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THE RELATIONSHIP OF GLOBAL SELF-WORTH,  
PERCEIVED PHYSICAL COMPETENCE AND PERCEIVED  
PHYSICAL APPEARANCE AMONG MIDDLE SCHOOL  
FEMALES IN A RURAL MIDWESTERN SETTING

presented by

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has been accepted towards fulfillment  
of the requirements for

M. S. degree in NURSING

  
Major professor

Date March 31, 1995

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**THE RELATIONSHIP OF GLOBAL SELF-WORTH, PERCEIVED PHYSICAL  
COMPETENCE AND PERCEIVED PHYSICAL APPEARANCE AMONG MIDDLE  
SCHOOL FEMALES IN A RURAL MIDWESTERN SETTING**

**By**

**Diana Lee Hayes**

**A THESIS**

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

**MASTER OF SCIENCE**

**College of Nursing**

**1995**

## **ABSTRACT**

### **THE RELATIONSHIP OF GLOBAL SELF-WORTH, PERCEIVED PHYSICAL COMPETENCE AND PERCEIVED PHYSICAL APPEARANCE AMONG MIDDLE SCHOOL FEMALES IN A RURAL MIDWESTERN SETTING**

**By**

**Diana Lee Hayes**

The primary purpose of this study was to examine the relationship of global self-worth, perceived physical competence, and perceived physical appearance among middle school females in a rural setting.

A total of 65 female subjects from grades six, seven, and eight completed a global self-worth, perceived physical competence, and perceived physical appearance instrument. The results of this study are reported in three parts (a) descriptive profile of the subjects, (b) significance between group differences, and (c) relationships between global self-worth, perceived physical competence, and perceived physical appearance for both athletic and nonathletic subjects.

Results indicated that global self-worth is positively related to perceived physical competence and perceived physical appearance. There was no significant difference of scores for global self-worth, perceived physical competence or perceived physical appearance among athletic and nonathletic female middle school students.

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## DEDICATION

This thesis is dedicated to four people. To my parents for their constant encouragement and help during the good times associated with this project. The values and goals which these special parents helped me internalize have in the past, and will continue in the future, to be the foundations upon which my professional and personal decisions and behaviors are made.

Also to my friend Julie, an ever supporting and compassionate counselor and giver of confidence. And foremost, to my daughter Jessica, the constant provider of needed distraction, hugs, and kisses during the bad times of this project.

## ACKNOWLEDGMENTS

This research would not have been completed without the valuable assistance of many people. I wish to extend my gratitude to the students who agreed to participate in this study and to the middle school principal and physical education educators for their time and cooperation.

I am very grateful to Linda Spence, the chairperson of my thesis committee, for guiding me through the research process and for her continuous encouragement. I would also like to thank Deborah Feltz for her ongoing support and the time devoted to reviewing many drafts of this thesis.

Finally, I wish to extend my sincerest appreciation to Patty Peek. I wish to thank her for the positive reinforcement, constructive criticism as well as her guidance and time in helping me shape into something of which I am truly proud.



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## INTRODUCTION

The growth in female adolescent sports participation has corresponded with an increased interest in competitive sports by health practitioners, physical educators and social scientists. There is general agreement that participation in organized sports has an implied benefit for the psychosocial development of the participants, but there is widescale dissension as to whether these claims are actually met (Lirgg, 1992). Proponents of competitive youth sports programs argue that physical activity enhances growth and development (Rarick, 1973), physiological functions, and psychosocial maturation (Astrand, 1976; Larson, et al., 1976). One area of social development which has received relatively little attention, but which seems particularly pertinent to female adolescent psychosocial and developmental adjustment, is that of perceived physical competence (Butcher, 1989; Cate & Sugawara, 1986; Corbin, 1984; Lenney, 1977).

A feeling of self-worth is integral to optimal functioning in daily life. Data that provide a better understanding of the global self-worth of middle school females will be useful to those persons concerned with their health (Connell, 1980). If differences exist in global self-worth among (non)athletes, this would indicate a need for program evaluation and revision for this age group (Larson, Spreitzer, & Snyder, et al., 1976). Adolescent clients with low global-self worth may have

significant implications for health care practitioners with commitments to successful outcomes in the primary care setting.

## PROBLEM STATEMENT

Perceived physical competence is considered to be an important determinant of global self-worth. Perceived physical skill has an important influence on psychosocial development as well as the participation and motivation of adolescents in sports. Female adolescent athletes have been largely excluded from research and relatively little is known regarding the relationship between global self-worth, perceived physical competence, and perceived physical appearance. The purpose of this study is to answer the question: *"What is the relationship of global self-worth, perceived physical competence, and perceived physical appearance in athletic and nonathletic female middle school students?"*

## REVIEW OF THE LITERATURE

### Conceptual Definitions of the Variables

Global self-worth (GSW). When used in this study, GSW refers to the evaluations which the female middle school student makes and maintains with regard to herself (and her place among her family and peers) and indicates the extent to which she sees herself as competent, vital, successful, and worthy (Connell, 1980; Coopersmith, 1967). GSW implies self-evaluation of several domains, including such attributes as cognitive competence, physical skills, popularity, physical appearance, personality traits, and affective reactions of adequacy of worth (Whitley, 1983). GSW refers to how pleased adolescents are with themselves, how they are leading their lives, and the kind of person they are (Harter, 1986).

**Perceived physical competence (PPC).** PPC refers to the confidence and belief of being functionally able to successfully master a motor task with the requisite ability, capability, and skill required to complete the task. Essentially, PPC is a sport specific confidence (poor, good, excellent) to engage in an activity (Harter, 1992a). Therefore, measures of physical competence often focus on the probability of being able to successfully complete an athletic task (Aguilar & Petrakis, 1989).

**Perceived physical appearance (PPA).** PPA refers to the self-evaluation which the female middle school student makes and maintains with regard to her confidence in how her body looks to herself and peers (Harter, 1986).

**Athletic students.** Athletic students are those students who participate in one or more competitive sports with organized practices and schedules of competition during middle school: soccer, volleyball, track, basketball, skiing, and skating (Butcher, 1989).

**Nonathletic students.** Students who do not participate in any competitive sports with organized practices and schedules of competition are considered nonathletic students.

**Middle school students.** Middle school students are those students who attend sixth through eighth grades in the same school (Harter, 1993).

### **Adolescent Development of Global Self-Worth**

Research in individual differences in GSW has a long, prolific history in the social sciences over the past two decades (Jessor, 1993). Empirical studies now number in the thousands and the number continues to swell at a remarkable pace (Campbell, 1990; Downer, 1991; Holloway, et al., 1988). Perhaps the most important reason that GSW is a



popular topic for research is that GSW has been shown to have a pervasive impact on human behavior (Campbell, 1990). Research has illustrated, for example, that individual differences in GSW affect behavior in such diverse areas as achievement, conformity, physical attraction, causal attribution, competition, and helping (Campbell, 1991; Swann, Griffin, Predmore, & Gaines, 1987; Wylie, 1979).

It is during adolescence that the biosocial and psychological transition from childhood to adulthood occurs. Typically, boys reach puberty after they have made the shift to middle school, so they can cope with one change at a time. Girls deal simultaneously with the transformation of puberty and the adjustment to a new, more difficult school. This transformation can be seen as a major contributor to the shattering of their GSW (Petersen, Sarigliani, & Kennedy, 1991).

Adolescent development proceeds through a complex process that involves the mutual influences of the adolescent's characteristics, social roles, family experiences, peer interactions, cultural environment, and the contingencies that impact life (Bandura, 1977; Bonaguro & Bonaguro, 1987; Downey, 1991). Since 1904 when Hall regarded adolescence as a period of "storm and stress." The teen years have been regarded as a time of crisis and psychological upheaval precipitated by physiological maturational changes that are marked by the questioning of the self (Block & Robins, 1993). Adolescence involves a stressful developmental transition in life which includes active exploration of alternative and important decisions (Offer, 1977), shifts in social expectations, rapid maturational changes, conflicting role demands, and increasingly complex relationships with the opposite sex (Block & Robins, 1983).

Social learning theorist, Bandura (1977), describes adolescent development as a product of social influences. Adolescent behavior is molded by rewards and punishments resulting from specific adaptations experienced in conjunction with specific social climates (Offer, Howard, & Atkinson, 1988). Having a consistent and adaptive self-worth allows adolescents to achieve self-control when confronted with problems. Adolescents also learn from imitating others who serve as models for them such as peers and adults. Eventually, adolescents achieve a view of self that incorporates the rewards, punishments, and modeled behaviors that they have learned (Bandura, 1977). Ideally, the view of self that adolescents have is consistent and adaptive allowing teenagers to achieve substantial self-control (Offer, et al., 1988). Thus, when confronted with a problem, adolescents can see themselves as participants and effectively consider ways to cope with the problem rather than be reactive to it (Block & Robins, 1993).

Adolescents experiment with behaviors and lifestyle patterns as part of the process of developing independence and autonomy, establishing individuality, and acquiring skills to function in an adult world (Botvin, 1983). Sources for adolescent experiments are the biological, cognitive, and developmental aspects of human maturity (Offer, 1977). Biological development offers relatively clear characteristics that distinguish childhood from adolescence. Erikson (1968) stressed that the differential anatomical and reproductive characteristics of the male and female adolescents' bodies foster contrasts in self esteem. In turn, dynamic interactional theory (Lerner & Spanier, 1980) note that on the basis of individual physical and

behavioral characteristics, adolescents may elicit differential reactions from socializing with others. These reactions provide feedback that influences further development (Botvin, et al., 1992).

Bandura's (1977) theory lends itself particularly well to understanding the critical role of peers in adolescent development. One of the most important tasks of adolescence is gaining "psychological distance" from one's family of origin and forming interpersonal bonds with peers. Adolescents reach out to and are heavily focused upon others in their age group. As a result, much of the formation of their GSW occurs in their peer group (Barhnstedt & Felson, 1983).

As adolescent girls struggle to reconcile different aspect of their personalities, they look to parents, teachers, classmates, and friends for reactions (Sadker & Sadker, 1994). Girls use these reactions as yardsticks to measure themselves and by high school, the mirror used by peers is the one girls look into most to learn who they are and what they have become (Wolf, 1991). Adolescents imitate and learn from one another. Imitation, at the same time, does not prevent the development of solitary individual beliefs and views (Offer, et al., 1977).

Eventually, normal adolescents achieve a balance between the perspectives, beliefs, and attitudes of friends and family (Peterson, 1988). Uncertainties about autonomy and independence along with the shift in influence from family to peers may lead to inner distress (Bonaguro & Bonaguro, 1987). Adolescents at this time are struggling to move from the dependency of childhood to an evolving independent mature adult and many feel powerless in establishing one's adult identity (Campbell, 1990).

