Appearance (2)	2.77 (.67)	2.85 (.83)	2.91 (.92)	
Behavior (1)	2.50 (.52)	2.75 (.76)	2.81 (.82)	ns
Behavior (2)	2.74 (.75)	2.60 (.79)	2.60 (.84)	
Scholastic (1)	2.92 (.67)	2.71 (.74)	2.75 (.83)	ns
Scholastic (2)	2.76 (.78)	2.78 (.75)	2.88 (.77)	
<u>Psychological distress</u>				
Physiological (1)	2.54 (.73)	2.45 (.49)	2.38 (.54)	ns
Physiological (2)	2.55 (.80)	2.43 (.60)	2.37 (.65)	
Worry (1)	2.43 (.58)	2.61 (.66)	2.51 (.67)	ns
Worry (2)	2.47 (.87)	2.50 (.67)	2.37 (.70)	
Concentration (1)	2.59 (.71)	2.58 (.74)	2.40 (.83)	ns
Concentration (2)	2.52 (.72)	2.44 (.78)	2.43 (.81)	

*p<.05

Regarding self-in-relation identity, a significant group by time interaction effect was found for Primacy of other care, $F(1,37)=5.24$, $p<.05$. Although the t-tests for each group were not significant, examination of the means revealed that scores for girls in the control group on Primacy of other care increased over time, relative to scores for girls in the intervention group, which tended to decrease over time. The effect size, $\eta^2=.12$, is considered a small effect. There were no significant differences for Self and other care, although examination of the means revealed trends in the expected directions, with scores for girls in the control group decreasing over time, and scores for girls in the intervention group remaining relatively stable over time. Because of small cell sizes for the narrative categories at post-test, analyses examining changes across time in the narrative categories could not be conducted.

With respect to changes in self-competence scores for the control and intervention groups over time, repeated measures MANOVAs revealed one significant group by time interaction effect for social self-competence, $F(1,32)=5.19$, $p<.05$. Although the t-tests for each group were not significant, examination of the means revealed that scores for girls in the control group on this scale decreased over time, relative to scores for girls in the intervention group, which tended to increase over time. The effect size,

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eta squared=.14, is considered a small effect. No significant effects were found for the psychological distress scales.

Because changes in several of the scores in the control and intervention groups were in the expected directions, but did not reach statistical significance, the repeated measures MANOVAs were recalculated in two different ways. First, because the ten intervention groups were conducted at two different points in time (Phase I for Spring 1994, Phase II for Fall 1994) with slight modifications for the second wave of interventions (e.g., shortened length of curriculum, smaller groups, better informed supervision, etc.) analyses assessing changes over time compared scores for the control group with scores for the Phase I intervention and scores for the control group with scores for the Phase II intervention. However, there were no statistically significant interaction effects.

The second recalculation compared girls from the control group with girls from the intervention group who had attended at least the modal number of sessions, which was eight sessions. These results are also presented in Table 10. This set of analyses did not produce additional significant findings either, although the findings did mirror the results found for the control group and the entire intervention group on Primacy of other care and Self and other care.

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In order to assess the differential impact of the intervention with respect to sociodemographic variables, a series of 2 X 2 X 2, group (control/intervention) X time (pre-test/post-test) X age (younger/older than median age for the sample) repeated measures MANOVAs was conducted for each of the scales of self-in-relation identity, self-competence, and psychological distress. Notably, 2 X 2 X 4, group (control/intervention) X time (pre-test/post-test) X family income level and 2 X 2 X 5, group (control/intervention) X time (pre-test/post-test) X race MANOVAs could not be conducted because of the small cell sizes when the sociodemographic variables were taken into account.

There was only one significant three way interaction effect for age on the scale physiological anxiety, $F(1,37)=14.58$, $p<.01$. Although the t-tests were not significant, an examination of the means suggests that for younger girls in the control group, scores on physiological anxiety increased over time, relative to younger girls in the intervention group. In contrast, older control group girls' scores on physiological anxiety decreased over time, relative to older intervention group girls.

Hypothesis III: Behavioral observations assessing change in interpersonal interactions

Scores for behavioral interactions were determined for each of the ten intervention groups by using relative

frequencies for the categories of behaviors for the girls as a group and for the co-facilitators together. The relative frequencies for all ten groups for these behaviors for each group at Time 1 (sessions at the beginning of the program, N=15 sessions), Time 2 (middle sessions, N=11 sessions), and Time 3 (sessions toward the end of the program, N=10 sessions) were entered into subsequent analyses. Similar to the analyses with the Personal Narratives, several categories were collapsed in order to better capture the major constructs of self-in-relation identity. The first category collapsed the Level 1: Unreflective and Impulsive Strategies and the Level 2a: One-ways for the self categories. The second category was comprised of the singular category Level 2b: One-ways giving up the self. The third category consisted of all of the Level 3 categories (i.e., Taking the needs of self and other into account, Actions consistent with feelings, Promoting growth of other, and Honesty in feelings with oneself and with other). A series of ANOVAs with three levels of the independent variable (beginning/middle/end sessions) examined differences in the means in the three categories of behaviors. Although relative frequency scores were computed separately for both the girls and the co-facilitators, the present analyses examine only scores for the girls, because the co-facilitators' scores remained relatively stable over time. In particular, almost all of the co-facilitators'

behaviors were classified in the third category; thus, because there was no variance, ANOVAs could not be computed.

It was predicted that the girls' behaviors that reflect self-in-relation identity focused on caring for the needs of both self and others will increase over time, whereas behaviors that reflect self-in-relation identity focused on caring for the needs of others only will decrease over time. Table 11 reveals these findings.

Table 11

Analyses of Variance for Relative Frequencies of Behavioral Observations for Girls Representing Self-in-relation Behaviors At Three Time Periods During the Intervention

Behavioral Category	Early Sessions (N=15 sessions)	Middle Sessions (N=11 sessions)	Late Sessions (N=10 sessions)	F-Value, df, and Post-hoc
	Relative Frequency	Relative Frequency	Relative Frequency	
For the self	.40	.36	.12	$F(2,15)=2.79a$ Early>Late
Giving up the self	.12	.06	.09	ns
Reciprocity	.49	.59	.79	$F(2,15)=3.28b$ Late>Early

a $p<.10$

b $p<.07$

Although none of these analyses were statistically significant, the means of the relative frequencies changed over time in a way that is consistent with the predictions. Notably, the relative frequency of girls' Level 3 behaviors, representing self and other care, tended to increase over time, $F(2,15)=3.28$, $p<.07$. In addition, the relative frequency of girls' separate self behaviors tended to decrease over time, $F(2,15)=2.79$, $p<.10$.

Discussion

The present study applied the conceptual framework of the self-in-relation theory to (1) better understand the correlates of a competent sense of self within relationships among early adolescent girls, and (2) to evaluate an intervention designed to meet the needs of this population. By attending to girls' needs to simultaneously sustain a sense of self-competence as well as authentic connections, the study examined key aspects of development not adequately addressed in previous applied research.

The results supported the relevance of the self-in-relation identity construct for this sample of early adolescent girls. Analyses demonstrated that scales from the RSI were, for the most part, internally consistent and externally valid. Three of the four scales, Separate self, Connected self, and Self and other care, remained relatively stable at both Time 1 (pre-test) and Time 2 (post-test). Further, there was a statistically significant correlation between Connected self and Self and other care. These two scales are theoretically linked, in that Self and other care represents a type of Connected self. The moderate correlation between these two scales suggests that the girls perceived these two constructs as similar, while at the same time, the level of the correlation does not suggest that they are seen as the same. The girls may have considered both of these domains applicable in describing themselves.

Consistent with the conceptual framework proposed by Gilligan and her colleagues, early adolescent girls describe feeling connected within relationships when they are able to meet both their own needs as well as the needs of others.

In contrast to the findings for the other three scales, the fourth scale of the RSI, Primacy of other care, was subject to much variation depending on group (control/intervention), time (pre-test/post-test), and sociodemographic variables (i.e., grade, age). For one, Primacy of other care was relatively reliable at Time 1 (pre-test), but not at Time 2; that is, the items that correlated highest with the scale at the first testing were distinct from the items that correlated highest with the scale at the second testing. Although the lack of adequate test-retest reliability data would suggest that we ought to discount all of the findings for the Primacy of other care scale, this finding in itself may also be interpreted in terms of a developmental process. Notably, there was a positive association between scores on Primacy of other care and both grade and age. That is, older girls tended to score higher on this scale than younger girls. This finding is consistent with previous research that describes the loss of self-confidence and authentic relationships as a developmental phenomenon. Thus, the findings that the scale did not cohere for the sample at the second testing, and that there were differences between girls based on grade and

age, taken together support the argument that girls' self-in-relation identities may undergo an important transition during early adolescence. Alternatively, given that the intervention was focused on minimizing Primacy of other care, the changes in responses to this scale could be taken as evidence of successful intervention.

The hypothesis comparing self-in-relation identity with several dimensions of well-being and distress was partially supported by the data. First, both Self and other care and Connected self were positively correlated with strength of social support network, that is, the degree of helpfulness that the girls perceived from the individuals they identified within their networks. This suggests that girls who were able to meet their own needs as well as the needs of others in their relationships were also more likely to report that they felt supported by those surrounding them. Girls who scored higher on Primacy of other care had larger social support networks, but the correlation between Primacy of other care and strength of social support was not significant. This distinction suggests that strength of social support may better capture girls' ability to draw upon these networks. Previous research (e.g., Gilligan, Lyons, & Hammer, 1989) that describes how girls' transition to adolescence may be marked by increasing focus on connections, but at a loss of authentic and truly supportive relationships. The finding that strength of social support

was negatively associated with age is consistent with this trend. Finally, girls who scored higher on Separate self reported that they felt less supported by individuals in their social support networks. Notably, this latter group of girls also identified fewer individuals within their networks. This may be a matter of choice, that is, not being interested in social networks, although the sense of feeling less supported suggests that they wish it were different. The significant negative correlations between strength of social support and conformity to deviant peer pressure and between conformity to deviant peer pressure and behavioral self-competence should be noted here. These findings, taken together, reflect the detrimental effects of relationships that do not meet the needs of the individuals involved. That is, the number of individuals identified as being part of one's social support network may be less important than the degree of helpfulness that the individual perceives.

