

# **Insights and Innovations in Community Mental Health**

**The Erich Lindemann Memorial Lectures**

**organized and edited by  
The Erich Lindemann Memorial Lecture Committee**

hosted by William James College



**WILLIAM JAMES  
COLLEGE**

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## Foreward

The Erich Lindemann Memorial Lecture is a forum in which to address issues of community mental health, public health, and social policy. It is also a place to give a hearing to those working in these fields, and to encourage students and workers to pursue this perspective, even in times that do not emphasize the social and humane perspective. It's important that social and community psychiatry continue to be presented and encouraged to an audience increasingly unfamiliar with its origins and with Dr. Lindemann as a person. The lecturers and discussants have presented a wide range of clinical, policy, and historical topics that continue to have much to teach.

Here we make available lectures that were presented since 1988. They are still live issues that have not been solved or become less important. This teaches us the historical lesson that societal needs and problems are an existential part of the ongoing life of people, communities, and society. We adapt ways of coping with them that are more effective and more appropriate to changed circumstances—values, technology, and populations. The insights and suggested approaches are still appropriate and inspiring.

Another value of the Lectures is the process of addressing problems that they exemplify: A group agrees on the importance of an issue, seeks out those with experience, enthusiasm, and creativity, and brings them together to share their approaches and open themselves to cross-fertilization. This results in new ideas, approaches, and collaborations. It might be argued that this approach, characteristic of social psychiatry and community mental health, is more important for societal benefit than are specific new techniques.

We hope that readers will become interested, excited, and broadly educated. For a listing of all the Erich Lindemann Memorial Lectures, please visit [www.williamjames.edu/lindemann](http://www.williamjames.edu/lindemann).

*The Erich Lindemann Memorial Lecture Committee presents*

THE NINETEENTH ANNUAL  
ERICH LINDEMANN MEMORIAL LECTURE

## **Successful Adolescence: The Impact of Family, School, and Community**

Adolescence is a difficult stage of life for adolescents, families, and society. In this era of rapid social change and society's limited willingness to expend resources on human services, the adolescent has become a focus of concern, fear, and blame. What is success in adolescence, and how should families, schools, and the community contribute to the passage of future citizens over this bridge from childhood to adulthood?

### **Lecturer**

**Stuart T. Hauser, MD, PhD:** President, Judge Baker Children's Center; Professor of Psychiatry, Harvard Medical School

### **Discussants**

**George R. Daly:** Director of Programming, First Church in Roxbury (a program of the Unitarian Universalist Urban Ministry)

**Sumru Erkut, BS, PhD:** Senior Research Scientist, Wellesley College Center for Research on Women; Co-Project Director, "Raising Competent Girls".

### **Moderator**

**David G. Satin, MD, FAPA:** Assistant Clinical Professor of Psychiatry, Harvard Medical School; Assistant in Psychiatry, McLean Hospital

**Friday, May 10, 1996, 2:30 – 5:30 pm**

*Massachusetts School of Professional Psychology  
221 Rivermoor Street, Boston, MA 02132*

## Introduction by David G. Satin, MD

Adolescence is the bridge between childhood and adulthood. It varies in duration, timing, and certainly character in different cultures. In some, I am told, it may hardly exist, while in others it may be almost a whole life. But in all cases it is recognized as crucial not only to the development of the individual but to the continuity of the society.

What makes this passage successful—that is, an effective learning and growth experience resulting in effective adult members of society?

In western society, and certainly in the United States, this transitional period has the reputation of being tumultuous, dangerous, and, today, a major problem in public health and order. Adolescent education failure, crime, pregnancy, drug abuse, etc. are the stuff of political rhetoric, criminal justice reform, mass media stories, academic study and consultation, and popular opinion. Should adolescence be stamped out as a public nuisance or public menace?

That seems impractical, since everyone—high achievers, major contributors, average members of society, as well as social troublemakers and burdens—negotiates adolescence somehow. My suspicion is that this stage of development needs understanding even more than reform. A general rule of human service is that we need to recognize the reasons for the way things are before we presume to interfere with them, or we may find ourselves struggling to repair the damage we cause.

Our speakers will address the influences on adolescent development and its outcomes, as well as practical efforts to support "successful" adolescence.