Adolescents think they will not measure up to the demands of society, parents, and peers. They often feel isolated, estranged, and misunderstood in an adult world that they view as unconcerned and apathetic and it has been suggested that "adolescence is a time of upheaval in the GSW" (Downey, 1991). Evidence shows that despite strong peer influence, the normative adolescent has not forgotten what was learned in the context of the family and the influence of peers is received in the context of unique values that an adolescent has acquired from their family of origin (Downey, 1991; Offer, 1969). The person who enters adolescence is basically the same as the one who exits it (Offer & Offer, 1975).

Gender differences in age-related changes in GSW have been reported by Sadker & Sadker (1994) who found that from the sixth grade to the tenth grade, GSW increases for boys and decreases for girls. Block & Robins' 1993 longitudinal study found that males tended to have higher GSW scores than females at every age and the disparity increased over time. These findings are consistent with cross-sectional research showing that there are more girls than boys with low GSW in early adolescence, and that this difference grows larger by late adolescence.

Low GSW and negative body image set the stage for depression in adolescent girls. In a study of Oregon high school students, girls were twice as likely as boys to exhibit depressive symptoms (Petersen, et al, 1991). Factors related to youth suicide cited by experts include: depression, low GSW, difficulty in controlling impulses, inadequate coping skills, inability to communicate, lack of hope for the future, desire for

instant gratification and unrealistic perceptions of death (Garrison, 1989; Mason, 1992; Smith & Crawford, 1986). Youth tend to impose high standards on themselves or feel a need to impress family members and school peers by excelling physically, academically, or socially (Worsnap, 1991).

Although little is known about suicidal behaviors in the adolescent nonpsychiatric community (Garrison, 1989), suicide now ranks as the third leading cause of death among people ages 15–24 trailing only accidents and homicides. Adolescent suicide has tripled since the 1950's (Mason, 1992). Girls attempt suicide about three times as often as boys (Downey, 1991; Garrison, 1989; Worsnap, 1991) yet boys have a suicide completion rate three times higher than girls (Downey, 1991).

According to Downey (1991), adolescents who have a high GSW and feel good about themselves probably will not be the individuals who commit suicide. McAlister (1983) suggests that health behaviors are related to general social-psychological factors of GSW, family relationships, and peer relationships. In the study by Bonguro and Bonguro (1987) the variables examined were GSW, home-esteem and adolescent symptomatology of stress. The findings suggest that the enhancement of GSW may be a promising strategy to foster health behavior during early adolescence.

### **Perceived Physical Competence**

Since the resurgence of attention on physical fitness during the last decade, there has been an increasing number of studies examining the relationship between exercise and GSW (Holloway, Beuter, & Duda, 1988). Yet little research has been conducted to examine the PPC of female

athletes in middle school settings. Few studies have dealt with middle school adolescents as subjects (Corbin, 1984; Feltz & Brown, 1984; Lenney, 1977). Even fewer studies have dealt with PPC in early adolescent female athletes (Corbin, Landers, & Feltz, 1983). Since increasing numbers of middle school age girls are participating in organized sports in the past decade, it would be useful to have information regarding perceived competence in early adolescent female athletes (Holloway et al., 1988). If adolescent girls are shown to have PPC that is low, interventions to increase PPC would be indicated for programs dealing with them.

Studies show that female adolescents often lack confidence in their physical abilities (Feltz & Petlichkoff, 1983). However, those who participated in organized sports were significantly higher in PPC than were those that dropped out of sports (Feltz & Petlichkoff, 1983). Furthermore, there are studies that support that psychological well-being is related to social participation in sports (Snyder & Kilvin, 1975; Sonstroem, 1982, 1984).

Perhaps youth interest in athletics helps maintain self confidence at a time when females are becoming more socially, physically and cognitively mature, and more doubtful about their future. Self confidence means that a person who cares about performing well (has the motivation) and has the ability to perform well will believe that she can do well in a particular role (Connell, 1980). It is possible that the connection with significant others and the potential for accomplishment in the athletic setting balances the effect of moving from the 7th to the 8th grade (Corbin, et al., 1983).

Female adolescents often feel that "they can't do it" and, in fact, they make lower predictions for success in future athletic and educational performances than males even when they have abilities similar to those of their male counterparts (Poole & Evans, 1988). Compared to most boys, girls are smaller, weaker, slower, and not as good in sports (Sadker & Sadker, 1994). Studies indicate that differences in predictions for future performances between males and females indeed are a result of a lack of confidence (Gould & Horn, 1984). The dropout rate in youth sports may be increasing. While there certainly seems to be a significant interest among youths to compete in organized sport programs, there is also considerable evidence to suggest that the attrition rate is correspondingly increasing (Fry, McClemons, & Sefort, 1981; Gould & Horn, 1984).

Attempts to participate, excel, and remain in sport activities should increase the adolescent's perceived self-competence (Harter & Connell, 1984; Minton, 1979). Harter (1978) found that school-age children often link their sense of physical competence to their ability to develop expertise in a sport or physical activity, as well as their perception of personal physical attractiveness (Harter, 1979). Harter (1979) speculates that adolescents' reasons for their competence appraisal may vary with age. One function of perceived competence is to sustain or improve their motivation to "master the environment." Furthermore, Harter (1979) maintains that children's perceived self-competences should increase their desire to participate in additional mastery attempts and to remain in activities.

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The transition from elementary to middle school may be the most damaging period in a girl's young life (Sadker & Sadker, 1994). Some theorists consider the individual's level of GSW to be susceptible to change mainly through significant life experiences but otherwise to be a relatively established and consistent trait formed by the end of the adolescent years (Epstein, 1982; Fitts, 1965; Paviak & Framer, 1985). GSW is manifested through functioning in various social domains and participation in physical activity is one such area (Offer et al., 1988). A fairly reliable theme indicates that regular exercise increases one's self-concept through both psychological and physical benefits (Folkins & Sime, 1981; Snyder & Spreitzer, 1974). Although, there is weak evidence to support the contention that global changes in character are an obvious result of physical activity, some isolated traits such as self-concept seem to be more sensitive to the effects of exercise than others (Folkins & Sime, 1981). The bulk of the research in this area has revealed notable and advantageous changes in an individual's self-concept as a result of regular physical activity. The assumption of such a model is that participation in athletics can provide adequate stimuli to support the development of a positive self-concept (Kay, Felkor, & Varoz, 1972; Tucker, 1985). It is possible that these changes are associated with the perception of competence rather than actual changes in the level of physical fitness (Heaps, 1978; Leonardson, 1977; Leonardson & Garguilo, 1978).

In 1990 the American Association of University Women conducted a nationwide survey in 12 locations to learn how 3,000 boys and girls from age 9 to 15 viewed themselves, their present lives and their future

lives. When the results were analyzed, one finding stood out from the rest: A GSW gap separated boys and girls as they entered adolescence and as these boys and girls matured, the gap became wider (Brutsaert, 1990). It is important that adolescents develop positive self-concepts which will allow them to enjoy good physical and mental health and a life of successful mastery of undertakings (Harter, 1978).

### Perceived Physical Appearance

There are limited studies addressing PPA and GSW in middle school females with even fewer studies addressing PPA and PPC. There is a limited generalizability in a series of studies testing ideas associated with these theoretical positions (Doherty & Harris, 1985; Button & Whitehouse, 1981; Lerner & Brackney, 1978; Weinreich) that GSW is related to bodily changes occurring during adolescence. The above studies provide information about late adolescents or college students but do not address early adolescence. They also do not provide information about the question of whether there is a positive association between perceived appearance and GSW during late adolescence or middle school adolescents.

Button (1990) studied the vulnerability which might predispose female adolescents to the development of an eating disorder, low GSW, and/or identified self-image deficits that play a role in both anorexia nervosa and bulimia. Button (1990) studied girls in the 11-12 year old age group under the hypothesis that girls with low GSW at age 11-12 years will be more likely to develop an eating disorder in later adolescence that reflects their perceived appearance. Although there were

indications that girls with particularly low GSW are much more likely to express a stronger degree of fatness concern, this study did not address the universality of the relationships between perceived appearance and GSW.

In a comparison study, between American and Japanese adolescents, Japanese adolescents were found to have lower GSW (more so for females than males) and less favorable views of their bodies' attractiveness (Lerner, Iwawki, Takashi, & Sorell, 1990). Lerner, et al (1990) found that GSW is positively related to self-ratings of physical attractiveness and that the relationship between perceived attractiveness and GSW is greater for males than for females.

Findings in the Harter and Jackson (1993) study of 299 subjects from a middle school revealed large differences on the physical appearance subscale of the Self-Perception Profile for Adolescents (1986). The students citing dissatisfaction with appearance as the most likely cause of their feeling that low self-worth lead to depression felt worse about their appearance than those not citing appearance as the most likely cause. Females in this study were more likely to report dissatisfaction with their appearance, as compared to males, whereas the opposite pattern would be obtained in regard to scholastic and physical competence in which males were expected to report greater concern. No gender or grade differences were found in the percentages endorsing global self-worth and perceived physical appearance. The finding that 84.4% of the females reported physical appearance as a specific cause of their lowered self-worth leading to depression, in comparison to only 40% of the males (Harter & Jackson, 1993) support other studies that

physical appearance is a primary concern particularly among adolescent females (Allgood-Merton, Lewinsohn, & Hops, 1990; Nolen-Hoeksema, 1987).

The adolescent self is largely defined by parents and a few other key persons, including family members, peers, and teachers. There must be reexamination and reintegration of the self-concept so that it is consistent with the increased capacity for rationality, beliefs, and values (Downey, 1991). This process requires the adolescent to integrate emerging cognitive and behavioral abilities and new values and purposes (Schell & Hall, 1979).

#### **Global Self-Worth, Perceived Physical Competence, and Perceived Physical Appearance**

Studies that have examined the relationships of body-image and participation in sports have found that athletic adolescent females report higher scores of body-image and acceptance of self than nonathletes (Butcher, 1989; Snyder & Spreitzer, 1978). Covey and Feltz (1991) utilized the Offer Self-Image Questionnaire (Offer, et al., 1982) to examine the relationship between the self-image, perceived attractiveness, physical ability, and gender role identity of 149 sophomore, junior, and senior female high school students who were physically active, physically inactive, decreasing physical activity or increasing their physical activity. Results of the Covey and Feltz (1991) study indicate stronger PPC among athletic adolescents females than nonathletic adolescent females along with healthier psychological functioning.

Further research addressing the relationship between PPA and physical competence addresses eating disorders. Some researchers have

speculated that the media's emphasis on athletic competence and leanness may promote identification with low or extremely low body weight and may even result in the development of eating disorders (Puglise, Lifshitz, Grad, et al., 1983). The efforts of female athletes to be more attractive to their coaches by being thin, and their fears that they may not make the team if desired body weight is not accomplished, are of serious concern to health care professionals (Borgen & Corbin, 1987). It has been suggested that sports may contribute to the development of eating disorders since the incidence of anorexia nervosa and bulimia is so high among athletes (Zucker, Avenier, & Bayder, 1985). Since anorexia nervosa and bulimia are most prevalent among girls who are oriented toward high achievement (Smith, 1980), it is no wonder that these conditions might be more prevalent among female adolescents who are accustomed to high achievement in sports, compared to groups of nonathletic female adolescents.