Although the findings relating scores from the RSI with the self-competence measure were not statistically significant, the trends that emerged were consistent with the hypotheses. For example, both Self and other care and Connected self were positively correlated with social and global self-competence. These data suggest that maintaining a sense of self-in-relation that involves considering both the needs of self and others is associated with higher

levels of perceived self-competence in the domains of social self-competence and global feelings of self-worth. In contrast, the one statistically significant correlation between the RSI and the self-competence scales was a negative correlation between Connected self and athletic self-competence. One possible explanation for this finding relates to the nature of the setting for the study, which was an after-school activity center. Most functions at the center involve sports activities and other games. It is feasible that the girls who agreed to participate in the study volunteered because they had some doubts about their athletic abilities. As a result, these girls may feel more "connected," but also less competent in the athletic realm. Alternatively, achievement-related concerns, such as athletic self-competence, may be more associated with a separate sense of self-in-relation identity than a connected orientation.

The narrative methodology and coding procedures, for the most part, did not correspond with the major self-in-relation constructs examined in the study (i.e., Primacy of other care, Self and other care), although the findings relating the narrative categories with the other self-report measures were consistent with the hypotheses. That is, there were several findings that related the narrative categories with the other self-report measures, and many of those that emerged occurred when the girls were asked to

generate their own narratives. This finding is critical because these stories were likely to be more personally meaningful for the girls than the other two vignettes. In accord with the hypotheses, the narrative category Reciprocity was associated with higher scores on several of the self-competence scales, notably, social self-competence, and there were trends for global, appearance, and scholastic self-competence. These findings suggest that when girls feel more authentic in their relationships (i.e., both their own needs, as well as the needs of others are being met), then they tend to feel more confident about their own abilities, especially in the social realm. The findings for appearance and scholastic self-competence may be particularly important for young girls too. We know that girls face tremendous pressure in integrating perceptions about their physical appearance with their sense of self-esteem and self in relationships. Much work points to the on-going importance of physical attractiveness among elementary and junior high school youth in particular (e.g., Lerner, 1987). In general, a profusion of media messages, often directed toward young females, continually play upon insecurities regarding appearance, and consequently erode a sense of self-respect and relational confidence. In contrast, males seem to be conditioned to a very different set of societal expectations, concerned more with task mastery and instrumental effectiveness than with physical

appearance (Lerner, Orlos, & Knapp, 1976). With regard to scholastics, the American Association of University Women (AAUW; 1992) has carefully documented how schools "shortchange" girls. The AAUW pointed to how our schools' failures on an interpersonal level may account in part for girls' withdrawal from the academic environment (i.e., the girls perceive it as being too competitive) and for girls' tendency to interpret their difficulties as personal failures, rather than as a lack of effort. Interestingly, the AAUW report also states that it is often the most assertive girls who leave school, as they realize that their needs are not being met. The following quote captures how the self-in-relation concepts intersect with scholastic performance,

"A moderate level of depression, an absence of political awareness, persistent self-blame, low assertiveness, and high conformity may have tragically constituted the 'good' urban student...they learned not to raise, and indeed to shut down, 'dangerous' conversation. The price of academic 'success' may have been the muting of one's own voice." (p. 49)

Also consistent with the hypothesis, the narrative category Giving up the self was associated with higher scores on the psychological distress scales, notably, the worry scale, and there was also a trend for concentration anxiety. These findings suggest that girls whose responses are described as taking care of the needs of others, to the exclusion of their own needs, report higher levels of distress. As mentioned above, this way of being in

relationship may not meet the needs of the individual. For example, she may be so concerned with maintaining the relationship that she loses sight of the individuals involved in it, including herself. If she does not have other outlets for expressing her needs, it is not surprising that she might feel distressed. Further, if she continually places all of her energy into sustaining the relationship, she may not feel that it is a secure one, which would likely leave her with feelings of worry and anxiety.

The last set of findings with the narrative categories may seem to contradict the previous point, in that the narrative category Giving up the self was associated with higher scores on the social support scales, notably, strength of social support, and there was a trend for size of social support network. These results may be understood in terms of the emphasis on connections that girls who endorsed the Giving up the self category may have. For these girls, because relationships are more likely to be quite salient, they may be more attuned to the number of individuals in their networks and to the level of helpfulness of these individuals. In contrast, the girls who endorsed the Reciprocity category may be more likely to balance the degree to which they rely on others versus themselves in their lives. As a result, they may be somewhat less likely to focus specifically on evaluating their relationships.

Because it was hypothesized that ethnic identity is one important component of self-in-relation identity (Tatum, 1993; Ward, 1989) analyses examined associations between this variable and self-in-relation identity, as well as indices of well-being and distress. The present findings did not support the hypothesis linking ethnic identity and self-in-relation identity. Further, exploratory regression analyses revealed that ethnic identity was not associated with social or global self-competence either. Nevertheless, ethnic identity did predict both scholastic and athletic self-competence, whereas self-in-relation identity did not predict either one of these constructs. Specifically, higher levels of ethnic identity were associated with higher scores on both self-competence scales. These findings correspond with Tatum's (1993) conclusion that developing a sense of racial identity allows individuals to seize opportunities to create new and personally defined identities in their own terms. Perhaps scholastics and athletics represent two arenas upon which these girls are focusing. Although these analyses did not control for differences by racial group, reports from the co-facilitators suggest that the girls, regardless of racial/ethnic background, responded to the concepts applied during the intervention.

The hypotheses regarding the intervention were also partially supported by the data. As expected, scores for

girls who participated in the intervention decreased on Primacy of other care, whereas scores for girls who did not participate in the program increased on this scale. However, as alluded to above, this finding must be interpreted with caution in that analyses revealed that the scale was not internally consistent at Time 2 (post-test). The present findings diverged from theory proposing that changes in the girls' scores for Self and other care would differ between the control and the intervention groups following the intervention. Scores for both groups tended to decrease over time, although this was not a statistically significant change. It is possible that the intervention was not vigorous enough to promote a positive change in girls' scores for identity focused on caring for the needs of both self and others. Alternatively, the measurement methodology may not have been sensitive to the changes that were reported by the group co-facilitators, but not presented in these results, and that were revealed as trends in the behavioral observation data.

Positive changes were noted on the other self-report measures, however. Regarding self-competence, consistent with the hypothesis, social self-competence scores for girls in the intervention group increased, whereas scores for girls in the control group decreased in this domain. Notably, girls who attended at least eight sessions, the modal number of sessions for the intervention, tended to

have the highest scores for social self-competence at Time 2 (post-test). However, changes over time on scores for global self-competence between the control and intervention groups were not significantly different, nor were changes on the other self-competence scales.

The fact that significant changes were found for the social self-competence scale rather than the other scales of self-competence is most critical. In accord with the self-in-relation theory, the intervention specifically addressed cognitive and affective components of girls' sense of self within relationships. It was proposed that social self-competence represents a proximal arena for girls' developing sense of self-worth during early adolescence. Hence, an intervention designed to alter typical means of interacting in relationships should coincide with changes in social self-competence, as opposed to changes in other measures of self-competence, such as scholastic, athletic, behavioral, or appearance.

The lack of significant findings for the more global measure of self-competence is not necessarily problematic. As alluded to above, recent theory and research conceptualize self-competence as a multidimensional rather than a unidimensional construct (e.g., Harter, 1978). Baskin & Hess (1980) point out that self-esteem is better framed as an ongoing assessment of social exchange with others, rather than a trait to be measured as an

internalized pattern of autonomous behavior, and in this respect the assessment of social self-competence seems more appropriate. Further, the intervention, in addition to building social competence skills, also focused on developing domain-specific competencies that may not have been captured by the more global measure of self-competence.

Regarding the measures of psychological distress, the analyses revealed just a few significant differences between the control and intervention groups. Specifically, in a set of analyses that accounted for sociodemographic variables, a significant finding emerged for physiological anxiety.

First, it should be mentioned that for the sample as a whole, at Time 1 (pre-test) scores on physiological anxiety were negatively associated with age; that is, older girls reported lower scores on this scale. Now, comparing scores between the control and intervention group over time, we see that within the control group, younger girls' scores for physiological anxiety increased from Time 1 (pre-test) to Time 2 (post-test), whereas older girls' scores decreased over time. In contrast, in the intervention group, the younger girls' scores for physiological anxiety decreased over time, and the older girls' scores increased over time. It is feasible that decreases in physiological anxiety may correspond with a developmental process of distancing oneself from feelings of distress regarding changes in the nature of interpersonal relationships. For the sample as a

whole, the older girls may deny feeling ill at ease in their relationships. In comparing the control and intervention groups over time, it may be that the younger girls in the control group are still conscious of times when they relate in a manner that feels superficial, which causes them distress. In contrast, and consistent for the sample as a whole, the older girls in the control group may be more inclined to deny these feelings. Opposite findings for the intervention group may indicate that the intervention was more effective for the younger girls, in that their feelings of anxiety tended to decrease over time. In contrast, it is possible that the intervention raised anxiety levels for the older girls. It may have induced a "crisis," or at least instigated a process of more active exploration among the girls, and thus at post-test, their elevated scores may reflect their struggles to find ways of generalizing the skills that they learned in the program to their outside relationships.

Along these lines, qualitative reports from the co-facilitators and research assistants indicate that the greatest impact of the program was that they did witness the girls begin to interact in a more connected as well as confident manner. Clearly, some groups were more cohesive and/or assertive than others, and it was the research assistants' and the supervisors' opinion that the most "successful" groups were those that were able to balance the

two domains of support and confrontation. For example, certain groups were better able to communicate empathically. The co-facilitators were able to model that the goal was not to "solve" the girls' problems, but rather provide a useful tool to help raise self-awareness, and foster more intimate communication. In this way, the girls began to help each other explore the issues and solve their problems on their own. Certain groups were better equipped (perhaps based on the experience level of the co-facilitators) to handle confrontation. Although it may have been uncomfortable for the group members, once the conflict was resolved, we often observed positive changes in the group process that led to a more successful group. The co-facilitators encouraged the girls to speak assertively and confront one another within the context of connection. The Group Awareness session proved to be an appropriate time to address some of these issues. Finally, those groups that were mindful of the fact that the co-facilitators are facilitators, rather than leaders, worked very well. These women did not lead the group in terms of lecturing per se, nor did they place themselves on the same "level" as the girls. They were able to walk the fine line between these two functions in their roles. They were cognizant that the emphasis of the program is to help the girls begin to help each other, and as a result, to solve difficulties on their own.

Some co-facilitators experienced difficulty with one of more of the following skills, which in turn, impacted the group: self-disclosure (appropriately sharing personal feelings and experiences in order to contribute to group growth), feedback (being receptive to feedback from the girls), cooperation (co-facilitators working together to enhance group growth rather than operating in a competitive manner with each other), creating an atmosphere of trust (conveying a caring and respectful attitude toward the girls in the group), self-control (maintaining control of their own feelings so as to be competent observers of what is going on in the group), teaching skills (comprehending the concepts clearly so that they can be communicated to the group), and time limits (planning ahead so that the time available is used to the benefit of the group).

