



## Self-representation questionnaire for youths in residential care



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### ABSTRACT

The objective of this study was to develop and test an instrument to measure self-representation of youths in residential care. The sample was composed of 848 youths in residential care that filled the Self-representation Questionnaire for Youth in Residential Care (SRQYRC). The Child Behavior Checklist was applied for each youth to test the SRQYRC construct validity. Descriptive analyses, correlations and exploratory and confirmatory factor analyses were conducted to analyze the psychometric properties of this instrument. The results indicated that SRQYRC is organized in 6 dimensions (Social, Competence, Relational, Behavioral, Emotional, and Misfit) and 2 second order factors (Global negative representation and Global positive representation). The instrument presents good initial psychometric properties, namely it has adequate reliability and construct validity (i.e., self-representation showed the expected relation with mental health outcomes). We found the following trends: 1) that female youths described themselves as less competent and had a more global negative self-representation than male youths; and 2) older participants described themselves as more competent but also having more emotional problems than younger participants. We concluded that the SRQYRC is a valid and reliable instrument to measure youth self-representation in care. Furthermore it can be used to identify which youths need intervention to develop a more positive self-representation.

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### 1. Introduction

The reflective capacity (i.e. knowing of ourselves) has raised interest and discussion in the fields of philosophy, sociology and psychology. Over the past three decades, the theoretical and methodological advances in these fields have contributed to the recognition that the knowledge that individuals construct about themselves (i.e. the self-concept) has important functions in terms of information processing, construction of meaning, and emotional and behavioral self-regulation (Baumeister, 1998; Brandstädter & Greve, 1994; Harter, 2003; Higgins, 1996; Jacobs, Bleeker, & Constantino, 2003; Leary & Tangney, 2003; Markus & Herzog, 1991; Markus & Wurf, 1987). Notwithstanding the advances in adolescent's self-concept and self-esteem research in the last decades, there is still a dearth of research of adolescents' self-representations with measures focused on traits/attributes, and its analysis with specific groups, such as adolescents in residential care. Given the lack of research and of previously validated self-representation measures for adolescents and young adults in residential care, the main aim of this study is to develop and validate a self-representation questionnaire for youth (i.e. adolescence and early adulthood) in the context of residential care.

#### 1.1. Self-representation theoretical framework

The self-concept can be defined as the conception and evaluation of the self, including values, abilities, goals and personal worth (Corsini, 1999). The self-concept includes affective, cognitive and behavioral components and is composed of conscious and unconscious representations that became more integrated and organized in supraordinate self-representations throughout life (Horowitz, 2000). It also includes many types of information (e.g., body image, values, roles), and a variety of desired, ideal, realistic, past, present and future self-conceptualizations (Horowitz, 2000). According to Byrne (1996), self-esteem is limited to an affective/evaluative component of the broader self-concept. On the other hand, self-representation refers to a cognitive component of the broader self-concept. These theoretical differences are reflected in the definition and operationalization of the constructs. Thus the cognitive dimension of the self, i.e. the self-representation, should be defined as a set of images, representations, sketches, or prototypes that the individual has about himself/herself, stored in memory as a knowledge structure or mental representation (Carver & Scheier, 1985; Markus & Wurf, 1987). In this study, we have adopted Markus' self conceptual framework (1977). According to Markus (1977), the efforts to organize and explain one's own behavior result in the formation of cognitive structures about the self, i.e. self-schemata – that are “cognitive generalizations about the self, derived from past experience, that organize and guide the processing of the self-related information contained in an individual's social experience” (Markus, 1977, p.1).

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The construction of self-representation is particularly relevant during adolescence as this is a stage of identity construction and self-concept exploration (Erikson, 1968; Steinberg & Morris, 2001), where significant changes occur in content and structure of self-representation (e.g. Damon & Hart, 1988; Harter, 1990; Montemayor & Eisen, 1977). Indeed, adolescents' acquisition of cognitive skills allows a reorganization of self-representation and greater abstraction and diversification in the way they think about themselves (Damon & Hart, 1982; Fischer, 1980; Inhelder & Piaget, 1958). There are also social changes in the contexts where adolescents participate, with a diversification of social roles and relationships, growing autonomy from families or educators and growing importance of the relationship with peers. As a result, adolescents have to deal with different expectations and pressures in the socialization process (Harter, 1999, 2003; Harter & Monsour, 1992). The cognitive, social, physical and emotional changes that occur during adolescence contribute to the construction and development of self-representation. There are however differences within this phase (e.g., age and gender differences).

According to Rosenberg (1986) the way adolescents think about themselves becomes increasingly multidimensional and differentiated (rather than a global construct). While younger adolescents describe themselves in terms of relationships and social networks, older adolescents tend to give self-descriptions that suggest that the self remains relatively differentiated from primary social groups (e.g., parents, siblings, family; Labouvie-Vief, Chiodo, Goguen, Diehl, & Orwoll, 1995). Moreover, research points to the emergence of more abstract definitions during adolescence. Indeed, during this phase, individuals give more emphasis to the interior psychological world and greater focus to psychological attributes, interpersonal characteristics and emotions (Petersen & Leffert, 1997) as well as integrate in their self-descriptions contradictory traits and negative information (Sanrock, 1998).