In summary, there is ample literature addressing the development and influences of adolescent GSW which may also be discussed as self-worth, self-esteem, and self competence. Available educational and psychological literature was limited to suburban and urban settings and included male students and/or different age groups. There is scant nursing literature addressing the relationships of GSW, PPC, and PPA. There are inadequate longitudinal approaches to the issues of influences of GSW. Available literature is limited in the examination of the relationship of PPC and PPA among middle school female adolescents. Several studies of middle school students demonstrate that girls are far more concerned with their appearance than boys and tend to measure

their overall self-worth according to their body image. The literature definitely supports the relationship of physical exercise and GSW but is limited in the examination of the relationship of PPC and PPA among middle school adolescents.

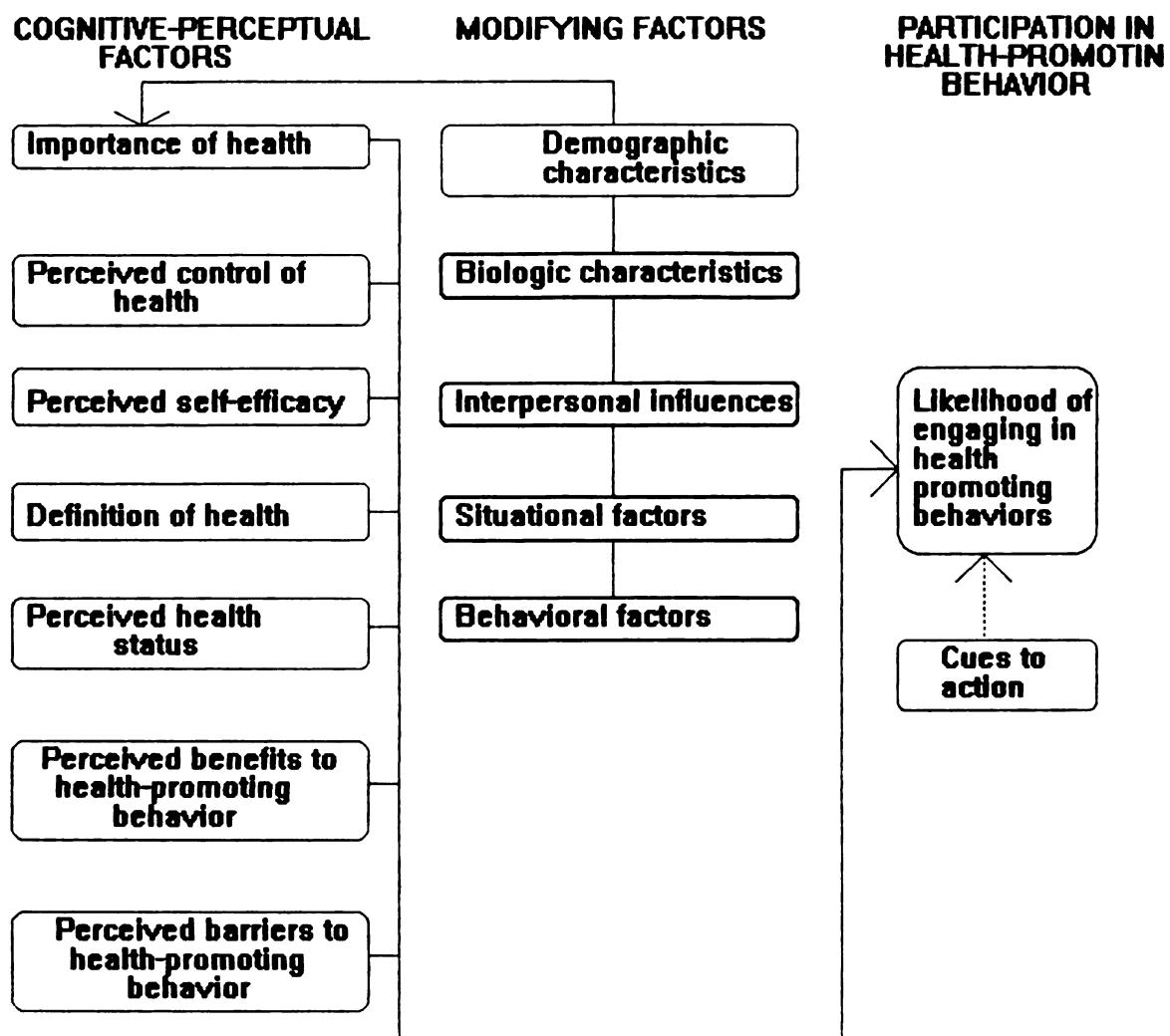
### THEORETICAL FRAMEWORK

Pender's (1987) Health Promotion Model (HPM) focuses on the enhancement of health, well-being, and individual self health promotion activities. Motivation for health promoting behavior is a result of a "desire for growth, expression of human potential, and quality of life" (Pender, 1987, p. 57). The first category in the HPM (Pender, 1987), as illustrated in Figure 1, provides a grouping among the concepts that define health promoting behavior. According to Pender (1987, p.60) acquisition and continuation of health promoting behaviors are attributed to the cognitive-perceptual factors that are identified as:

- "1. importance of health,
2. perceived control of health,
3. perceived self-efficacy,
4. definition of health,
5. perceived health status,
6. perceived benefits of health promoting behavior, and
7. perceived barriers to health promoting behavior"

The second category in the HPM is the modifying factors (demographic and biologic characteristics, situational and behavioral factors, and interpersonal influence). The modifying factors are the biological and demographic elements that have been found to be relevant to exercise adherence. Behavioral and situational factors are the biases that influence health promoting behavior through experiential learning. These are enhanced with available health promotion alternatives, pre-

Figure 1. Health Promotion Model (Pender, 1987, p. 58).



existing skills, and knowledge. Interpersonal influences are those factors that are the result of "expectations of significant others, family patterns of health care, and interaction with health professionals" (Pender, 1987, p. 67).

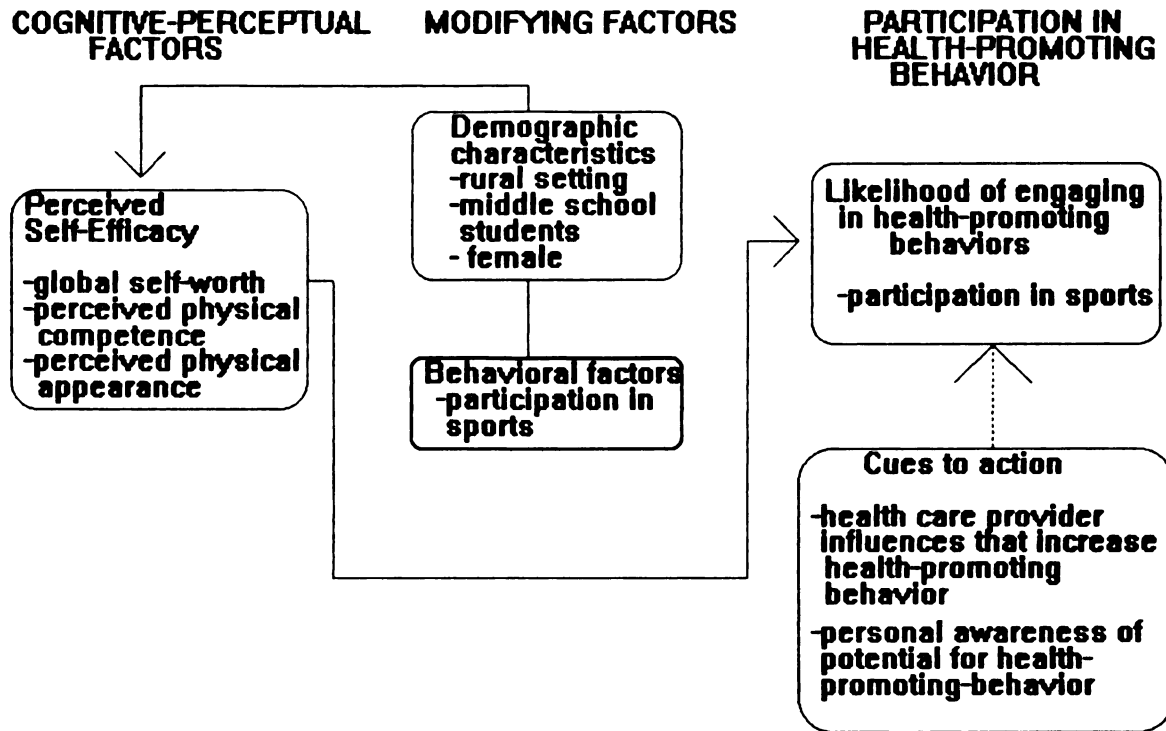
In the HPM it is hypothesized that the probability of seeking activities to promote well-being depends on the activation of positive intrinsic or extrinsic health behavior. According to Pender (1987), personal potential for health promoting behavior is a result of personal cognition of the potential for increasing well-being through health promotion endeavors.

Figure 2 illustrates the variables in this study and their connections to health promoting behaviors. The intent of this research is to focus on the relationship between GSW, PPC, and PPA. These variables are identified in the model as the cognitive-perceptual factor of perceived self-efficacy and "are identified within the model as the primary motivational mechanisms for acquisition and maintenance of health promoting behaviors (Pender, 1991, p. 60). According to Pender, perceived self-efficacy is a specific concept that refers to the convictions individuals have that they can successfully achieve behavior necessary to produce a desired outcome such as health promotion behavior. The development of positive GSW may be related to participation in sports (Kay, Felkor, & Varoz, 1972; Tucker, 1985), and the relationship among PPA and GSW (Lerner, et al, 1990).

Use of the HPM provides the opportunity for the exploration of the nature of interrelationships among the modifying factors. The modifying factors are (1) demographic characteristics, (2) biologic characteristics,



**Figure 2. Schematic Representation of Pender's (1987) Model with Study Variables.**



and (3) behavioral factors of (non)athletic participation. These factors are proposed as the influencing patterns of health promoting behavior through cognitive-perceptual mechanisms that directly affect attainment of health promoting behavior (Pender, 1991).

A demographic characteristic within this study is the education of the subjects. All of the subjects attend a public middle school in a rural setting. The second demographic characteristic is the female sex of the subjects. Interpersonal influences that impact health behavior are peers and family members. The adolescent self is predominantly defined by parents, family, and peers. Behavioral factors are the third modifying component. Participation in sports provides experience for

health promoting behaviors through the use of cognitive and psychomotor skills necessary to participate in sports programs. Other cognitive-perceptual and modifying factors such as importance and definition of health, health status, control of health, perceived barriers, and benefits of health promoting behaviors are not within the range of this study.