One particular difficulty was noted when two or more group members formed an alliance or team within the larger group. The effect of this type of pairing is that the subgroup withheld information from the other girls, and group members did not feel trusted. In order to reverse such tendencies, the co-facilitators needed to use the opportunity to have group members disclose their feelings and assert what they would like to see happen differently. All members (even the two or three that formed the subgroup) can relate to feeling left out. In this way, the issue is brought to the group level and members will not feel

scapegoated. The co-facilitators can also alter an alliance by having one of the individuals support an uninvolved group member. Or, they can change the seating arrangements and/or all of the partner pairings for subsequent activities.

Similarly, in one group, a particular individual seemed to approach the group with an "attitude" (i.e., rebelliousness, non-cooperation, pessimism), and the co-facilitators had difficulty intervening in a productive manner. They should have attempted to bring the individual's difficulties to the group level so that all of the girls could participate in the discussion. For example, they might say, "It seems like people are feeling angry today." The group members and co-facilitators should work collaboratively and use the conflicts as opportunities to disclose feelings and communicate assertively. Then, the co-facilitators can empower the girls to problem-solve together.

Finally, there were cases in which group members tended to respond in an overly socially desirable manner, in other words, the girls acted in a way they felt the group co-facilitators would approve. This is a very important issue because it exemplifies the main objective of the curriculum, that is, to help the girls speak in a manner that is consistent with their own feelings. One useful technique to counter this trend is to have the co-facilitators argue with each other (one co-facilitator may even play devil's

advocate), and then subsequently resolve the conflict. In this way, the girls will learn that conflict is welcome and will be tolerated. In the future, I suggest that greater time be allotted during the training period to attend to these issues.

There is a question as to whether the intervention is appropriate for all girls, or alternatively, whether it should be focused on certain subgroups, whether they be chosen by age, grade, race, socioeconomic status, cognitive level, etc. Reports from the co-facilitators point to the appropriateness of the intervention for all subgroups studied. However, several researchers suggest that Marcia's (1980) identity status paradigm should be used to locate the group most vulnerable and most likely to profit from intervention. One group of researchers suggests that the greatest frequencies of problem behaviors occur among diffuse adolescents (e.g., Berzonsky, 1988; Christopherson, Jones, & Sales, 1988), and that resilient children are more likely to be psychosocially healthy children, i.e., achieved or moratorium identity statuses (Werner, 1986). They suggest that programs that are designed to promote problem-solving, decision-making, and coping strategies will most benefit diffuse adolescents, because these strategies will provide them with competencies that are conducive to a healthy psychosocial moratorium. In contrast, Jones (1994) suggests that this approach may also benefit moratorium

adolescents by providing a structured experience in which they may define their skills, resolve issues, and solidify commitments. It may also help achieved adolescents because they will further develop their cognitive strategies, which in turn may reinforce and strengthen the commitments that they previously made. Finally, Jones posits that foreclosed adolescents can also benefit from the intervention in a similar manner to diffuse adolescents. Jones' comments capture the position advanced by Rotheram-Borus & Wyche (1994), who note that many prevention programs typically focus on eliminating negative or problem behaviors, rather than on enhancing coping strategies and personal development.

Marcia's (1980) question as to whether all individuals can be classified in this way is particularly relevant. Research has not adequately assessed whether all individuals embrace Erikson's stages of identity and intimacy in the same way, that is, in a sequential fashion. For example, Dyk & Adams (1990) assessed identity and intimacy at two occasions over a five-week period, and computed a cross-lag panel analysis to evaluate the relationship between identity and intimacy over time. Because their study was relatively short-term, and was conducted only with college students, it is not surprising that their model proposing that intimacy precedes or covaries with identity was not upheld. Results from the present study (e.g., associations between

"relationship" measures and indices of individual well-being and distress) suggest that for early adolescent girls, the processes of identity and relational development are intertwined. These findings, taken together, lend empirical support to the self-in-relation model. Further, although the data are cross-sectional, several significant relationships with either grade or age suggest that the girls in this sample are at a critical period in their development as connected and autonomous beings. And, the findings have important implications regarding the optimal time for intervention. The early adolescent years may be the best time for implementing interventions designed to foster a sense of self-regard within relationships because girls' sense of self-in-relation identity is very much in flux. Hence, Rotheram-Borus & Wyche's (1994) discussion of the importance of "identity interventions" for adolescents must be expanded to encompass both identity and relational components. In this respect then, assessment of identity status must be accompanied by sensitive measures that evaluate self-in-relation status as well.

As contextually valid longitudinal studies continue to be undertaken, we may be better able to describe the relational components of the identity statuses. Adams & Archer (1994) distinguish between "active" (moratorium, achieved) and "passive" (foreclosure, diffusion) identity statuses, and posit that active identity status incorporates

both the self as a unique individual, but also "grounded in a sense of union or communion with others." However, their description of the intersection of self and other regarding passive identity is limited. They do not account for the processes underlying the passive identity status. Future studies may shed light on whether the developmentally predictable process of Primacy of other care may underlie the passive identity status.

Further, as these relational processes are elucidated, perhaps the seemingly negative changes over time for girls will cease to be accepted as normal and appropriate in our society. Presently, because little response is generated from parents, teachers, coaches, etc., girls may develop ways of coping that may be functional in the short run, but harmful over time. For example, in the present study, level of distress was negatively associated with grade in this sample of girls. It may be that as girls get older they begin to distance themselves from feeling anxious or distressed over the disheartening changes in relationships that have occurred. As Brown & Gilligan (1992) stated, "...girls risk losing touch with the specific-- with their bodies, with their feelings, with their relationship, with their experience." (p. 215)

In sum, the present study provided information regarding how early adolescent girls integrate their need to develop a healthy sense of identity with their need for

genuine connections. The study elucidated both the nature of this phenomenon and the impact of a structured curriculum designed to promote the development of a competent sense of self in relationship. In this way, the working model of the self-in-relation theory was able to reconcile the findings for both the descriptive and the evaluative aspects of the study.

The present work studied a psychological phenomenon by attempting to change it, and as such used a developmental contextual perspective, that is, an approach that integrates policy, intervention, and research (Lerner, 1993). By changing a policy affecting adolescents (in this case, developing a gender-specific program at the Boys & Girls Club), the study simultaneously evaluated the effectiveness of an intervention, and examined how development happens in the "real world." Thus, the distinction between "basic" and "applied" research was fused. Further, in accord with the contextualist approach, assessment for the study included interviews and behavioral observations, as well as questionnaire measures. Finally, the present study addressed an area not often covered in research, that is, a positive developmental context for girls from minority families with lower incomes.

Several limitations of the present study suggest avenues for future research and outreach activities. As an exploratory study, the present project may be critiqued and

enhanced in many ways. For one, the small sample size may have limited the power of the analyses, and as a result, suppressed other important findings that did not reach statistical significance. The sample size also imposes limitations as to the degree to which we may generalize from the present findings to other populations. In particular, a larger sample size would have allowed for interpretation of the findings regarding sociodemographic variables, such as race and family income. Secondly, although the intervention aspect of the study implies a longitudinal design, the time period between the pre- and post-tests was relatively short (i.e., 15 weeks), and as such, the longer term effects of the intervention were not evaluated. Preliminary analyses of reports from ten girls who were assessed at six months following the intervention reveal that the effects were maintained over longer periods of time. In particular, with respect to self-in-relation identity, scores for Connected self increased across the three time periods and scores for Primacy of other care decreased across the three time periods. Further, regarding perceived self-competence, scores for social self-competence and athletic self-competence increased from immediately post-intervention to the six month follow-up. Interestingly, for these ten girls, scores for appearance self-competence increased from pre- to post-intervention, but decreased at the six month follow-up. Finally, regarding psychological distress,

scores for concentration anxiety decreased in both the "short" and "long" runs. Hence, replication of this study should seek to increase the number of participants, as well as incorporate a longer period of follow-up assessments (e.g., at six months, at one year post-intervention). This may yield valuable information, because although this intervention focuses on improving self-in-relation identity among peers, there may be important implications for self-in-relation identity within intimate relationships. Notably, the classification system for describing sense of self in intimate relationships proposed by Archer, et al. (1989, cited in Adams & Archer, 1994) is remarkably similar to the work of Gilligan (1982) and Brion-Meisels & Selman (1984). Archer and colleagues define three categories: (1) "casual," which describes isolated individuals, who are relatively immature, and tend to "play the field," (2) "traditional," which includes persons who seek, want, or are participating in relationships where commitments are desired and expected, but their relationships are characterized by conformity to gender stereotypes and external expectations, as opposed to internal or self-regulated mechanisms, and (3) "intimate," comprised of individuals who are seeking or maintaining a romantic relationship represented by mutuality, interdependence, acceptance of others for who they are as individuals, openness, and self-disclosure. These categories are similar to the (1) Self care from

need/For the self, (2) Primacy of other care/Responsibility/Giving up the self, and (3) Self and other care/Truth/Reciprocity classifications, respectively.

Future studies might also implement assessments during the course of the intervention, in order to better track development. Such a design will allow for a more informed understanding of the direction of effects that correlational analyses do not provide. In terms of the interface between research and outreach, the present project could also benefit from refinement of assessment procedures. It is possible that some of the measures may not have been specific enough to assess important changes resulting from the intervention. Improved assessment techniques would also help identify characteristics of girls who might be most likely to benefit from such an intervention. For example, Gaffney & McFall's (1981) behavioral role-playing inventory that measures competence in social situations might be adapted for use with the current intervention. Gaffney & McFall's analysis revealed that delinquent behavior in adolescent girls was related to deficits in social skills. The current project might incorporate role plays in addition to the narrative methodology.

In terms of the intervention itself, greater emphasis should be directed to fostering racial/ethnic identity, which is an important component of self-in-relation identity. The present intervention sought to incorporate

issues of ethnic diversity via discussions, activities, modeling of ethnically diverse co-facilitators, and the general structure of the program itself. However, in the future, greater emphasis on ethnic identity can only strengthen the program. This process may also foster interaction within families and across generations (Dreyer, 1994) and thereby increase involvement of parents. Although early adolescents are clearly beginning to move away from their families and toward their peers, family support during this transition has been found to be associated with the most positive outcomes for youth (Grotevant & Cooper, 1986). However, the fact that many tasks that were traditionally served by the family are now commonly served by the classroom, including values clarification, social skills training, sex education, etc. cannot be ignored (Jones, 1994). Curricular programs may be an effective and efficient means of intervening, even though the individuals in a given classroom may differ in the ages at which they are prepared to respond, because of their unique developmental timetables. That is, even if the experience is presented before there is receptivity to the themes conveyed, the messages may be recalled later when identity and intimacy issues have gained salience for the individual (Waterman, 1994).