Gender differences appear in specific dimensions of self-representation, which may be related to the gender socialization processes and social pressures. For example, some studies suggest that girls and women have worse physical self-concepts than boys and men (e.g., Allgood-Merten, Lewinsohn, & Hops, 1990; Wood, Becker, & Thompson, 1996) but have better self-representations regarding intimate relationships (e.g. Harter, 1988; Marsh, 1989). In addition, there are studies showing that girls have better self-representations in behavior dimensions (e.g. Harter, 1999; Peixoto & Mata, 1993), and others showing that boys tend to have slightly higher global self-concept scores than girls (e.g., Bologna, Plancherel, Bettschart, & Halfon, 1996).

### 1.2. Self-representation of youth in residential care

The study of adolescents' self-representations with measures focused on traits, and its analysis in specific groups of youth, such as youth in residential care, is still unexplored. The study of self-representation with this specific group is highly important, considering that self-representation is a cognitive generalization about the self derived from individual and social experience (Markus, 1977). Indeed, social interactions are suggested to be key to self-concept development (Cooley, 1902; Mead, 1934), since it is in the context of past and current interactions with significant specific others (Cooley, 1902) and with others in general (i.e., the "generalized other"; Mead, 1934) that individuals build and transform their representations. For adolescents in residential care, the development of a negative self-representation may be the consequence of their previous negative experiences (Cook et al., 2005; Knoverek, Briggs, Underwood, & Hartman, 2013; Spinazzola et al., 2005; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). Besides pre-care, some during care variables may have impact on self-representation development. For example, some studies indicate that the length of placement, the placement stability, the opportunities provided regarding education and social engagement, and the relationships with caregivers have impact on youth outcomes (e.g. Barbell & Freundlich, 2001; Del Valle, Bravo, Alvarez, & Fernanz, 2008; Jim Casey Youth Opportunities Initiative, 2011; Newton, Litrownik, & Landsverk, 2000).

In addition, the negative social images about youth in residential care (Calheiros, Garrido, Lopes, & Patrício, 2015<sup>2</sup>) may also have a negative impact on their self-representation. Some studies indicate that institutionalized youths have low self-respect indexes (Dévai, 1989) and less self-acceptance than non-institutionalized youths (Cashen, Lewis, & Lemmon, 1979). We found few studies comparing the self-concept of youth in care with the self-concept of youngsters out of care. Nevertheless, studies indicate that youth in care have a worse self-concept, especially on intellectual, academic and behavior dimensions, than youths in general (Magalhães & Lopes, 2011). Others indicate that children and youth in residential care exhibit self-perception, self-esteem and life satisfaction levels that are lower than those in adoptive families and those who have grown up with their biological families in socially unprivileged communities (Sánchez-Sandoval, 2015). Some researchers suggest that this population has more difficulty in establishing a positive self-concept and may adopt a negative self-identity as a result of the stigmatization of being a child in care (Kools, 1997). For example, according to Yancey (1992) the social maladaptation of out of home adolescents, especially group home residents, may reflect identity disturbances created by the negative images perpetuated by the dominant society and unfiltered by optimal parental socialization. The few studies with youths under child protection services focus mainly on foster care (e.g. Mosek & Adler, 2001) or on specific dimensions of self such as self-compassion (Tanaka, Wekerle, Schmuck, Paglia-Boak, & MAP Research Team, 2011) and self-criticism (Roitman & Gilboa-Schechtman, 2014), and not on the multidimensional self-representation of youths in residential care.

Although not focused on youth in residential care, some studies indicate that youth with higher levels of self-esteem have lower levels of psychological distress (Dang, 2014), and that self-concept is directly and negatively related to adolescent reports of internalizing and externalizing problems (Hsieh & Stright, 2012; Schwartz et al., 2006). Self-representation can function as a protective factor leading to better health and social behavior, acting as a buffer against the impact of negative influences (Mann, Hosman, Schaalma, & de Vries, 2004). Therefore, it may act as a determinant for the mental health of children and youth in residential care who are considered to be one of the most severely troubled and disturbed groups compared with the general youth population (Iwaniec, 2006). There is growing evidence that self-concept related deficits represent an important set of determinant variables that both explain and predict behavior (Lee & Stone, 2012; Marsh & O'Mara, 2008). Self-concept variables are robustly associated with internalizing (McGrath & Repetti, 2002; Trzesniewski et al., 2006; Ybrandt, 2008) and externalizing symptoms (Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005; Marsh, Parada, Yeung, & Healey, 2001; Vermeiren, 2003).

### 1.3. Self-representation measurement

According to Keith and Bracken (1996) the most frequently used techniques for self-concept assessment includes questionnaires, such as Tennessee Self-concept Scale (Roid & Fitts, 1988), Self-perception profile for children and for adolescents (Harter, 1985, 1988), Self-description Questionnaire I and II (Marsh, 1988, 1990), and Multidimensional Self-concept Scale (Bracken, 1992) among others. Most of this research has focused on adolescents' perception of competence in different domains and self-esteem (e.g. Baumeister, 1995; Bong & Skaalvik, 2003; Harter, 2003; Skaalvik & Bong, 2003; Wilgenbusch & Merrell, 1999). In the field of social cognition, a set of new measures has been developed to evaluate self-representation and the processes associated with it, such as reaction times, priming procedures, recognition and recall measures (Swann & Bosson, 2010). One of the most used methods in the evaluation of self-representation consists of a list of

<sup>2</sup> Garrido, M. V., Patrício, J. N., Calheiros, M. M., & Lopes, D. (Unpublished results). Comparing the social images of youth in and out of residential care. Submitted manuscript.

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