Primary care is a basic level of health care usually rendered by nurse practitioners, general practitioners, family practitioners, internists, obstetricians and gynecologists, pediatricians, and physician assistants as well as other health care providers with specialized training and skills. Primary health care includes the services of the professionals that clients receive upon first contact with the health system, i.e., prevention, promotion and maintenance, diagnosis and treatment, management of acute and chronic problems and maintenance.

Advanced nurse practitioners have the opportunity to promote health promotion and maintenance with the adolescent female client in primary care settings. Rapid development and increasing social expectations make early adolescence a period of high vulnerability (Sadker & Sadker, 1994). Many adolescents tend to view their social environment as too competitive thus finding themselves hesitant to request support, particularly from health care professionals (Petosa, 1984). Over reliance on peers and impulsive approaches for decision making may circumvent responsible health related behaviors.

Emerging trends in adolescent primary care in the past decade are expanding the traditional and knowledge-based addressment of social, psychological, and environmental factors associated with positive health-

related actions (Green & Johnson, 1983; Kolbe, 1985; Petosa, 1986; Poole & Morrison, 1983). There is emphasis on existing skills which improve personal effectiveness so that adolescents will be better able to act on their health promotion and maintenance decisions (Pender, 1989; Petosa, 1986). There has been a trend focusing on personal and social factors that enhance general personal competence in adolescent health promotion (Petosa, 1984).

Health care providers in a primary care setting influence health promoting behavior by (1) assisting with identification of health promotion behavior changes, (2) providing instruction and assistance for self-change strategies, (3) reducing barriers and reinforcing efforts of change, (4) supporting and reinforcing efforts of clients to make changes, and (5) assisting the client in assessment of the impact of health behavior changes (Pender, 1991).

The likelihood of health promotion action also depends on activating cues from the environment (Pender, 1991). Activity in sports may increase the likelihood of health promotion behavior through regular pattern of exercise, interpersonal relationships among team members, and "feeling good" as a result of continuous exercise. The cues for behavior change and life-style modification represent the action phase of health behavior (Pender, 1991).

In summary, health promotion for the adolescent in the primary care setting is the organized application of educational, social, and environmental resources enabling adolescents to adopt and maintain behaviors that reduce the risk of disease and enhance wellness without circumventing the individual choices for health practices. The concept

of health promotion places emphasis on skills which enhance personal competence and effectiveness so that individuals will be better able to act on their health decisions (Laffrey, 1985). This definition encourages health professionals to look beyond prevention and examine opportunities for positive health enhancement.

## METHODS

### Sample

All female students who participated in physical education class during the fall semester of 1994 at a rural midwestern middle school were recruited to comprise the sample. All subjects were Caucasian and from various socioeconomic backgrounds. Subjects who agreed to participate in the study were assigned to one of two groups; 1) athletic or 2) nonathletic based on self reported (non)participation in one or more interschool teams offered to middle school female students.

### Field Procedures

Data collection was a one time questionnaire administration process. Subjects were recruited during attendance in physical education classes. The first contact with subjects was to introduce the investigator, the study, and the consent form. To allow adequate time for obtaining student and parental consent, the middle school principal recommended the study be introduced on a Monday and administered on the following Thursday. Each class was presented with identical monologue after a greeting and introduction by the investigator (Appendix A).

At the time of questionnaire administration, information and instructions was given to the subjects using a script to maintain consistency (Appendix B).

#### Data Collection Procedures and Recording

All participating subjects were asked to complete a brief demographic sheet and the Self-Perception Profile for Adolescents titled "What I Am Like" (Appendix C) (Harter, 1986). A questionnaire was given to each subject who had submitted a completed consent. Subjects were reminded that they may discontinue participation at any time without penalty.

Subjects were asked to (a) write their birthdate in the space provided at the top right hand corner of the first page of the survey tool, (b) circle the grade they currently attend at the top right hand section, (c) circle those activities that they are now participating or have participated while attending middle school, and (d) circle "yes" or "no" if they did or did not plan to continue participating in competitive sports.

Each questionnaire was numbered prior to administration in the space identified as "group." The first number indicated the class (i.e., the first class of the day had the number "1" and the second number was according to the number of tools used with each class. Thus a questionnaire used could be identified as "110," which would indicate the first class of the day and the tenth questionnaire in that class. "215" would indicate the second class of the day and the fifteenth questionnaire in that class.

The sample question at the top of the questionnaire was written on a large visual aid chart and the same instruction was read to each class as illustrated in Appendix C. The sample question was as follows:

Really true for me	Sort of true for me			Sort of true	Really true for me
[   ]	[   ]	Some teenagers like to go to movies in their spare time	BUT	Other teenagers would rather go to sports events	[   ]

### Protection of Human Rights

Subject participation in this study was voluntary and subjects were free to withdraw at anytime. Informed, written consent was obtained from a parent or guardian and the adolescent. The researcher gave a verbal explanation as well as was present while the adolescent read the consent form. Confidentiality of subjects was maintained in that no names were attached to the individual data collection sheets and only the researcher had access to the data. Anonymity was maintained in that individual names and individual personal characteristics were not be published.

The consent procedure consisted of, first, obtaining the consent of the Michigan State University Committee on Research Involving Human Subjects (Appendix D). Secondly, consent of the school district where subjects reside was obtained (Appendix E). Thirdly, permission was obtained from the middle school principal (Appendix F). And last, written consent (Appendix G) of each subject and subject's parents was

written consent (Appendix G) of each subject and subject's parents was obtained following an explanation of the purpose and the methods of the study.

#### Operational Definitions of the Variables

**Global self-worth.** Items 9, 18, 27, 36, and 45 on the SPPA comprised the subscale for general self-worth (Harter, 1986). In a study by Harter (1986), the means for this subscale were 3.38 (sixth grade females), 2.98 (seventh grade females), and 2.99 (eight grade females). For the purpose of this study, those subject with general self-worth subscale scores  $\geq 2.98$  were considered as having a positive or high GSW.

**Perceived physical competence.** Items 3, 12, 21, 30, and 39 on the SPPA consist of the subscale for perceived physical competence (Harter, 1986). The means for perceived physical competence in a study by Harter (1986) identified the means for middle school females as 2.81 (sixth grade), 2.90 (seventh grade), and 3.01 (eight grade). For the purpose of this study, scores  $\geq 2.81$  identified those subjects with positive PPC.

**Perceived physical appearance.** Items 4, 13, 22, 31, and 40 on the SPPA are the subscale for PPA. Scores in 1986 (Harter) identified means for female subjects as 2.94 (sixth graders), 2.46 (seventh graders), and 2.63 (eighth graders). For the purpose of this study a score  $\geq 2.46$  was considered as positive for physical appearance.

**Athletic students.** Students who identified themselves on the survey tool as a participant of one or more team competitive sports (i.e. soccer, volleyball, track, basketball) were considered as athletic.

**Nonathletic students.** Those students who did not identify themselves as participants of a team competitive sport on the survey tool were considered as nonathletic.

**Middle school students.** The grade (6, 7, or 8) that students identify themselves to be in on the SPPA were considered the grade that they were currently attending.

### **Instrumentation**

Harter's (1986) Self-Perception Profile for Adolescents (SPPA) was administered. Many other tools could have been used, but the SPPA (Appendix C) was selected because of its widespread usage, sufficient research conducted to support reliability and validity, and the subscales of PPC, PPA, and GSW.

The SPPA is the result of an upward extension of the Self-Perception Profile for Children (Harter, 1985) which was designed as a self-concept questionnaire that assesses different dimensions of GSW in school age children. The language in the SPPA has been altered to be more appropriate for adolescents. The SPPA has nine subscales associated with skill domain, thus the structure of the adolescent version is as follows:

1. Scholastic Competence
2. Social Acceptance
3. Athletic Competence
4. Physical Appearance
5. Job Competence
6. Romantic Appeal
7. Conduct/Morality
8. Close Friendship
9. Global Self-Worth (Harter, 1986, p.1)



Judgment about an individual's overall self-worth is not inferred from the summation of responses to items found in the skill domains, but is tapped by items that directly inquire about how much individuals like themselves. Since adolescents do not feel equally competent in all domains (Cate & Sugawara, 1986), responses to items allow for an assessment of an individual's perceived competence in each of the domains.

Reliability of the SPPA was established by Harter in 1986 in a study among middle school students. The content of the physical appearance subscale concerns one's satisfaction or dissatisfaction with one's looks. Items are scored on a 4-point scale where a 4 represents the highest level of adequacy and a 1 represents the lowest self-evaluation. Items in the subscale for self-worth were scored as 1, 2, 3, 4 where the 1s reflect affirmation of depressed affect and the 4s reflect the endorsement of the primacy of high self-worth. Items in the athletic competence subscale were on a 4-point scale where a 4 represents the highest level of athletic competence and a 1 represents the lowest evaluation of athletic competence. Employing Cronbach's alpha, the subscale reliabilities on the SPPA were as follows (Harter, 1986):

	Global Self- Worth	Perceived Physical Competence	Perceived Physical Appearance
7th graders	.77	.92	.86
8th graders	.86	.92	.90
girls	.86	.94	.88
boys	.83	.89	.86

Reliability of the SPPA was also established by Harter and Jackson (1993) in a study of GSW and depressed affect among 299 middle school students. The internal consistency reliabilities for the perceived physical appearance subscale was .88 and .75 for the global self-worth subscale.

#### Scoring and Data Summarizing Procedures

Scores were recorded according to the scoring key (Appendix H). Data was analyzed using the Statistical Package for the Social Sciences (SPSS). The 45-item scale allowed subjects to select responses that reduce the tendency to answer in a socially desirable manner. Items were scored on a four-point scale ranging from 1 to 4, with 1 indicative of lower perceived competence and 4 indicating higher perceived competence. Subscale items were then summed and divided by the number of items in the subscales to obtain a subscale mean for each subject.

#### Research Design

This study was a non-experimental descriptive approach selected to examine the relationship of PPC, GSW, and PPA in athletic and nonathletic female middle school students in a rural midwestern setting.

#### Data Processing and Statistical Analysis

A number of statistical procedures were used to analyze the data. First, descriptive statistics were used to summarize the demographic characteristics of the athletic and nonathletic groups. Demographic data collected included birthdate, age, grade, determination of (non)athletic status and (non)intent to continue participation.

In order to compare subjects' scores from this study, means and standard deviations were calculated for each variable. T-test for unequal groups was used to examine the between groups variability on GSW, PPC, and PPA in athletic and nonathletic middle school females. Correlational analysis was computed to examine relationships among all subjects for GSW, PPC, and PPA. Correlational analysis was used to examine relationships of athletic subjects for GSW, PPC, PPA. Statistical significance for all tests was set at  $p \leq .05$ .