Finally, beyond the domain of interpersonal relationships, it would also be interesting to assess the

impact of new ways of relating within other systems, such as neighborhood, community, and society in general. Follow-up studies to better understand the motivations for the group of girls Brown & Gilligan (1992) call the "resisters" may shed light on these issues. These resisting girls demonstrate the courage to be true to their selves in relationships, which is really extraordinary, because their healthy resistance challenges the existing order of relationships. I propose that future work ought to examine these girls' sense of political efficacy as well.

APPENDICES

Appendix A:

Program Manual

Transition to Adolescence Program:
A Program to Empower Early Adolescent Females

13 week version prepared for the Lansing Boys & Girls Club

Prepared by Michele Poorman & Arlene Saitzyk

October, 1992

DAY 1: Introduction

MATERIALS: Question box; "Continuum" statements

PURPOSE: Encourage the expression of differences and emphasize the ability to learn from others. Help participants think about what characteristics in a female are important and how different characteristics can be admirable. Have participants introduce themselves and give them the opportunity to ask questions about the group. Obtain initial overview of participants' opinions and feelings about the topics to be discussed throughout the program.

PROCEDURE:

- A. With group members seated in a circle, ask "What female do you admire the most?" (real or fictional)
 1. Facilitators can give the first examples
 2. Go around circle- having girls share
 3. What does it mean to admire someone?
 4. Repeat A-C asking this time "What female do you least admire?"
 5. Facilitators summarize differences, e.g.,
 - responses demonstrate that different traits are important to each of us; different traits can be considered admirable
 6. Point out similarities within the group, e.g.,
 - we are all females
 - all of the girls going through changes, although certain points more stressful than others
 - everyone can learn from the experiences of others
- B. Additional introductions: go over members'/facilitators' names and some relevant information about them (e.g., what school they go to, what grade they're in, etc.)
- C. Question time
 1. Tell the members more about the group
 - introduce variety of topics, activities (e.g., creating videos, journals for them to keep)
 2. Introduce "Question box"
 - a box where members can put questions that they might not feel comfortable sharing in group, or which facilitators can use in order to address issues that might be overlooked. Facilitators will reserve time at the end of each session to look through questions and answer as a group.

3. Give participants opportunity to ask any other questions about the group (e.g., regarding assessment, format, topics, etc.) or about each other (facilitators should begin to encourage members to pose questions to each other).

D. Continuum Activity

1. Describe activity-

-Facilitators will read statements one at a time. Each participant should decide how they feel about that issue, and then go to a section of the room representing their opinion. Note: room is divided into the following sections-- agree; somewhat agree; somewhat disagree; disagree.

2. Facilitators should read first few statements without discussion. Then, have members come together at a central location to discuss their responses. Finally, have members discuss their responses from their positions in the various sections of the room. Can also have members sit down in their positions and discuss their responses. Encourage group members to ask each other questions about their responses.

3. Discuss how members felt to be by themselves, with one other person, and/or with the majority.

4. Summarize-

-everyone has a different set of beliefs
 -no one member always had the same responses
 -sometimes it is difficult to be different
 -this is a place to feel comfortable expressing opinions
 -it is not a place to make everyone the same
 -we encourage individuality
 -we want to learn from everyone's different perspectives

Statements

1. It is okay to take food from a store without paying.
2. You should tell on someone if you saw them cheating.
3. Kids should be able to quit school.
4. It is okay to lie to parents.
5. Brothers and sisters should get along well.
6. Everyone has something they want to change about their body.
7. Everyone should be in a romantic relationship.
8. Women can do everything that men can do.
9. You should go with your friends even if you don't want to.
10. Men should stay home and take care of the kids.
11. Women should stay home and take care of the kids.
12. There should be no drinking age.
13. It is okay to smoke even though it is against the law.
14. Everyone could get good grades if they tried hard enough.
15. It's important to get to know people that are different.
16. It's better to have a lot of friends than one best friend.
17. Religion is an important part of my life.
18. I feel good about being a member of my ethnic group.

DAY 2: Feelings

MATERIALS: Music on cassette tapes; Slips of paper with a different feeling written on each one (taken from Feeling Vocabulary list), journals, pens

PURPOSE: Help members become more aware of their different emotions. Help them get to know each other on a more emotional level. Help members understand that people can experience two different and sometimes conflicting feelings at one time. Introduce idea of desire to be both connected and autonomous from parents as an example of conflicting feelings. Introduce idea of keeping a journal as a method for better understanding one's feelings.

PROCEDURE:

A. Discuss how music can sometimes put people in different moods or foster a variety of feelings. Talk about how one might choose to listen to a particular type of music when they are feeling a specific way. Let group give examples. Facilitators should then play several songs on cassette tapes (e.g., heavy metal, classical, musicals, new age, instrumental). Have the participants close their eyes while listening. Then have group discuss how each type of music makes them feel.

HOMEWORK: Have each member bring in a piece of music that makes her feel a particular way (e.g., favorite song, remind her of some special time, the song most hated).

B. Talk about how feelings are more complicated than the mad, sad and glad that everyone knew as a child. Discuss the subtle differences between similar words (e.g., jealousy/envy, shame/guilt, love/like).

C. Charade-like activity: Have members sit in a circle. Have each draw a slip of paper with a feeling word written on it. One at a time each participant should express the feeling on her face and with her body. The person to her right should **first mimic the expression** and then attempt to guess the feeling being expressed. The person who guesses now acts out her word and the person to her right guesses. This should continue until everyone in the circle has played both roles.

D. Conflicting feeling activity: Each member should now draw two slips of paper with feeling words written on them. Have them define their words and say "I feel ___ when ..." for each word (i.e., have them fill in their words in the blank). Next, have them talk about a situation in which they experienced (or others might experience) both of these emotions simultaneously. Let others add their own

experiences (e.g., scary and exciting to be an early adolescent female going through changes). Introduce idea that females at this age want to be both connected and autonomous from their parents and talk about the conflicting feelings in this particular situation.

F. Introduce idea of keeping a journal. Give out journals and tell group that these books are their's to keep, i.e., private. At this time, have them write about the scariest feeling to them. If any would like to share what they have written, leave time at the end of the session to do this. If no one wants to share what they have written, acknowledge the fact that it's difficult to share something when you are unprepared to do so. Encourage members to write in their journals to help them explore their feelings (positive and negative) and generate ways of coping with these feelings.

DAY 3: Feelings (continued)

MATERIAL: pens, feeling words on slips of paper

PURPOSE: Talk more in depth about feelings, with a focus on negative feelings. Discuss consequences of and means of coping with negative feelings.

PROCEDURE:

A. Begin session by allowing each member to share the music that she brought to the meeting and the feelings she experiences when she listens to this music. Encourage group to give their reactions. When does each choose to listen to a specific types of music? Facilitators should reflect back to group as to whether members tended only to share music that they felt positively about, or whether there was a mix of positive and negative feelings. Discuss how it is often difficult to talk about (negative) feelings.

B. Go through box with slips of paper with feelings written on them and discuss which feelings could be considered negative (e.g., anger, loneliness, fear, misunderstood, etc.). Discuss how people show negative feelings with their face, voice, body, etc. Find out how each member lets others (their friends, family, teacher) know their negative feelings.

C. Effective and ineffective coping: Focus on specific consequences of negative feelings by asking: When you feel ____, what do you do? What do different people do? Have group generate list of effective and ineffective actions. Emphasize that it is not the feeling that is bad, but that the way it is expressed might be. That is, emphasize the difference between feelings and actions, especially with respect to negative feelings and actions. Repeat: no feelings are wrong, but that certain actions may be.

Notes: some adaptive coping responses for negative feelings are:

- a. "I" messages-- "I feel ____ when ... (give specific situation, e.g., I feel angry when you hit me on the head with your fist).
- b. fear: Take Back the Night women's march; self-defense workshops
- c. anger: count to 10, exercise, punch a pillow, relaxation/imagery (picture what you would like to do or say), write a letter, talk to the person or someone else about what is making you angry.
- d. sadness: find a safe, private place; talk to a friend or adult that you like and trust; listen to some music; cry.
- e. loneliness: call someone, write your feelings in journal, write a friend

D. Have members evaluate the list of actions and decide which are effective coping mechanisms (i.e., which ones do not lead to negative actions).

E. Role play: Have each participant pick the feeling they think is the most negative. Each should then choose an effective and an ineffective coping method. Have teams of two act out situations in which one experiences the negative feeling and how they would handle each situation. Allow them to generate the specifics of the "script." Find out if members who were acting out the scene felt better or worse as a result of their actions.

HOMEWORK: Next week ask if members used one of the techniques for effective coping.

DAY 4: Group Awareness

MATERIALS: large paper, pen

PURPOSE: Increase self-awareness and understand one's part in the larger group. Help participants understand the importance of agreed upon bi-laws to a group. Encourage members to take an active role in producing the format of the sessions. Increase group connection.

PROCEDURE:

- A. Talk about what it means to be in a group.
- B. Discuss reasons why all groups have rules/bi-laws (e.g. government)
- C. Have girls discuss and decide on groups' rules, e.g., areas to focus on:
 - attendance, procedure when absent, interrupting, getting off topic, going first, "playtime," how to show listening, taking turns, leaders
 - Emphasize that rules can be changed. Make a list of all the rules decided on and hand a list to the members at the next meeting to approve them.
- D. Name this group.
- E. If you want, can give out telephone numbers as a sign of connection and commitment. Encourage members to share their own numbers with group members. Talk about the ability to count on group members and facilitators and when appropriate to call (e.g., when members might be considering doing something they think they will regret, when they are in danger either to themselves or to someone else, when they have no one else to talk with). Give RAPline number and explain that it is a 24 hour hotline.
- F. Plan a field trip for a future date or do something together now (go to kitchen to cook/bake, gameroom, create a group banner, decorate T-shirts, etc.)

DAY 5: Friendship

MATERIALS: "microphone", blindfolds, large paper

PURPOSE: Help members see how being a good friend to themselves and to others are associated and are both essential (i.e., emphasize the importance of autonomy and connection). Help them appreciate how their actions affect others. Develop empathy skills.

PROCEDURE:

A. Trust walk: Divide the participants into pairs. One of the partners is blindfolded and the other partner takes the "blind" one's hand and leads her on a walk around the room or around club. After a trip or two around, the partners switch. Discuss how it felt not being able to see (scary, exciting, etc.). What is it like to feel dependent and helpless at times? Is it hard to trust other people? Is there an element of trust in every friendship?