The hypotheses tested were:

- (1) Global self-worth is positively related to perceived physical competence and perceived physical appearance.
- (2) Athletic middle school females will score higher on global self-worth, perceived physical competence, and perceived physical appearance.

## RESULTS

The results of this study are reported in three parts: (a) descriptive profile of subjects, (b) significance between group differences, and (c) relationship between GSW, PPC and PPA for both groups.

### Demographics

The sample consisted of 65 middle school females, 53 (81.2%) participated in competitive athletic sports and 12 (18.5%) did not. Table 1 describes the subjects participating in the study by educational level.

Table 1

Frequency and Percentage of Educational Distribution  
and Athletic Participation of Subjects (N=65)

Variable	# of Subjects	Percentage
<b>6th Grade</b>		
Nonparticipation	7	10.8
Participation	14	21.5
Total	21	32.3
<b>7th Grade</b>		
Nonparticipation	3	0.5
Participation	16	24.6
Total	19	25.1
<b>8th Grade</b>		
Nonparticipation	2	0.3
Participation	23	35.4
Total	25	35.7
<b>Total</b>		
Nonparticipation	12	18.5
Participation	53	81.5
Total	65	100.0

The mean age and mean grade of subjects is displayed in Table 2. The mean age for the 12 subjects who did not compete in athletic sports was 12.0 and the mean grade was 6.58 with a mode of 7. The mean age for the 53 subjects who did participate in competitive sports was 12.43 and the mean grade was 7.17 with a mode of 8. The mean age for all subjects was 12.4 and the mean grade was 7.06 with a mode of 8. There were no significant differences between the groups on age or grade.

The age range distribution of subjects is presented in Table 3. The subjects' ages ranged from 11-14 years with a sample mean of 12.57 years of age. Forty-one (63%) of the subjects were 12 and 13 years of age.

#### Global Self-Worth, Perceived Physical Competence, and Perceived Physical Appearance

The means and standard deviations of the three major variables in this study, GSW, PPC, and PPA, are presented in Table 4. Sixty-four subjects responded to questions about GSW. The GSW mean for all subjects was 3.03 (standard deviation of .81) was higher than the mean of 2.98 in a previous study by Harter (1986) and the mean for nonathletic subjects was lower at 2.98 (standard deviation of 1.23); yet higher for the athletes at 3.06 (standard deviation of .75).

All 65 subjects responded to questions about PPC. The PPC mean for nonathletic subjects was 2.26 (standard deviation of .92) and the PPC mean for athletic subjects was 2.85 (standard deviation of .79). The PPC mean for athletes was higher than the mean established by Harter (1986) at 2.81 yet the mean for all the subjects was lower at 2.75.

The questions about PPA were complete for 62 subjects. The mean for nonathletic subjects was 2.65 (standard deviation of .88) and the

Table 2

Mean Age and Mean Grade of Subjects (N=65)

Variable	# Subjects	Mean Age	Mean Grade
Nonparticipants	12	12.0	6.58
Participants	53	12.43	7.17
Total	65	12.4	7.06

Table 3

Frequency and Percentage of Age Range Distribution  
and Athletic Participation of Subjects (N=65)

Age	# of Subjects	Percentage
11 years		
Nonparticipation	4	6.2
Participation	7	10.8
Total	11	17.0
12 years		
Nonparticipation	5	7.7
Participation	21	32.3
Total	26	40.0
13 years		
Nonparticipation	2	3.1
Participation	20	30.8
Total	22	33.9
14 years		
Nonparticipation	1	1.5
Participation	6	9.2
Total	7	10.7
Total	65	100.0

Table 4

Description. Mean, and Standard Deviations of GSW,  
PPC, and PPA

Variable	#	Mean	SD	Effect Size
<b>GSW</b>				
Nonparticipation	11	2.89	1.23	
Athl. participation	53	3.06	.75	
Missing	1			
Total	65	3.03	.81	.21
<b>PPC</b>				
Nonparticipation	12	2.26	.92	
Athl. participation	53	2.85	.79	
Total	65	2.75	.84	.70
<b>PPA</b>				
Nonparticipation	11	2.65	.88	
Athl. participation	51	2.52	.70	
Missing	3			
Total	65	2.54	.73	.19

mean for athletic subjects was 2.52 (standard deviation of .70). Both PPA athletic and nonathletic means were above the 2.46 mean in a previous study by Harter (1986). The mean for PPA of all subjects was 2.54 with a standard deviation of .73.

T-test for unequal groups was used to examine the means between groups related to GSW, PPC, and PPA. The results of the t-test are presented in Table 5. There were no significant differences in GSW and PPA between those subjects who participated in competitive sports and those who did not. Although PPC approached significance ( $p=.06$ ), the hypothesis is rejected.

Pearson's  $r$  correlation coefficient was computed to examine the relationship among the three variables (see Table 6). GSW for all subjects was found to have a significant positive relationship with PPC ( $r=.76$ ;  $p\leq .05$ ). Those subjects with high PPC were likely to have a higher GSW. There was a moderately positive relationship between GSW and PPA ( $r=.51$ ;  $p\leq .05$ ). Thus, the hypothesis that GSW is positively related to PPC and PPA is supported. Of interest, it was found that there is also a positive relationship among all subjects between PPA and PPC ( $r=.50$ ;  $p\leq .05$ ).

Table 7 presents the Kendall's tau-b correlation coefficient computed to examine the relationship of athletic participation with the three variables. There were modest positive relationships between GSW and PPC ( $r=.44$ ) and between GSW and PPA ( $r=.59$ ). Although weak positive relationships were found between athletic participation and PPC ( $r=.22$ )



and between athletic participation and GSW ( $r=.13$ ) they were not significant. PPA and athletic participation were found to have an insignificant negative relationship ( $r=-.06$ ).

Table 5

Summary of T-test. Separate Variance Between Athletic and Non-athletic Female Middle School Students

Variable	t value	D.F.	2-tail sig.
GSW	-1.02	35.13	.32
PPC	-2.05	14.79	.06
PPA	.67	17.95	.51

$p \leq .05$

Table 6

Pearson's r Correlation Coefficient of GSW, PPC, and PPA

Correlations:	Global Self- Worth	Perceived Physical Competence	Perceived Physical Appearance
GSW	1.00	.76**	.51**
PPC	.76**	1.00	.50**
PPA	.51**	.50**	1.00
N of cases	62	1-tailed Signif:	* - .01    ** - .001

Table 7

Kenadll's tau-b Correlation Coefficient of GSW, PPC, PPA and Athletic Participation

Correlations:	GSW	PPC	PPA	ATHLETIC
GSW	1.00	.44	.59	.13
PPC	.44	1.00	.41	.22
PPA	.59	.41	1.00	-.06
ATHLETIC	.13	.22	-.06	1.00
N of cases	62	1-tailed Signif:	* - .01    ** - .001	

### Interpretation of Findings

Interesting conclusions can be drawn from the interpretation of the findings of this study with respect to the HPM and the literature. The HPM, as it is described by Pender (1987) provides an excellent conceptual framework for the variables in this study. The hypothesized relationships among the cognitive-perceptual factors (GSW, PPC, and PPA) were supported in this research. The finding that GSW among all subjects is positively related to PPC and PPA is consistent with findings of earlier studies (Butcher, 1989; Covey & Feltz, 1991; Snyder & Spreitzer, 1978). The significant correlation between GSW and PPC may be a result of the number of subjects (53, 81.2%) who participated in competitive athletic sports and of the remaining 12 who did not participate in sports, 9 participated in other organized activities.

The positive relationship between athletic participation with GSW and PPC are consistent with the view in previous earlier studies that for female student participation in competitive sports has a positive effect on GSW (Button, 1990; Doherty & Harris, 1985; Lerner, 1990).

The literature frequently supported the relationship of PPC or PPA and GSW. The correlational findings in this study were consistent with previous literature that participation in competitive sports had a positive relationship with GSW. This study suggests that participation in competitive sports may be associated with PPC and GSW during middle school at a time which, as suggested in current literature, is when GSW in females typically decreases (Feltz & Petlichkoff, 1983; Harter & Connell, 1984).

T-tests presented thought provoking findings. There were no significant differences in GSW or PPA based on athletic participation. Of the 12 subjects who did not participate in athletics, 9 engaged in other activities on a regular basis. This finding may suggest that other factors, such as participation in noncompetitive sports and other organized on-going activities may have an equivalent impact on perceived self competence though further research is needed. Participation in physical education classes during middle school may also explain the PPC among the subjects.

## DISCUSSION

### Limitations

This research was not without limitations. First, a non-probability convenience sample was used and therefore, the results of this data may not be generalized to all female middle school students. The rural setting of this study limits the generalizability to school females from other settings and the study's focus on females limits the generalizability to male middle school students. Other variables in the subjects' environment such as interpersonal relationships at home, parental, sibling and peer relationships, socioeconomic levels, differences between students in classes and factors which may effect the development or change of GSW were not controlled in this study. All students recruited did not participate in the study thus limiting the sample size and biasing the sample to only those students interested in participating.

Second, there were some limitations with the sixth grade participants. Sixth graders had been in middle school for eight weeks at the time of the study and some competitive sports had not yet been offered. The sixth graders needed more time to complete the tool than the seventh and eighth graders who finished the tool in less than twenty minutes. Results of two of the sixth grade subjects had to be omitted because there was more than one response to each question. Furthermore, although only three subscales of the tool were used in this study, there were references to dating and employment in questions on other subscales which would be inappropriate for this age group.

Lastly, although there were no outliers of the nonathletic sample, the sample size of 12 was considerably less than the sample of athletic students (53); and of those 12, 9 participated in other ongoing activities. Nonetheless, this particular study was not designed to determine how an individual develops GSW or how GSW is influenced but was designed to investigate the affect of athletic participation on GSW, PPC, PPA.

#### Implications for Advanced Nursing Practice and Primary Care

This study presents several implications for nurses in advanced practice in primary care settings who are providing health care for adolescent females. The advanced practice nurse (APN) may enhance female adolescent health through application of Pender's (1987) HPM, which provides a framework for health promotion by increasing the direction of wellness and psychosocial development of an individual or group. The APN involved in female adolescent health promotion must be attentive to the unique developmental characteristics of the female

adolescent and through the use of Pender's (1987) model, guide the adolescent toward positive modifying factors to promote health.

To ensure successful implementation, a distinct understanding of the role responsibilities and role function by the APN is imperative within the female adolescent rural population. The expert practitioner role provides the base for the integration of various roles. Successful implementation of the APN roles directly impact the health of the female adolescent in rural settings.

As an assessor, the APN can incorporate psychosocial assessment through support and education in the school system. As the primary health care provider, the APN can provide sports physicals which would include physical assessment for appropriateness of involved sports, injury prevention, and psychosocial assessment by asking the female adolescent to answer such questions as "I am often please with my athletic performance", "I feel I am as attractive as my friends", and "I like the kind of person I am". Providing positive reinforcement for health seeking behavior and encouraging participation in sports or other activities along with the review of common developmental stressors at the time of the physical can often be quite assuring to female adolescents.

Health care providers and educators can benefit from community assessments by the APN to increase knowledge about the relationship of GSW, PPC and PPA. Community assessment and involvement in the promotion of millages that may provide extracurricular activities for female adolescents are imperative. The APN can assess the community for existing knowledge and resources that address the significance of

the development of global self-worth and the enhancement that extracurricular activities can provide adolescents.

Given limited community resources in a rural setting, the APN must become increasingly important in the assessment of health education in the school system (Estes & Hart, 1993). Examination of female student participation in (non)competitive sports and other activities can be used as a part of a needs assessment for health education in the school. Identification of female students that do not participate in extracurricular activities can be targeted as students of high legitimate concern among health care providers, parents, and educators.

As assessors of healthcare in the rural primary care setting, it is valuable for nurses in advanced practice to be aware of the personal health care concerns of their female adolescent clients. Understanding types and levels of concern, and lack of concern in clients as well as the population in general can allow the APN to put client's concerns into perspective relative to their peers. The APN can assist educators in recognition of development of GSW and encourage teachers to assess and promote their female students to participate in sports and other on-going activities.

For female adolescents who have medical conditions that limit their activity, individualized attention to choice of sport related to level of performance should be given. Regardless of skill or ability, all female students who participate in sports face some small, but real risk. This may be the physical risk of an injury or the psychological risk of a disappointing performance. The benefits of athletic activity leading to increased PPC far outweigh the risks when several precautions are

taken. The primary goal of health professionals, coaches, educators, and parents should be to minimize risks by offering a variety of activities and providing appropriate participation screening, safe equipment, injury prevention counseling, and guidance for healthy competition.

The second APN role is educator. Through the use of learning theories and selected learning methods, the APN can teach and assist educators and parents to provide immediate feedback to female adolescents concerning performances, reward of mastery attempts, be positive role models, and to act in ways that communicate approval of involvements in activities (Corbin, 1984). Representatives from local referral resources, parents, and educators can present a panel discussion of activities offered in the community and school system. This may serve to enhance use of the available community resources that promote regular participation in competitive sports or other activities. Teaching the use of praise and encouragement of positive self-talk can also assist teachers and parents with health maintenance/illness prevention strategies when identifying and meeting the health educational needs of female adolescents.

The APN can develop mini-education series addressing the needs for sports and extracurricular activities in the promotion of health to female adolescents during school classes as a guest speaker, after school, or at community social affairs. Similar programs could be developed for parent teacher organizations, church groups, and even such community social setting as bazaars and county fairs.

Although there are gaps in the current literature regarding the role of female athletic participation in health promotion during adolescence,



basing care in Pender's (1987) HPM and drawing from normal developmental expectations provides direction for the APN in rural primary care settings to guide female adolescents toward improved health promotion. Health compromising behaviors can be an expected part of cognitive development, nevertheless, the APN can promote female adolescent health by empowering the adolescence in the incorporation of health promotion goals in the activities of daily living, sports participation, and extracurricular activities. Evidence indicates that given adequate motivation and appropriate competence, GSW will be a major reason for an adolescent female's choice to become involved in physical activities. There may be many adolescent females who would like to become involved in physical activities but have insufficient confidence in their abilities to perform effectively (Feltz & Doyle, 1981).

Encouraging participation in community health fairs and volunteer groups such as read-to-tots, hospice, and volunteer teen programs are avenues to capture an adolescent audience during the education process. The first goal is to empower the female adolescent with increased skill, increased knowledge, and participation in physical sports, and if not sports, other activities with participation on a regular basis. Educating the community through parent teacher organizations, school board meeting attendance, and local church groups of the significance of the enhancement, promotion, coordination and maintenance of existing athletic and extra-curricular programs within the schools, rather than the creation of new programs and activities should be the priority of health and education authorities.

Third, the APN is a collaborator. The foundation of the advocacy role is establishing a relationship with the adolescent that promotes trust, mutuality, and empowerment. This also can be initiated during a school physical provided by the APN. Once health promotion goals are established, the adolescent female should trust that the APN will provide available information and resources. In a study by Hodgson, Feldman, Corber, and Quinn (1985), 84.7% of the 730 adolescent subjects reported visiting a primary care facility during the prior twelve months. Therefor, advanced practice nurses in primary care, particularly in rural settings, have access to the majority of adolescents. APN and educators should be kept informed of the types of social and medical services available in the community and encourage female adolescents to use these services as much as possible for referral and informational purposes.

It is essential for the APN to maximize collaboration with the available resources in a rural community such as the chamber of commerce, community mental health, churches, and schools to plan for decisions made regarding sports and other activities available to female adolescents. Because of the long distances from homes to schools in rural settings, collaboration with school authorities and local resources is needed to pursue transportation alternatives that would allow students to participate in after school activities and have transportation home after school buses have already left.

The APN can collaborate with community mental health to have classes offered in the middle school addressing psychosocial needs and the development of self-worth. Classes such as grooming, make-up, posture,

and appearance can be offered to increase perceived physical appearance.

In summary, the use of individual roles of the APN, are not all inclusive, but illustrate how the APN in primary care in a rural setting, through, assessing, educating, advocating, and collaborating may make a significant difference in the development of GSW of adolescent females.

### Recommendations for Further Research

Future research is essential in the following domains: 1) characteristics of female middle school students with low global self-worth; 2) introduction of specific protocols for adolescent females that promote GSW; 3) adding the concept of PPC to the HPM to better explain individual self health promotion activities; 4) examination of assessment practices before and after physical education and/or competitive sports programs more systematically to determine the effectiveness of such programs; 5) further research examining the role of athletic participation of a longitudinal nature; and 6) further studies in other rural settings

Further development and evaluation of the HPM appear warranted. Studies with populations representing various states of health and illness as well as various socioeconomic backgrounds and setting should be undertaken to further establish norms. Research is needed to determine relationships of various domains of developmental attributes and ongoing activities that affect GSW, PPC and PPA among adolescents and to determine if these relationships vary among different ages, sex, ethnic groups, and rural communities.

Efforts could also be directed toward research on ongoing activities that affect GSW. Research suggestions focusing on primary care interventions addressing participation in sports and identifying other activities that augment global self-worth should be encouraged.

### Summary

This study supports the general agreement that participation in organized sports has an implied benefit to the psychosocial development of female middle school students. It means that providing experiences that augment global self-worth (such as athletics or other regular activities) and that result in increased perceived physical competence and personal appearance will increase global self-worth.

## APPENDICES

## APPENDIX A

## Monologue for obtaining informed consent from subjects

"I am a registered nurse and attending graduate school at Michigan State University. As a part of my studies, I want to understand how adolescent girls feel about themselves, how they feel about their physical abilities, and how they feel about their physical appearance. This knowledge will help me to provide better care to teenagers when I am finished with school.

You are not required to participate in this study. This study is only for those students that want to participate. This questionnaire will take about twenty minutes to complete and will be given on Thursday, November 4, 1994.

Your names will not be used. Your names will not be placed on the survey. There will be no way that I will know which questionnaire each of you complete. There will be a number at the top of each questionnaire so that I can record my findings. Results of each questionnaire will not be shared with anyone. As you complete the questionnaire, I will ask you not to talk among yourselves. This will help keep your answers confidential.

I will be the only person to give you this questionnaire. Your teachers will not have access to the individual questionnaire. Before you can complete the questionnaire, I will need both you and one of your parents or a guardian to complete this consent form. You will not be required to participate in this study if you turn in a signed consent form and change your mind and decide not to participate.

Please take this form home today, have it signed, and return it tomorrow to your physical education teacher if you want to participate in this survey. Thank you for your help."

## **APPENDIX B**

### **Instructions for Self-Perception Profile for Adolescents, (Harter, 1986)**

## APPENDIX B

Instructions for Self-Perception Profile for Adolescence  
(Harter, 1986)

## Instructions for tool administration:

"Thank you for consenting to participate in this survey. I want to once again assure you that your responses on this survey will be kept confidential and not shared with your teachers or classmates. Please do not talk or share your answers with your classmates. Also, remember that there are no right or wrong answers to this survey."

## INSTRUCTIONS TO THE SUBJECTS (Harter, 1986, p.12).

I have some sentences here and, as you can see from the top of your sheet where it says "What I am like," I am interested in what each of you is like, what kind of person you are like. This is a survey, *not* a test. There are no right or wrong answers. Since kids are very different from one another, each of you may be putting down something different.

First let me explain how these questions work. There is a sample at the top of your survey and on this board (examiner indicates enlarged copy of question). I'll read outloud and you follow along with me. (Examiner reads sample question). This question talks about two kinds of kids, and I want to know which teenagers are most like you.

(1) So, what I want you to decide first is whether *you* are more like the teenagers on the left side who would rather go to the movies or whether you are more like the teenagers on the right side who would rather go to a sports event. Don't mark anything yet, but first decide which kind of teenagers is *most like you*, and go to that side of the sentence.

(2) Now, the second thing I want you to think about, now that you have decided which kind of teenagers are most like you, is to decide whether that is one *sort of true for you*, or *really true for you*. If it's only sort of true, then put an X in the box under sort of true; if it's really true for you, then put an X in that box, under really true.

(3) For each sentence you check one box. Sometimes it will be on one side of the page, another time it will be on the other side of the page, but you can only check *one* box for each sentence. You *don't* check both sides, just the *one* side most like you.

(4) OK, that one was just for practice. Now we have some more sentences which I am going to read out loud. For each one, just check one box, the one that goes with what is true for you, what you are most like.