B. Discuss how being a friend to yourself and to others are related. Why is it important to be a friend to yourself? What qualities in yourself are important in order to be a good friend to yourself? What does it take to be friends with others? How are the qualities similar? Can you have one type of friendship without the other? Help members question and answer each other. List their ideas about important qualities in a friend on large paper.

C. Ask how childhood friendships differ from current friendships. For example, childhood examples of a good friend: being fun and nice (sharing and helping), not aggressive or insulting to friend. Adolescent examples: initiate conversations and relationships outside of the classroom, disclose personal information, provide emotional support, express opinions and dissatisfactions honestly, effectively manage conflicts.

D. Who are your friends? Can friends be parents, boys, girls, siblings, kids in school, facilitators? Discuss how friendships fill different needs.

E. Sell a friend: Pair members off and ask them to talk to each other (interview each other) and find out why/how each one would make a great friend to somebody. This should address what they want in a friend (can refer to list). After the interview one partner should "sell the other person", like a used car saleswoman. Use the microphone. When everyone has been "sold" discuss the qualities that make a good friend.

Possible questions for interview:

How do you like to spend your time? Do you like sports? What kind? Why would you make a good friend? Are you loyal? What would you do if a friend of yours was in trouble?

F. Discuss what it would be like to bring a new friend/outsider to one session. Who would you bring? Why? Talk about how the group has become friends.

G. Write in your journal about a special friend and why you trust them.

DAY 6: Peer Pressure

MATERIALS: large paper, markers, Drug and Alcohol Use questionnaires

PURPOSE: Understand the difference between peer pressure and peer support/friendship. Address peer pressure in general and in specific areas of smoking, alcohol, drugs, social image factors, and dating. Develop a better sense of self so as not to succumb to peer pressure.

PROCEDURE:

A. Have members complete Drug and Alcohol Use questionnaires

B. Brainstorm a list of lies/lines people use to pressure others into doing something they may not want to do (e.g., nothing matters except for right now, if you want to keep seeing me, you'll have to do what I want, you're the only one who loves me and understands me-- my parents sure don't, just listen to the music and relax, there's nothing to it, everybody's doing it, don't you want to try it to see what it's like? you'll never get caught, what are you afraid of? are you a chicken?).

C. The group members should be seated in a circle and should close their eyes and imagine a time when they felt pressured to do something that they didn't want to or weren't sure that they wanted to do. After thinking individually for a short while, one at a time, group members should share their experiences with the others. At this time, group members should keep their eyes closed and imagine themselves in that particular situation. They should talk about how they felt in this situation (this takes some of the "pressure" off of the confider; the confider also does not need to tell what they actually did at the end).

D. Talk about mnemonic F.L.A.P. as a means to understand why people do the things that they do. This is a useful way of understanding both positive and negative actions:
Fame Love Adventure Power

Go through scenarios that group members shared in first activity. See if participants can identify which category these fit into.

Discuss what factors, in addition to peer pressure, can lead to drug use. Make a list of negative feelings that may lead to drug use (e.g., boredom, loneliness, stress, anger, or frustration). Discuss healthy ways to cope with these feelings (draw upon prior session on feelings).

E. Discuss gangs. What do you know about gangs? Are there any at your school? How is a clique different from a group or gang? What are some of the reasons that people form cliques? Use F.L.A.P. to guide the discussion.

G. Introduce idea of creating a Public Service Announcement specially targeted to early adolescent females. Make initial plans for P.S.A. which will be filmed during next session.

H. HOMEWORK: Pay attention to media ads, cartoons, or comic strips about the use of alcohol, tobacco, or other drugs from the newspaper, magazines, TV or radio. This may be helpful for P.S.A to be filmed next week.

DAY 7: Peer Pressure (continued)

MATERIALS: video camera, VCR playback set-up

PURPOSE: Increase understanding of subtle forces of peer pressure by creating Public Service Announcement.

PROCEDURE:

A. Talk about their homework on drugs/alcohol & media. Discuss the effect of media. How can misleading messages affect uninformed viewers? Why are some drugs legal? Where should the line be drawn? Think about how effect on females might differ from effect on males.

B. Discuss message group members want to create. What do you think females your age need to hear? How is that different from the messages discussed earlier?

C. Tape Public Service Announcement. Try to incorporate F.L.A.P. framework. Watch the P.S.A. Ask members if they'd like to have anyone else see their creation, e.g., they might want to hold an "opening" for the Club.

DAY 8: Family Relations

MATERIALS: crayons, drawing paper, pens

PURPOSE: Help members better understand the complexity of family relationships. Have them get a sense of personal power-- how they would like their relationships to be with their parents.

PROCEDURE:

A. Have participants draw pictures of themselves with their families. In each picture, the family should be doing something together. Have each member identify each person and tell why they chose that particular activity.

B. Discuss variety of families (divorced vs. two parent), many siblings vs. only child, stepfamilies, extended families.

C. Discussion questions for group: What do you like best and what annoys you most about your mother? father? How are you and your mother/father most alike? most different? How "close" are you with your mother? father? What would you like to change about your relationship with your mother? father? How do you feel about parent(s) working? Discuss whether conflict between participants and parents have increased and why. Address changing relationships (not necessarily a "moving away"), and how parents still play an important role. Discuss discipline practices and curfews.

D. Discuss siblings and birth order. What would the members like to change about their relationships with their siblings? What are the expectations according to the birth order. Evaluate whether these expectations place pressure on them to behave in a particular manner. Talk about similarities and differences in experiences.

E. Group members, with the assistance of facilitators, should create a survey/questionnaire to administer to parents (especially mothers or other female figures) dealing with questions about family members' transition to adolescence.

F. Homework: Group members should interview their parent(s) and should be encouraged to bring in their interviews to the next session for group discussion. However, members may choose to keep this information to themselves. Tell them to talk with the interviewee to decide. Encourage members to bring in a photograph of their family to show everyone next week.

DAY 9: Family Relations (continued)

MATERIALS: paper, pens

PURPOSE: Share what was learned about mothers, aunts, grandmothers, etc. and how this might relate to their own development.

PROCEDURE:

A. Have participants pass around the pictures of their families and talk about what it is like to share about families. Has their perception about peoples' families changed now that they can see what the people look like?

B. Discuss interview. How did it feel to do the interview? Did interviewer and interviewee feel comfortable? Was it easier than you thought? Did you feel like they were open and honest? What things did you find most surprising? What answer did they give that was "typical" of parents? What things did you find out that you did not like? that you liked?

C. Point out one thing many families do together at some time is eat together. Have each participant pick others in the group to make up her family and role play a typical meal at their home. The participants should instruct the others about how to act as "mom," "dad," "siblings," etc.

1. Meals can also be a form of family celebration. Discuss diverse family celebrations. Emphasize what makes each family special.

D. Discuss religion, ethnicity. Talk about members' right to choose their religion and what it means to them. Discuss the male and female images of God. Discuss reasons people attend church/synagogue, etc. Use F.L.A.P. framework.

DAY 10: Body Image and Stereotypes

MATERIALS: mirror, huge paper, crayons, magazines, poster paper, glue

PURPOSE: Help members appreciate their unique bodies (emphasize the wonderfulness of difference). Appreciate how our eating patterns and thoughts about our bodies are influenced by society. Discuss how stereotypes affect self-concept.

PROCEDURE:

A. Mirror exercise: have participants look in mirror and answer the following question about themselves: What do you like best about what you see in the mirror? What doesn't the mirror know about you? (e.g., favorite color, what you do when you get angry, dreams, goals what your daily life is like). What is the best thing the mirror doesn't capture? If members have a difficult time answering these questions, ask other members help.

B. Body drawings: Have participants trace each other on large paper. When outlines are complete, "fill in" their body any way they want. (i.e., with descriptive words, clothes, activities drawn or taken from magazine). Have them write "I am..." near different parts of body (e.g., tennis player near hands, good student near head, caring person near heart).

As members are "decorating" their bodies discuss the following:

1. Have members identify parts of their bodies they like and dislike. Discuss how everyone's body is different. Discuss the idea of part and whole. Talk about how identity does not need to be equivalent to one part of your body (e.g., a small chest).

2. Discuss anorexia and bulimia as disorders related to distortions in body image. Talk about how fashionable styles and looks weren't always easy to achieve or healthy. Discuss women's styles that have been unhealthy (e.g., high heels, tight jeans, corsets, binding feet).

3. Discuss how personal inadequacies are often linked to bodies. How does the media (here, look more closely at the magazines available) play into developing a negative sense of self? What about commercials on TV?

C. Discussion of stereotypes: Ask group what their understanding of stereotypes are: gender, racial, age, etc. Provide the following general definition: A stereotype is the belief that all people that belong to a certain group (e.g., gender, race) are the same. They think, act, and look the same and share the same beliefs. People tend to think in categories because it is easy to do; however, it is also an unfair way of looking at people and at the world because stereotypes do not allow for the individuality of people. As an example, discuss the existence of both feminine and masculine characteristics of a woman. Discuss how both sides can be incorporated into one self. Discuss whether members believe feminine traits are less socially desirable (e.g., is it okay to be a tomboy but bad to be a sissy?)

D. What are some of the positive images of women vs. stereotypical images?

HOMEWORK: have group members watch TV and note the positive and negative images for use in creating an ad for teen/women's products (next session).

DAY 11: Body image and Stereotypes (continued)

PURPOSE: Create a positive and negative advertisement so that participants can experience the effect of media pressure to fit stereotypes.

MATERIALS: videocamera, VCR playback set-up

PROCEDURE:

A. Talk about the TV shows they watched. What audiences were the shows targeted toward? Did they notice subtle media stereotypes (e.g., father drives, women in kitchen). How do TV roles compare with real life situations? Do they allow for showing both sides of being a woman? Discuss MTV and the way women's bodies are depicted. Are they portrayed as "objects" or people? How often does the camera focus on their faces versus their bodies? How often and how well are ethnic minority women portrayed? Have members give examples.

B. TV is not the only media. Discuss how the words that are chosen by an author influence the reader's understanding of the subject. (e.g., Is "men" used to mean "people"? Is "he" or "him" used when it could be either? Is the boss always referred to as "he"? Are police "officers" described as "policemen"?)

C. Is the advertising directed at teens realistic? Make a commercial: Have the members choose a product they want to advertise and decide what they want to say. Use positive images generated in previous session as a reference for positive portrayals of women. Then, create a "stereotypical" advertisement for contrast effect. Tape and watch.

DAY 12: Body Changes

MATERIALS: "myth ditto," large paper, slips of paper, pens, sparkling grape juice

PURPOSE: Develop ability to discuss typically "private" matters openly and honestly. Help members continue to support each other even though there may be differences. Celebrate being a female.