## **APPENDIX C**

**Self-Perception Profile for Adolescents, (Harter, 1986)**

## WHAT I AM LIKE

Birthdate \_\_\_\_\_  
Month Day Year

Circle the grade you are now in      6   7   8

**CIRCLE** the activities that you participate in now or have participated in while in middle school:

art	gymnastics competition
band	skating (racing team)
basketball	sking (racing team)
bowling	soccer
cheerleading	swimming (racing team)
cross country	track
choir	volleyball
dance	clubs: _____
figure skating competition	

If you did participate in any of these activities, do you plan to continue?    circle:    yes            no

## What I Am Like

Really True for Me	Sort of True for Me	Sample		Sentence	Sort of True for Me	Really True for Me
a. { }	{ }	Some teenagers like to go to movies in their spare time	<b>BUT</b>	Other teenagers would rather go to sports events.	{ }	{ }
1. { }	{ }	Some teenagers feel that they are just as smart as others their age	<b>BUT</b>	Other teenagers aren't so sure and wonder if they are as smart.	{ }	{ }
2. { }	{ }	Some teenagers find it hard to make friends	<b>BUT</b>	For other teenagers it's pretty easy.	{ }	{ }
3. { }	{ }	Some teenagers do very well at all kinds of sports	<b>BUT</b>	Other teenagers don't feel that they are very good when it comes to sports.	{ }	{ }
4. { }	{ }	Some teenagers are not happy with the way they look	<b>BUT</b>	Other teenagers are happy with the way they look.	{ }	{ }
5. { }	{ }	Some teenagers feel that they are ready to do well at a part-time job	<b>BUT</b>	Other teenagers feel that they are not quite ready to handle a part-time job	{ }	{ }
6. { }	{ }	Some teenagers feel that if they are romantically interested in someone, that person will like them back	<b>BUT</b>	Other teenagers worry that when they like someone romantically, that person won't like them back.	{ }	{ }
7. { }	{ }	Some teenagers usually do the right thing	<b>BUT</b>	Other teenagers often don't do what they know is right.	{ }	{ }
8. { }	{ }	Some teenagers are able to make really close friends	<b>BUT</b>	Other teenagers find it hard to make really close friends.	{ }	{ }
9. { }	{ }	Some teenagers are often disappointed with themselves	<b>BUT</b>	Other teenagers are pretty pleased with themselves.	{ }	{ }

## What I Am Like

Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
10. { }	{ }	Some teenagers are pretty slow in finishing their school work	<b>BUT</b>	Other teenagers can do their school work more quickly.	{ }	{ }
11. { }	{ }	Some teenagers have a lot of friends	<b>BUT</b>	Other teenagers don't have very many friends.	{ }	{ }
12. { }	{ }	Some teenagers think they could do well at just about any new athletic activity	<b>BUT</b>	Other teenagers are afraid they might not do well at a new athletic activity.	{ }	{ }
13. { }	{ }	Some teenagers wish their body was different	<b>BUT</b>	Other teenagers like their body the way it is.	{ }	{ }
14. { }	{ }	Some teenagers feel that they don't have enough skills to do well at a job	<b>BUT</b>	Other teenagers feel that they do have enough skills to do a job well.	{ }	{ }
15. { }	{ }	Some teenagers are not dating the people they are really attracted to	<b>BUT</b>	Other teenagers are dating those people they are attracted to.	{ }	{ }
16. { }	{ }	Some teenagers often feel guilty about certain things they do	<b>BUT</b>	Other teenagers hardly ever feel guilty about what they do.	{ }	{ }
17. { }	{ }	Some teenagers can be trusted to keep secrets that their friends tell them	<b>BUT</b>	Other teenagers have a hard time keeping secrets that their friends tell them.	{ }	{ }
18. { }	{ }	Some teenagers don't like the way they are leading their life	<b>BUT</b>	Other teenagers do like the way they are leading their life.	{ }	{ }
19. { }	{ }	Some teenagers do very well at their classwork	<b>BUT</b>	Other teenagers don't do very well at their classwork.	{ }	{ }

## What I Am Like

Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
20. { }	{ }	Some teenagers are very hard to like	<b>BUT</b>	Other teenagers are really easy to like.	{ }	{ }
21. { }	{ }	Some teenagers feel that they are better than others their age at sports	<b>BUT</b>	Other teenagers don't feel they can play as well.	{ }	{ }
22. { }	{ }	Some teenagers wish their physical appearance was different	<b>BUT</b>	Other teenagers like their physical appearance the way it is.	{ }	{ }
23. { }	{ }	Some teenagers are proud of the work they do on jobs they get paid for	<b>BUT</b>	For other teenagers, getting paid is more important than feeling proud of what they do.	{ }	{ }
24. { }	{ }	Some teenagers feel that people their age will be romantically attracted to them	<b>BUT</b>	Other teenagers worry about whether people their age will be attracted to them.	{ }	{ }
25. { }	{ }	Some teenagers are usually pleased with the way they act	<b>BUT</b>	Other teenagers are often ashamed of the way they act.	{ }	{ }
26. { }	{ }	Some teenagers don't really have a close friend to share things with	<b>BUT</b>	Other teenagers do have a close friend to share things with.	{ }	{ }
27. { }	{ }	Some teenagers are happy with themselves most of the time	<b>BUT</b>	Other teenagers are often not happy with themselves.	{ }	{ }
28. { }	{ }	Some teenagers have trouble figuring out the answers in school	<b>BUT</b>	Other teenagers almost always can figure out the answers.	{ }	{ }
29. { }	{ }	Some teenagers are popular with others their age	<b>BUT</b>	Other teenagers are not very popular.	{ }	{ }

## What I Am Like

Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
30. { }	{ }	Some teenagers don't do well at new outdoor games	<b>BUT</b>	Other teenagers are good at new games right away.	{ }	{ }
31. { }	{ }	Some teenagers think that they are good looking	<b>BUT</b>	Other teenagers think that they are not very good looking.	{ }	{ }
32. { }	{ }	Some teenagers feel like they could do better at work they do for pay	<b>BUT</b>	Other teenagers feel that they are doing really well at work they do for pay.	{ }	{ }
33. { }	{ }	Some teenagers feel that they are fun and interesting on a date	<b>BUT</b>	Other teenagers wonder about how fun and interesting they are on a date.	{ }	{ }
34. { }	{ }	Some teenagers do things they know they shouldn't do	<b>BUT</b>	Other teenagers hardly ever do things they know they shouldn't do.	{ }	{ }
35. { }	{ }	Some teenagers find it hard to make friends they can really trust	<b>BUT</b>	Other teenagers are able to make close friends they can really trust.	{ }	{ }
36. { }	{ }	Some teenagers like the kind of person they are	<b>BUT</b>	Other teenagers often wish they were someone else.	{ }	{ }
37. { }	{ }	Some teenagers feel that they are pretty intelligent	<b>BUT</b>	Other teenagers question whether they are intelligent.	{ }	{ }
38. { }	{ }	Some teenagers feel that they are socially accepted	<b>BUT</b>	Other teenagers wished that more people their age accepted them.	{ }	{ }
39. { }	{ }	Some teenagers do not feel that they are very athletic	<b>BUT</b>	Other teenagers feel that they are very athletic.	{ }	{ }

## What I Am Like

Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
40.{ }	{ }	Some teenagers really like their looks	<b>BUT</b>	Other teenagers wish they looked different.	{ }	{ }
41.{ }	{ }	Some teenagers feel that it's really important to do the best you can on paying jobs	<b>BUT</b>	Other teenagers feel that getting the job done is what really counts.	{ }	{ }
42.{ }	{ }	Some teenagers usually don't get asked out by people they would like to date	<b>BUT</b>	Other teenagers do get asked out by people they really want to date.	{ }	{ }
43.{ }	{ }	Some teenagers usually act the way they know they are supposed to	<b>BUT</b>	Other teenagers often don't act the way they are supposed to.	{ }	{ }
44.{ }	{ }	Some teenagers don't have a friend that is close enough to share really personal thoughts with	<b>BUT</b>	Other teenagers do have a close friend that they can share personal thoughts and feelings with.	{ }	{ }
45.{ }	{ }	Some teenagers are very happy being the way they are	<b>BUT</b>	Other teenagers wish they were different.	{ }	{ }

## APPENDIX D

### UCRHS Approval Letter



# MICHIGAN STATE UNIVERSITY

September 29, 1994

TO: Diana L. Hayes  
703 East Lake Street #1  
Petoskey, MI 49770

RE: IRB#: 94-477  
TITLE: THE RELATIONSHIP OF SELF ESTEEM, PERCEIVED  
PHYSICAL COMPETENCE AND PERCEIVED PHYSICAL  
APPEARANCE AMONG ATHLETIC AND NON-ATHLETIC,  
FEMALE, MIDDLE SCHOOL STUDENTS  
REVISION REQUESTED: N/A  
CATEGORY: 1-C  
APPROVAL DATE: 09/29/94

The University Committee on Research Involving Human Subjects' (UCRIHS) review of this project is complete. I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the UCRIHS approved this project including any revision listed above.

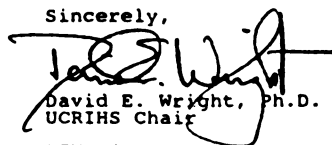
**RENEWAL:** UCRIHS approval is valid for one calendar year, beginning with the approval date shown above. Investigators planning to continue a project beyond one year must use the green renewal form (enclosed with the original approval letter or when a project is renewed) to seek updated certification. There is a maximum of four such expedited renewals possible. Investigators wishing to continue a project beyond that time need to submit it again for complete review.

**REVISIONS:** UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please use the green renewal form. To revise an approved protocol at any other time during the year, send your written request to the UCRIHS Chair, requesting revised approval and referencing the project's IRB # and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

**PROBLEMS/  
CHANGES:** Should either of the following arise during the course of the work, investigators must notify UCRIHS promptly: (1) problems (unexpected side effects, complaints, etc.) involving human subjects or (2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If we can be of any future help, please do not hesitate to contact us at (517)355-2180 or FAX (517)336-1171.

Sincerely,

  
David E. Wright, Ph.D.  
UCRIHS Chair

DEW:pjm

cc: Linda Spence



OFFICE OF  
RESEARCH  
AND  
GRADUATE  
STUDIES

University Committee on  
Research Involving  
Human Subjects  
(UCRIHS)

Michigan State University  
225 Administration Building  
East Lansing, Michigan  
48824-1046

517/355-2180  
FAX 517/432-1171

## **APPENDIX E**

**Approval Letter from School District**



## PUBLIC SCHOOLS OF PETOSKEY

1130 HOWARD STREET  
PETOSKEY, MICHIGAN 49770  
(616) 348-0150  
FAX (616) 348-0165

August 10, 1994

To whom it may concern:

Please accept this letter as my endorsement for Ms. Diana Hayes to conduct her study of the relationship of self-esteem, perceived physical competence, and perceived physical appearance among athletic and non-athletic female middle school students in our district. In performing the study, she is authorized to work with Mr. Carl Moser, the principal of Petoskey Middle School.

Yours very truly,

A handwritten signature in cursive script, appearing to read "F. Ronan".

Franklin Ronan  
Superintendent of Schools

FR/cp

Copy: Mr. Carl Moser  
Petoskey Middle School Principal

Soller  
Administration Building  
1130 Howard Street  
348-0150

Petoskey  
High School  
1500 Hill Street  
348-0101

Petoskey  
Middle School  
801 Northmen Drive  
348-0180

Central  
Elementary School  
410 State Street  
348-0128

Lincoln  
Elementary School  
616 Cornsable Avenue  
348-0134

Ottawa  
Elementary School  
871 Kalamazoo Avenue  
348-0125

Sheridan  
Elementary School  
1415 Howard Street  
348-0130

An Equal Opportunity Employer

## **APPENDIX F**

### **Approval Letter from Middle School**

# PETOSKEY MIDDLE SCHOOL

801 Northmen Drive  
Petoskey, Michigan 49770  
(616) 348-0180

Carl R. Moser  
Principal

November 1, 1994

Dear Parent/Guardian,

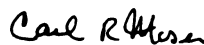
From time to time we have requests from Universities or professional people working on specific projects to conduct surveys. I am very cautious with these requests as well as the survey form. I have received such a survey request from Ms. Diana Hayes who is not only a registered nurse, but a graduate student at Michigan State University.

I have reviewed the topics and the survey itself. As you know, I have fairly conservative beliefs. I take the responsibility you give me for your child very seriously. In reading this survey, I would have no objection to my own daughter participating if she were still in middle school.

Please read the enclosed material and respond in accordance with the directions. If you wish to see the questionnaire, please feel free to come into the middle school office and I can show you a copy. Naturally, Ms. Hayes would not want the survey to go home ahead of the survey date as that could affect individual responses.

If you have any questions, please feel free to contact me at school.

Respectfully,



Carl R. Moser  
Principal

llp



Designated by the United States Dept. of Education as a National Exemplary School.

## APPENDIX G

## COVER LETTER FOR INFORMED CONSENT

Dear middle school student and parent/guardian:

I am a registered nurse and attending graduate school at Michigan State University. As a part of my studies, I want to understand how adolescent girls feel about themselves, how they feel about their physical abilities, and how they feel about their physical appearance. This knowledge will help me to provide better care to teenagers when I am finished with school.

Students are not required to participate in this study. This study is only for those students that want to participate. The questionnaire will take about twenty minutes to complete and will be given on Thursday, November 4, 1994.

Names will not be used. Names will not be placed on the questionnaire. There will be no way that I will know which questionnaire each student completes. There will be a number at the top of each questionnaire so that I can record my findings. Results of each questionnaire will not be shared with teachers or anyone else. As students complete the questionnaire, I will ask them to not talk among themselves. This will help keep answers confidential.

I will be the only person to give this questionnaire. Before the questionnaire can be completed, I will need both you and one of your parents or a guardian to complete this consent form. Students will not be required to participate in this study if they turn in a signed consent form and change their mind and decide not to participate.

Please sign and return the attached consent form tomorrow to your physical education teacher if you want to participate in this survey.

Thank you for your help."

Diana L. Hayes, R.N., B.S.N., M.S.U. Graduate Student

Investigator's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **APPENDIX H**

### **Scoring Tool for Self-Perception Profile for Adolescents (Harter, 1986)**



# What I Am Like

## Scoring Key

Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
a. { }	{ }	Some teenagers like to go to movies in their spare time	BUT	Other teenagers would rather go to sports events.	{ }	{ }
1. { 4 }	{ 3 }	Some teenagers feel that they are just as smart as others their age	BUT	Other teenagers aren't so sure and wonder if they are as smart.	{ 2 }	{ 1 }
2. { 1 }	{ 2 }	Some teenagers find it hard to make friends	BUT	For other teenagers it's pretty easy.	{ 3 }	{ 4 }
3. { 4 }	{ 3 }	Some teenagers do very well at all kinds of sports	BUT	Other teenagers don't feel that they are very good when it comes to sports.	{ 2 }	{ 1 }
4. { 1 }	{ 2 }	Some teenagers are not happy with the way they look	BUT	Other teenagers are happy with the way they look.	{ 3 }	{ 4 }
5. { 4 }	{ 3 }	Some teenagers feel that they are ready to do well at a part-time job	BUT	Other teenagers feel that they are not quite ready to handle a part-time job	{ 2 }	{ 1 }
6. { 4 }	{ 3 }	Some teenagers feel that if they are romantically interested in someone, that person will like them back	BUT	Other teenagers worry that when they like someone romantically, that person won't like them back.	{ 2 }	{ 1 }
7. { 4 }	{ 3 }	Some teenagers usually do the right thing	BUT	Other teenagers often don't do what they know is right.	{ 2 }	{ 1 }
8. { 4 }	{ 3 }	Some teenagers are able to make really close friends	BUT	Other teenagers find it hard to make really close friends.	{ 2 }	{ 1 }
9. { 1 }	{ 2 }	Some teenagers are often disappointed with themselves	BUT	Other teenagers are pretty pleased with themselves.	{ 3 }	{ 4 }

## What I Am Like

Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
10. { 1 }	{ 2 }	Some teenagers are pretty slow in finishing their school work	BUT	Other teenagers can do their school work more quickly.	{ 3 }	{ 4 }
11. { 4 }	{ 3 }	Some teenagers have a lot of friends	BUT	Other teenagers don't have very many friends.	{ 2 }	{ 1 }
12. { 4 }	{ 3 }	Some teenagers think they could do well at just about any new athletic activity	BUT	Other teenagers are afraid they might not do well at a new athletic activity.	{ 2 }	{ 1 }
13. { 1 }	{ 2 }	Some teenagers wish their body was different	BUT	Other teenagers like their body the way it is.	{ 3 }	{ 4 }
14. { 1 }	{ 2 }	Some teenagers feel that they don't have enough skills to do well at a job	BUT	Other teenagers feel that they do have enough skills to do a job well.	{ 3 }	{ 4 }
15. { 1 }	{ 2 }	Some teenagers are not dating the people they are really attracted to	BUT	Other teenagers are dating those people they are attracted to.	{ 3 }	{ 4 }
16. { 1 }	{ 2 }	Some teenagers often feel guilty about certain things they do	BUT	Other teenagers hardly ever feel guilty about what they do.	{ 3 }	{ 4 }
17. { 4 }	{ 3 }	Some teenagers can be trusted to keep secrets that their friends tell them	BUT	Other teenagers have a hard time keeping secrets that their friends tell them.	{ 2 }	{ 1 }
18. { 1 }	{ 2 }	Some teenagers don't like the way they are leading their life	BUT	Other teenagers do like the way they are leading their life.	{ 3 }	{ 4 }
19. { 4 }	{ 3 }	Some teenagers do very well at their classwork	BUT	Other teenagers don't do very well at their classwork.	{ 2 }	{ 1 }

## What I Am Like

Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
20. { 1 }	{ 2 }	Some teenagers are very hard to like	<b>BUT</b>	Other teenagers are really easy to like.	{ 3 }	{ 4 }
21. { 4 }	{ 3 }	Some teenagers feel that they are better than others their age at sports	<b>BUT</b>	Other teenagers don't feel they can play as well.	{ 2 }	{ 1 }
22. { 1 }	{ 2 }	Some teenagers wish their physical appearance was different	<b>BUT</b>	Other teenagers like their physical appearance the way it is.	{ 3 }	{ 4 }
23. { 4 }	{ 3 }	Some teenagers are proud of the work they do on jobs they get paid for	<b>BUT</b>	For other teenagers, getting paid is more important than feeling proud of what they do.	{ 2 }	{ 1 }
24. { 4 }	{ 3 }	Some teenagers feel that people their age will be romantically attracted to them	<b>BUT</b>	Other teenagers worry about whether people their age will be attracted to them.	{ 2 }	{ 1 }
25. { 4 }	{ 3 }	Some teenagers are usually pleased with the way they act	<b>BUT</b>	Other teenagers are often ashamed of the way they act.	{ 2 }	{ 1 }
26. { 1 }	{ 2 }	Some teenagers don't really have a close friend to share things with	<b>BUT</b>	Other teenagers do have a close friend to share things with.	{ 3 }	{ 4 }
27. { 4 }	{ 3 }	Some teenagers are happy with themselves most of the time	<b>BUT</b>	Other teenagers are often not happy with themselves.	{ 2 }	{ 1 }
28. { 1 }	{ 2 }	Some teenagers have trouble figuring out the answers in school	<b>BUT</b>	Other teenagers almost always can figure out the answers.	{ 3 }	{ 4 }
29. { 4 }	{ 3 }	Some teenagers are popular with others their age	<b>BUT</b>	Other teenagers are not very popular.	{ 2 }	{ 1 }

## What I Am Like

Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
30. { 1 }	{ 2 }	Some teenagers don't do well at new outdoor games	<b>BUT</b>	Other teenagers are good at new games right away.	{ 3 }	{ 4 }
31. { 4 }	{ 3 }	Some teenagers think that they are good looking	<b>BUT</b>	Other teenagers think that they are not very good looking.	{ 2 }	{ 1 }
32. { 1 }	{ 2 }	Some teenagers feel like they could do better at work they do for pay	<b>BUT</b>	Other teenagers feel that they are doing really well at work they do for pay.	{ 3 }	{ 4 }
33. { 4 }	{ 3 }	Some teenagers feel that they are fun and interesting on a date	<b>BUT</b>	Other teenagers wonder about how fun and interesting they are on a date.	{ 2 }	{ 1 }
34. { 1 }	{ 2 }	Some teenagers do things they know they shouldn't do	<b>BUT</b>	Other teenagers hardly ever do things they know they shouldn't do.	{ 3 }	{ 4 }
35. { 1 }	{ 2 }	Some teenagers find it hard to make friends they can really trust	<b>BUT</b>	Other teenagers are able to make close friends they can really trust.	{ 3 }	{ 4 }
36. { 4 }	{ 3 }	Some teenagers like the kind of person they are	<b>BUT</b>	Other teenagers often wish they were someone else.	{ 2 }	{ 1 }
37. { 4 }	{ 3 }	Some teenagers feel that they are pretty intelligent	<b>BUT</b>	Other teenagers question whether they are intelligent.	{ 2 }	{ 1 }
38. { 4 }	{ 3 }	Some teenagers feel that they are socially accepted	<b>BUT</b>	Other teenagers wished that more people their age accepted them.	{ 2 }	{ 1 }
39. { 1 }	{ 2 }	Some teenagers do not feel that they are very athletic	<b>BUT</b>	Other teenagers feel that they are very athletic.	{ 3 }	{ 4 }

## What I Am Like

Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
40.{ 4 }	{ 3 }	Some teenagers really like their looks	<b>BUT</b>	Other teenagers wish they looked different.	{ 2 }	{ 1 }
41.{ 4 }	{ 3 }	Some teenagers feel that it's really important to do the best you can on paying jobs	<b>BUT</b>	Other teenagers feel that getting the job done is what really counts.	{ 2 }	{ 1 }
42.{ 1 }	{ 2 }	Some teenagers usually don't get asked out by people they would like to date	<b>BUT</b>	Other teenagers do get asked out by people they really want to date.	{ 3 }	{ 4 }
43.{ 4 }	{ 3 }	Some teenagers usually act the way they know they are supposed to	<b>BUT</b>	Other teenagers often don't act the way they are supposed to.	{ 2 }	{ 1 }
44.{ 1 }	{ 2 }	Some teenagers don't have a friend that is close enough to share really personal thoughts with	<b>BUT</b>	Other teenagers do have a close friend that they can share personal thoughts and feelings with.	{ 3 }	{ 4 }
45.{ 4 }	{ 3 }	Some teenagers are very happy being the way they are	<b>BUT</b>	Other teenagers wish they were different.	{ 2 }	{ 1 }

## LIST OF REFERENCES

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