PROCEDURE:

A. Icebreaker: Facilitators should write a list of words related to puberty and sexuality on large paper (e.g., menstruation, vagina, penis, clitoris, orgasm, heterosexual, homosexual, lesbian, erection, masturbation, condom, etc.) Have members walk around the room, look each other in the eye, and say these words. Which words were the most difficult or most embarrassing to say? Discuss why it is difficult to say these words. Discuss the difference between these words and slang words. Discuss the negative connotations and implications that slang has for females. How is it different for males?

B. Discuss the changes experienced during puberty. Include topics such as make-up, shaving, showering, acne, bras, tampons versus pads. Talk briefly about males' development. Emphasize frankness when talking about sexuality and body changes.

C. Facilitators should prepare a ditto on myths (e.g., "You can't get pregnant the first time." "You can never get pregnant if you have sex during your period.") Discuss how myths get started-- lack of or wrong information. Discuss effective ways of finding out the facts. Can these things be discussed with parents? Why or why not? Who else can you talk with who will give you reliable information?

D. Discuss early and late development. Which is better? Talk about the advantages and disadvantages of both. Discuss how it might differ depending on the peer group.

E. Role-play: How would you like to tell your parent(s)/guardian(s) about changes? Act out how they might respond. Discuss how to go about getting the response they want. Have members that have already gone through this give their input.

F. Celebration-- Emphasize the celebration of puberty. Have a party and bring in treats (sparkling grape juice, etc.). Have members write down what they like best about each member on slips of paper and give them to each other as presents. Propose toasts to being a female. Allow participants the opportunity to share tips with each other on how to handle the changes and the new experiences. Allow members to ask each other and facilitators questions.

DAY 13: Sexuality/Intimate Relationships

MATERIALS: Dear Abby samples

PURPOSE: Continue talking openly and honestly about sexuality. Help members ask and answer questions. To foster more questions by discussing link between friendship, love and sexuality.

PROCEDURE:

A. Discussion of the 5 senses: sight, smell, taste, hear, & touch (do touch last). Ask group members to close their eyes and imagine:

1. What things they like to _____ (insert 1 sense).
2. What things they don't like to _____ (insert sense).
3. Regarding "touch":
 - a. How do you like your mother, father, brother, friend, partner to touch you?
 - b. How do you like to touch yourself (e.g., your hair, putting on lotion, masturbation, etc.)
 - c. How do you like to touch others?
 - d. How do you not want to be touched?

B. Read Dear Abby questions about sexuality that have been prepared. The group should try to answer each letter by telling what advice they would give and why.

Topics covered include:

Dating: Why, when, what do you do on a date, etc. What characteristics do you want in a friend versus romantic partner? Sexuality: When and why? Discuss how those questions apply to all stages of intimate relationships (i.e., from kissing and holding hands to sex). Discuss whether sexuality is a necessary part of friendship and how it might affect a relationship. Sex as giving and taking and what that means at all stages on the continuum. Also: pregnancy, STDs, contraception (and religion), AIDS, masturbation, sexual orientation, etc.

C. Role-play: Have members act out how to say "no," how to use a phrase that clearly means no (e.g., I'm not interested, I'm not ready), or how to suggest an alternative activity (e.g., let's see what is on TV). Remind members that they have the right to say no now, even though if they've been sexually active with this partner or any other partner previously. Discuss ending the conversation or leaving the situation if firmly saying no has had no effect. Role play asking partner to use protection.

D. Talk about how to be an advocate for other females their age (e.g., making posters, passing out teen help cards, being informed, clarifying myths).

E. Allow time to write in journals

Appendix B

Informed Consent Agreement

Project Title: Transition to Adolescence Program

We, _____ (mother)
 _____ (father), consent to permit

_____ (daughter) to participate in the Transition to Adolescence Program, a 15-week program for early adolescent girls at the Lansing Boys & Girls Club, conducted by Arlene Saitzyk, M.A.

1) I am aware that the group facilitators are advanced undergraduate students in Psychology who are closely supervised by two Master's level graduate students in the Clinical Psychology Department (Child and Family Area) at MSU.

2) I understand that the project involves completing two assessment sessions lasting approximately one hour each, conducted at the Lansing Boys & Girls Club. The first will occur at the beginning of the program, and the second will take place 15 weeks later, at the end of the program. The sessions will require the participants to complete questionnaires about resources, stress, peer values, drug/alcohol use, and family functioning. All questionnaires will be used for research purposes. I understand that all names and other identifying information will be removed beforehand from records used for that purpose and such records will be identified by code number only.

3) I understand and agree that audio and videotapes will be used for supervision purposes, and will then be destroyed.

4) I understand that the staff at MSU believes confidentiality is very important in order to understand and help people. However, in some circumstances, I understand that the group facilitators will not be able to maintain confidentiality. The one circumstance in which the group facilitators will be unable to maintain confidentiality is if, and only if, the law requires them to share what is told with agents of the law, such as police or Protective Services. In that case the group facilitators would tell each of us why what was told must be shared with an outside agency. Should this occur, the group facilitators will encourage me to take the initiative and call for myself.

The group facilitators will also be my advocate and give me as much support and assistance throughout this process as possible, so that we can continue to work together in a therapeutic manner.

5) I understand that my daughter will receive a reward of two fieldtrips with the Lansing Boys & Girls Club for completing the assessments, one after the first assessment session, and one after the second session.

6) I understand that my daughter's participation is completely voluntary. She may withdraw from participation at any time.

7) I have attended a parent meeting and agree to allow my daughter to participate in assessment/discussions/activities scheduled for the 1993 _____ (Spring/Fall) semester. I have read and understand the above and agree to this contract voluntarily.

8) I may direct any questions or concerns I have about the project and my daughter's participation to Arlene Saitzyk, Psychology Department, Michigan State University, East Lansing, MI 48824.

Signed: _____ Date: _____
Signed: _____ Date: _____

Appendix C

Informed Assent

Project Title: Transition to Adolescence Program

I, _____ agree to participate in the Transition to Adolescence Program, a 15-week program for early adolescent girls at the Lansing Boys & Girls Club. I am aware that the group facilitators are MSU students.

1) I understand that I will complete two assessment sessions lasting about one hour each, at the Lansing Boys & Girls Club, spaced 15 weeks apart. The sessions involve completing questionnaires about peer and parent values, resources, stress, drug/alcohol use, and family functioning. I understand that all names and other identifying information will be removed from records and will be identified by code number. All of the group sessions will be audiotaped and a few will be videotaped for supervision purposes, and then will be destroyed.

2) I understand that I will receive a reward (e.g., fieldtrips, T-shirt) from the Lansing Boys & Girls Club for completing the assessments, one after the first assessment session, and one after the second session. I understand that my participation is completely voluntary, and I may withdraw at any time.

3) I understand that the staff at MSU believes confidentiality is very important in order to understand and help people. However, in some circumstances, the group facilitators will not be able to maintain confidentiality. The one circumstance in which confidentiality cannot be maintained is when the law requires sharing what I have told with agents of the law, such as police or Protective Services. In that case, I understand that I will be told why what I said must be shared with an outside agency. Should this occur, I will be encouraged to take the initiative and call for myself. The group facilitators will also be my advocates and give me as much support and assistance throughout this process as possible, so that we can continue to work together.

4) I understand that although we will be meeting in a group, the material discussed in sessions may be shared with my parent(s) or legal guardian(s) when, and only when, the group facilitators believe it is in my best interest. In this circumstance, I will be encouraged to initiate sharing this information, and will also be given the opportunity to discuss with the group facilitators why I feel that the information should not be shared. However, following this discussion, the group facilitators will reserve the right to share information if they think it is useful to do so. This is how the group facilitators believes that they can be most helpful to me. I have read and understand the above policies and agree to this contract voluntarily.

Signed: _____ Date: _____

Appendix D

Informed Assent

Project Title: Transition to Adolescence Program

I, _____ agree to participate in the study of early adolescent females' values, resources, and stressors conducted by Arlene Saitzyk, M.A.

1) I understand that the study involves completing two assessment sessions lasting approximately one hour each, conducted at the Lansing Boys & Girls Club, spaced 15 weeks apart. The sessions will require the participants to complete questionnaires about peer and parent values, resources, stress, drug/alcohol use, and family functioning.

2) I understand and agree that all information will be used for research purposes. All names and other identifying information will be removed from the questionnaires and will be identified by code number only.

3) I understand that I will receive a reward (e.g., fieldtrips, T-shirts) from the Lansing Boys & Girls Club for completing the assessments, one after the first assessment session, and one after the second session.

4) I understand that my participation is completely voluntary, and I may withdraw from participation at any time.

5) I have read and understand the above policies and agree to this contract voluntarily.

Signed: _____ Date: _____

Appendix E

Relationship Self Inventory

Not like me				Very much
me at all				like me
1	2	3	4	5

___ 1. I think that selfishness is one of the worst problems in today's society.

___ 2. A close friend is someone who will help you whenever you need help and knows that you will help if they need it.

___ 3. I won't help someone if it gets in the way of my own health.

___ 4. I want to be responsible for myself.

___ 5. When I have to make a decision I think more about my friendship than my own values.

___ 6. I have a hard time feeling sorry for people whose problems are mainly their own fault.

___ 7. I try to keep my anger inside because I'm afraid of hurting others.

___ 8. Being unselfish with others is more important than making myself happy.

___ 9. Loving is almost like a written agreement-- if someone "breaks" the rules, you wouldn't love them anymore.

___ 10. I believe in that people should be punished according to what they have done (e.g., kill someone, then you should die).

___ 11. I want to learn to stand on my own two feet.

___ 12. I believe that one of the most important things parents can teach their children is how to cooperate and live in peace.

___ 13. If I really believe in something, it's more important to keep that in mind than the feelings of others.

___ 14. I don't usually do things for other people unless I believe they can do something for me later on.

___ 15. When I take care of others I feel it helps me & them.

___ 16. If what I want to do makes other people upset, I try to think again to see if I really want to do it.

___ 17. I don't want others to be responsible for me.

___ 18. I strongly believe in treating others like I want to be treated.

___ 19. I believe I have to look out for myself and let others worry about themselves.

___ 20. Being unselfish with others is one way I make myself happy.

___ 21. If a friend makes a lot of demands on me and we can't work things out, I'll probably end the friendship.

- ☐ 22. I feel sort of empty if I'm not close with someone else.
- ☐ 23. It's OK if I hurt someone else's feelings sometimes.
- ☐ 24. A friendship/relationship must let both people grow.
- ☐ 25. I am the person I am today more because of the people I care about, than because of what I've done for myself.
- ☐ 26. People who don't work hard shouldn't expect me to help them when they are having trouble.
- ☐ 27. My friendships/relationships are the most important part of me.
- ☐ 28. I often keep quiet rather than hurt someone's feelings, even if it means lying to myself.
- ☐ 29. If someone offers to do something for me, I should accept their offer.
- ☐ 30. The worst thing that could happen in a friendship would be to have my friend reject me.
- ☐ 31. If I am really sure that what I want to do is right, I do it even if it upset others.
- ☐ 32. Before I can be sure I really care for someone, I have to know my own true feelings.
- ☐ 33. The only person I can really count on is myself.
- ☐ 34. I think about others' feelings, but I do what's best for me.
- ☐ 35. Even though it's hard sometimes, I have learned to say no to others when I need to take care of myself.
- ☐ 36. I think of myself as connected with lots of friends.
- ☐ 37. The people I care about most are like a part of me.
- ☐ 38. I do what I'm supposed to do and I expect that others will do the same.
- ☐ 39. I have to take care of myself because others are not responsible for me.
- ☐ 40. The people I admire most are those who have close friendships/relationships.
- ☐ 41. I am responsible for what effect my behavior has on others.
- ☐ 42. I make sure my needs are taken care of, as well as the needs of others.
- ☐ 43. It's not as important to think about others' feelings when you need to decide what is right.
- ☐ 44. If someone asks me for a favor, I think about whether or not I really want to do the favor.
- ☐ 45. I decide things based on what's best for me.
- ☐ 46. Once I make a decision, I stick to it.
- ☐ 47. It's more important to pay attention to taking care of yourself than taking care of others.
- ☐ 48. The best way to help someone is to do what they ask even if you don't really want to do it.
- ☐ 49. Doing things for other people makes me happy.
- ☐ 50. All you really need to do to help someone is to love them.
- ☐ 51. I deserve love from other people as much as they deserve my love.

- ☐ 52. You have to look out for yourself or else other people will take advantage of you.
- ☐ 53. When I know I am right, I don't really pay attention to the opinions of others.
- ☐ 54. If someone does something for me, I then do something for them.
- ☐ 55. Caring about other people is important to me.
- ☐ 56. If other people are going to be giving something up for my sake, I want them to understand what they are doing.
- ☐ 57. When I make a decision, I use my own values to make the right choice.
- ☐ 58. I try to organize my friendships/relationships like I organize my schoolwork.
- ☐ 59. If I'm going to help another person, it's important for me that I understand why I'm doing it.
- ☐ 60. I like to make a lot of friends.

Appendix F

Narratives

1. Pretend you are the girl in this story: Everyday a friend tells you a story a half hour long, and you try to listen to her, but you sort of half-listen. Sometimes you don't even really know what she is talking about, but if you ask her what is happening, she will tell the whole story over again. You feel like if you ignore her she might get mad for not listening, and might even say that she'll never listen to you. What do you want to do? What do you think you should do? What would you do?

2. Now, pretend you are the girl in this story: You have a friend who is thinking about running for president of the school. She asks you if she is going to win, and you know she is not going to win, but you don't know whether to say "Yes, I know you are not going to win," or just say, "Try for it, you never know." What do you want to do? What do you think you should do? What would you do?

3. These two girls had to make decisions, but didn't know what to do; that is, they didn't know what the right thing to do was. This time, please tell about a time when you had to make a decision but you didn't know what to do. You didn't know what was the right thing to do. What did you want to do? What did you think you should do? What did you wind up doing? How were you feeling at that time?

Appendix G

Perceived Self-competence

What I Am Like

Name _____ Age _____ Birthday _____ Group _____
 Month Day

Boy or Girl (circle which)

SAMPLE SENTENCE

	Really True for me	Sort of True for me			Sort of True for me	Really True for me
(a)	<input type="checkbox"/>	<input type="checkbox"/>	Some kids would rather play outdoors in their spare time.	BUT	Other kids would rather watch T.V.	<input type="checkbox"/> <input type="checkbox"/>
1.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel that they are very <i>good</i> at their school work.	BUT	Other kids worry about whether they can do the school work assigned to them.	<input type="checkbox"/> <input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids find it <i>hard</i> to make friends.	BUT	Other kids find it's pretty easy to make friends.	<input type="checkbox"/> <input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids do very <i>well</i> at all kinds of sports.	BUT	Other kids <i>don't</i> feel that they are very good when it comes to sports.	<input type="checkbox"/> <input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>happy</i> with the way they look.	BUT	Other kids are <i>not</i> happy with the way they look.	<input type="checkbox"/> <input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids often do <i>not</i> like the way they <i>behave</i> .	BUT	Other kids usually <i>like</i> the way they behave.	<input type="checkbox"/> <input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are often <i>unhappy</i> with themselves.	BUT	Other kids are pretty <i>pleased</i> with themselves.	<input type="checkbox"/> <input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel like they are <i>just as smart</i> as as other kids their age.	BUT	Other kids aren't so sure and wonder if they are as smart.	<input type="checkbox"/> <input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids have <i>a lot</i> of friends.	BUT	Other kids <i>don't</i> have very many friends.	<input type="checkbox"/> <input type="checkbox"/>

	Really True for me	Sort of True for me			Sort of True for me	Really True for me
9.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish they could be alot better at sports	BUT	Other kids feel they are good enough at sports.	<input type="checkbox"/> <input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>happy</i> with their height and weight	BUT	Other kids wish their height or weight were <i>different</i> .	<input type="checkbox"/> <input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually do the <i>right</i> thing	BUT	Other kids often <i>don't</i> do the right thing.	<input type="checkbox"/> <input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>don't</i> like the way they are leading their life	BUT	Other kids <i>do</i> like the way they are leading their life.	<input type="checkbox"/> <input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are pretty <i>slow</i> in finishing their school work	BUT	Other kids can do their school work <i>quickly</i> .	<input type="checkbox"/> <input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids would like to have alot more friends	BUT	Other kids have as many friends as they want.	<input type="checkbox"/> <input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think they could do well at just about any new sports activity they haven't tried before.	BUT	Other kids are afraid they might <i>not</i> do well at sports they haven't ever tried.	<input type="checkbox"/> <input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish their body was <i>different</i>	BUT	Other kids <i>like</i> their body the way it is.	<input type="checkbox"/> <input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually <i>act</i> the way they know they are <i>supposed</i> to	BUT	Other kids often <i>don't</i> act the way they are supposed to.	<input type="checkbox"/> <input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>happy</i> with themselves as a person	BUT	Other kids are often <i>not</i> happy with themselves.	<input type="checkbox"/> <input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids often <i>forget</i> what they learn	BUT	Other kids can remember things <i>easily</i> .	<input type="checkbox"/> <input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are always doing things with alot of kids	BUT	Other kids usually do things <i>by themselves</i> .	<input type="checkbox"/> <input type="checkbox"/>

	Really True for me	Sort of True for me			Sort of True for me	Really True for me
21.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel that they are <i>better</i> than others their age at sports	BUT	Other kids <i>don't</i> feel they can play as well.	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish their physical appearance (how they look) was <i>different</i>	BUT	Other kids <i>like</i> their physical appearance the way it is.	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually get in <i>trouble</i> because of things they do	BUT	Other kids usually <i>don't</i> do things that get them in trouble.	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>like</i> the kind of <i>person</i> they are	BUT	Other kids often wish they were someone else.	<input type="checkbox"/>
25.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids do <i>very well</i> at their classwork	BUT	Other kids <i>don't</i> do very well at their classwork.	<input type="checkbox"/>
26.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish that more people their age liked them	BUT	Other kids feel that most people their age <i>do</i> like them.	<input type="checkbox"/>
27.	<input type="checkbox"/>	<input type="checkbox"/>	In games and sports some kids usually <i>watch</i> instead of play	BUT	Other kids usually <i>play</i> rather than just watch.	<input type="checkbox"/>
28.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish something about their face or hair looked <i>different</i>	BUT	Other kids <i>like</i> their face and hair the way they are.	<input type="checkbox"/>
29.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids do things they know they <i>shouldn't</i> do	BUT	Other kids <i>hardly ever</i> do things they know they shouldn't do.	<input type="checkbox"/>
30.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are very <i>happy</i> being the way they are	BUT	Other kids wish they were <i>different</i> .	<input type="checkbox"/>
31.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids have <i>trouble</i> figuring out the answers in school	BUT	Other kids almost <i>always</i> can figure out the answers.	<input type="checkbox"/>
32.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>popular</i> with others their age	BUT	Other kids are <i>not</i> very popular.	<input type="checkbox"/>

	Really True for me	Sort of True for me			Sort of True for me	Really True for me
33.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>don't</i> do well at new outdoor games	BUT	Other kids are <i>good</i> at new games right away.	<input type="checkbox"/>
34.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think that they are good looking	BUT	Other kids think that they are not very good looking.	<input type="checkbox"/>
35.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids behave themselves very well	BUT	Other kids often find it hard to behave themselves.	<input type="checkbox"/>
36.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>are</i> not very happy with the way they do alot of things	BUT	Other kids think the way they do things is <i>fine</i> .	<input type="checkbox"/>

Appendix H

Social Support Rating Scale

Rate how helpful each of the following individuals are to you, from 1 (not at all helpful) to 3 (a great deal helpful).

	Not at all helpful	Somewhat helpful	A great deal helpful
Mother	1	2	3
Father	1	2	3
Brothers or Sisters	1	2	3
Other Relatives			
Not mentioned	1	2	3
Teacher	1	2	3
Guidance Counselor	1	2	3
Principal, Assistant Principal, or Dean	1	2	3
Clergy (for example, Priest, Reverend, Rabbi, Minister)	1	2	3
Therapist	1	2	3
Police	1	2	3
Adult Not Mentioned Above	1	2	3
Friends Your Age	1	2	3
Other people not mentioned	1	2	3
	1	2	3
	1	2	3

Appendix I

Conformity Analogue Survey

1. One day after supper, you and a couple of your best friends meet at the school. No one is around and your friends decide that you should all write on the walls of the school with chalk. You don't think it's a good idea, but your friends tell you to do it anyway. What would you really do?

WRITE ON THE SCHOOL WALLS			::	NOT WRITE ON THE WALLS		
			::			
<u>1</u>	<u>2</u>	<u>3</u>	::	<u>4</u>	<u>5</u>	<u>6</u>
absolute	fairly	I guess	::	I guess	fairly	absolute
certain	certain	so	::	so	certain	certain

2. You and a couple of your best friends are walking home from school when you all see an orchard full of ripe apples. There's a sign saying "No Trespassing" but your friends all go over and start picking apples. You don't think it's a good idea, but they all say "come on." What would you really do?

PICK SOME APPLES			::	REFUSE TO PICK ANY APPLES		
			::			
<u>1</u>	<u>2</u>	<u>3</u>	::	<u>4</u>	<u>5</u>	<u>6</u>
absolute	fairly	I guess	::	I guess	fairly	absolute
certain	certain	so	::	so	certain	certain

3. You and a couple of your best friends are walking home from school. A dog starts to follow you, and your friends start throwing stones at it. You don't think the dog is bothering anyone but they tell you to throw some too. What would you really do?

THROW STONES AT THE DOG			::	REFUSE TO THROW STONES AT DOG		
			::			
<u>1</u>	<u>2</u>	<u>3</u>	::	<u>4</u>	<u>5</u>	<u>6</u>
absolute	fairly	I guess	::	I guess	fairly	absolute
certain	certain	so	::	so	certain	certain

4. You are with a couple of your best friends on Halloween. They're going to soap windows, but you're not sure whether you should or not. Your friends all say you should, because there's no way you could get caught. What would you really do?

NOT SOAP WINDOWS

:: SOAP WINDOWS

::

1 2 3
absolute fairly I guess
certain certain so

:: 4 5 6
I guess fairly absolute
so certain certain

5. You and a couple of your best friends are fooling around in an empty lot next to a house and accidentally break one of the windows of the house. Your friends want to take off and not tell anybody in the house, and you don't think that's right, but they tell you to hurry up and come. What would you really do?

GO AWAY WITH YOUR FRIENDS

:: TELL SOMEONE IN THE HOUSE

:: ABOUT THE WINDOW

::

1 2 3
absolute fairly I guess
certain certain so

:: 4 5 6
I guess fairly absolute
so certain certain

6. In the winter, you and a couple of your best friends find a frozen pond. A sign says "Private Property" but your friends walk out on it anyway. You don't want to, but your friends tell you to come with them. What would you really do?

REFUSE TO WALK OUT ON
THE POND

:: WALK OUT ON THE POND

::

::

1 2 3
absolute fairly I guess
certain certain so

:: 4 5 6
I guess fairly absolute
so certain certain

7. You go for a walk around a lake with a couple of your best friends and see a rowboat on the shore. It isn't tied, and no one is around. Your friends all agree to take it out on the lake for a ride. You don't think you should, but they tell you to get in or they'll leave you. What would you really do?

GET IN AND GO FOR A RIDE

:: LET THEM GO BY THEMSELVES

::

1 2 3
absolute fairly I guess
certain certain so

:: 4 5 6
I guess fairly absolute
so certain certain

8. You and a couple of your best friends find a sheet of paper that the teacher lost. On the paper are the answers to a test that you are going to have tomorrow. Your friends all plan to study from it and they want you to go along with them. You don't think you should, but they all say to do it anyway. What would you really do?

STUDY FROM THE TEST			::	NOT STUDY FROM THE TEST		
			::			
<u>1</u>	<u>2</u>	<u>3</u>	::	<u>4</u>	<u>5</u>	<u>6</u>
absolute	fairly	I guess	::	I guess	fairly	absolute
certain	certain	so	::	so	certain	certain

9. Coming home from school, you and a couple of your best friends stop at a store to buy something to eat. You notice an open bag of candy. Your friends all take a piece, but you don't like the idea. They tell you to go ahead and take one. What would you really do?

REFUSE TO TAKE THE CANDY			::	TAKE A PIECE OF CANDY		
			::			
<u>1</u>	<u>2</u>	<u>3</u>	::	<u>4</u>	<u>5</u>	<u>6</u>
absolute	fairly	I guess	::	I guess	fairly	absolute
certain	certain	so	::	so	certain	certain

10. You're going to play some game and you're captain of the team. A kid that you don't know wants to play. You feel that anyone who wants to play should be able to. Your friends tell you not to let her play because no one knows her. What would you really do?

NOT LET THE KID PLAY			::	LET THE KID PLAY		
			::			
<u>1</u>	<u>2</u>	<u>3</u>	::	<u>4</u>	<u>5</u>	<u>6</u>
absolute	fairly	I guess	::	I guess	fairly	absolute
certain	certain	so	::	so	certain	certain

Appendix J

WHAT I THINK AND FEEL

Directions: There are a lot of different ways people can feel. In this questionnaire we are asking you about the sorts of things you think and feel. Listed below are some sentences describing how people may sometimes feel. Fill in the answer that best describes how true that statement is for you. For example, suppose a sentence reads: "I like ice cream." If this sentence were usually false for you, you would circle: "1," Usually FALSE. If the sentence were more false than true for you, you would circle: "2," MORE FALSE Than True. If the sentence were more true than false for you, you would circle: "3," MORE TRUE Than False. If the sentence were usually true for you, you would circle: "4," Usually TRUE.

PLEASE REMEMBER THESE 4 THINGS AS YOU ANSWER:

1. Give only answers that really tell about you. It is best to say what you really think.
2. Don't spend too much time thinking over each question. Give the first answer as it comes to you. Of course, the sentences are too short to say everything you might like, but give the best answer you can. Some sentences may seem just like others because they are about the same things. But, each sentence asks about a different part of the way you may think and feel. So, your answers may be different.
3. Answer every question one way or the other. Don't skip any.
4. REMEMBER, 1: Usually FALSE
2: MORE FALSE Than True
3: MORE TRUE Than False
4: Usually TRUE

	1 Usually False	2 More False Than True	3 More True Than False	4 Usually True
1. I have trouble making up my mind.	1	2	3	4
2. I get nervous when things do not go the right way for me.	1	2	3	4
3. Other people seem to do things easier than I can.	1	2	3	4
4. I like everyone I know.	1	2	3	4
5. Often I have trouble getting my breath.	1	2	3	4
6. I worry a lot of the time.	1	2	3	4
7. I am afraid of a lot of things.	1	2	3	4
8. I am always kind.	1	2	3	4
9. I get mad easily.	1	2	3	4
10. I worry about what my parents will say to me.	1	2	3	4
11. I feel that others do not like the way I do things.	1	2	3	4
12. I always have good manners.	1	2	3	4
13. It is hard for me to get to sleep at night.	1	2	3	4
14. I worry about what other people think about me.	1	2	3	4
15. I feel alone even when there are people with me.	1	2	3	4
16. I am always good.	1	2	3	4
17. Often I feel sick to my stomach.	1	2	3	4
18. My feelings get hurt easily.	1	2	3	4

	1 Usually False	2 More False Than True	3 More True Than False	4 Usually True
19. My hands feel sweaty.	1	2	3	4
20. I am always nice to everyone.	1	2	3	4
21. I am tired a lot.	1	2	3	4
22. I worry about what is going to happen.	1	2	3	4
23. Other children are happier than me.	1	2	3	4
24. I tell the truth every single time.	1	2	3	4
25. I have bad dreams.	1	2	3	4
26. My feelings get hurt easily when I am fussed at.	1	2	3	4
27. I feel someone will tell me I do things the wrong way.	1	2	3	4
28. I never get angry.	1	2	3	4
29. I wake up scared some of the time.	1	2	3	4
30. I worry when I go to bed at night.	1	2	3	4
31. It is hard for me to keep my mind on my schoolwork.	1	2	3	4
32. I never say things I shouldn't.	1	2	3	4
33. I wiggle in my seat a lot.	1	2	3	4
34. I am nervous.	1	2	3	4
35. A lot of people are against me.	1	2	3	4
36. I never lie.	1	2	3	4
37. I often worry about something bad happening to me.	1	2	3	4

Appendix K

Ethnic Identity

The next questions are about ethnicity. Ethnicity is a word that describes a person's family culture or background or race. We all have different ways of describing ourselves: out of 3 White people, one might say he was a Puerto Rican, another might say she was Jewish, a third might simply say she was a White American. It would be the same with 3 Black people: one might say she was a Black American, another a Haitian, a third, Black and Hispanic. We want to know what you think about ethnicity- how you'd describe yourself, and what that description means to you. You might use your family background or the country your family comes from, or you religion, or the color of you skin, or a combination of any of these. First of all, tell us how you describe your ethnicity. Use as many words as you need to in order to describe who you are. When I think about who I am, the word(s) that I use to describe myself is (are):

_____. Now, how do you thing other people describe you. It's okay if it's not the same as the way you describe yourself. Most people would describe my ethnic group as (Circle 1):

Black or Black-American

American Indian

White or Anglo

Hispanic or Latina

Asian or Oriental

Mixed race (please describe): _____

Other (please describe): _____

Now, for the following statements, please tell us whether they are Not at all true [1], Not very true [2], Sort of true [3], or Very true [4] for you.

	Not at all true	Not very true	Sort of true	Very true
a. I feel good about being in my racial/ethnic group.	1	2	3	4
b. I talk with my friends about our racial/ethnic group and how it affects our lives.	1	2	3	4
c. I want to raise my children to be aware of their own cultural or racial/ethnic background.	1	2	3	4
d. I feel comfortable among people of my own group and of at least one other group.	1	2	3	4
e. I have talked with my parents or other adults about what it means to be a member of my racial/ethnic group.	1	2	3	4
f. I have thought about whether being a member of my racial/ethnic group will affect my future goals.	1	2	3	4
g. My parents or other adults taught me about my racial/ethnic group.	1	2	3	4
h. I would prefer to belong to another racial/ethnic group.	1	2	3	4
i. I am confused about my racial/ethnic group and what it means to me.	1	2	3	4

Appendix L

Item-scale Correlations for All RSI Items of the Measure
Before Items Were Deleted.

Relationship	Alpha	Item number	Corrected item-total correlation
Self Inventory Scale			
Separate self	.75		
		3	.34
		6	-.01
		9	.07
		10	.30
		13	.43
		14	.31
		19	.47
		21	.18
		26	.42
		33	.45
		34	.48
		43	.30
		45	.51
		46	.44
		47	.49
		52	.44
		53	.27
		58	.20
Connected self	.88		
		12	.68
		15	.60
		18	.73
		20	.33
		27	.32
		36	.45
		37	.76
		41	.52
		49	.60
		54	.69
		55	.69
		60	.75

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Primacy of
other care

.71

1	.10
2	.44
5	.21
7	.27
8	.43
16	.49
22	.25
25	.37
28	.38
29	.30
30	.32
40	.34
48	.28
50	.33

Self and
other care

.83

4	.46
11	.64
17	.27
23	-.24
24	.56
31	.18
32	.55
35	.63
38	.46
39	.35
42	.61
44	.35
51	.56
56	.62
57	.60
59	.57

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