## Stuart T. Hauser, MD, PhD

*President, Judge Baker Children's Center; Professor of Psychiatry, Harvard Medical School*

### Introduction by David G. Satin, M.D.

Stuart Hauser has researched for many years human development, family relations, adolescent development, and the ways different subcultures and medical conditions influence adolescence. His approach to this population group is social psychiatry in the clearest form. He has his bachelors degree from Antioch College in philosophy and physics, I guess a good basis for dealing with adolescents, masters degree at Harvard University in social anthropology, his doctorate in medicine from Yale University, and his Ph.D. in psychology from Harvard. He also has his diploma from the Boston Psychoanalytic Institute. He was an associate in the social psychiatry laboratory at the Massachusetts Mental Health Center in the late 1960s, an interesting piece of history in it's own right. He is on the faculty at the Boston Psychoanalytic Institute, and of the Psychoanalytic Institute of New England East, professor of psychiatry at the Harvard Medical School, and president at the Judge Baker Children's Center in Boston, one of the earliest examples of dealing with adolescence and childhood from a mental health point of view. He is co-director and social development psychiatry coordinator in the clinical research post-doctoral training program at Harvard Medical School, and is on the faculty of the NIMH Multi-Site Research Consortium, and Post-Doctoral Training Program on Family Risk and Resilience. He is chair of the Developmental Psychiatry Research Committee in the psychiatry department at Harvard Medical School, and a member of the Executive Committee of the Harvard Project on Schooling and Children. He is assistant editor of the Journal of Adolescent Research, co-editor of the Journal of Research on Adolescence, and on the editorial board of Family Process. He is a member of the Society for Life History Research, the Society for Research on Child Development, and the Society for Research on Adolescence, and president-elect of the Society for Research on Adolescence. His writings are many, going back to 1972 when he was author of Adolescent Self-Image Development: Longitudinal Studies of Black and White Boys, and in 1973 with Shapiro, The Differentiation of Adolescent Self-Interest, so he has a longitudinal career investment in the study of adolescence, as well as doing a longitudinal study of adolescence.

Just picking out some of the interesting publications, with others he published Familial Context of Adolescent Ego Development, Antecedents of Young Adult Ego Development: The Contributions of Adolescent and Parent Development in 1991, Paths of Adolescent and Young Adult Ego Development in 1993, and Exceptional Outcomes:

Negotiating a Perilous Adolescence in 1995. I look forward to hearing from Dr. Hauser about his longitudinal studies of adolescence, and the influence of family and cultural factors on their outcome. Dr. Hauser.

### Stuart T. Hauser, MD, PhD

I know I could try..I know if I try I know how to go back...In between you can go up or you can go down. You go up and somebody pushes you down, you're gonna be bummed. And if you go down and nobody helps you back up, you're gonna be bummed. So you should just sit in the middle for now...see how things work out. And if I feel like I'm gonna talk, I'm gonna. If I don't feel like it, then I'm gonna sink down. And right not I'm sinking. But I think I might be able to work things out.

Eve, a 15-year-old, think aloud about changing, a year after mutilating her face and arms. A decade later we found tht she and several other young men and women, seriously troubled in their teenage years, were not leading healthy and productive lives. Our new work draws from our long term study of young adults who—during adolescence—were hispitalized as psychiatric patients. During their teenage years they experienced remarkable derailment; often by surprise, they were separated from their familites and abruptly placed in unusual surroundings. There they had to respond to unfamiliar adults whom they never asked to be their caretakers, and attend a special school program they found repugnant. Whatever the stresses that led to this interlude of months, and sometimes more than a year, the hospital itself was problematic for these youngsters first emerging from their childhood days. Thrust into their lives were a new neighborhood, a large hospital community, a new school, and many frightening peers and classmates.

Writing about her adolescent years in a psychiatric hospital, Suzanna Kaysen calls this time *Girl Interrupted*. Was this period also a major intteruption in the lives of those who participated in our study? What, if any, consequences of this unusual and chaotic interlude linger, many years later? How do these young men and women now perceive, and understand, their time in the hospital? While our ultimate interest is on a large group of subjects whom we continue to follow from teenage to adult years, we are currently tracing the pathways of this special subgroup of former patients, with young adult lives characterized by clear competencies and minimal to no evidence of major social and psychiatric problems.

Fourteen years after beginning our adolescent and family development project, we found all our original subjects, now spread across the country and world. As in the past, we intended to study their socioemotional development. We knew that we could not simply repeat all our original measures. Different developmental tasks were now salient

in the young adult years, like achieving new forms of independence from their parents, while finding ways to continue meaningful connections with them; beginning and deepening intimate relationships with age mates.

We planned first to describe young adult experience and behavior in a well studied sample, and then identify relations among key behavioral and experiential dimensions. Finally, our most ambitious goal was to discover adolescent predictors of young adult outcomes. Yet along the way, a new and compelling question surfaced: how could we account for unexpectedly favorable outcomes in the group of young men and women whose lives had been deflected during their adolescence? Often called resilience, similar discontinuities were recognized in early programs of research on schizophrenia and are currently a focus of much scholarly and scientific activity.

We conceptualize resilience as a multi-dimensional outcome. Rather than being variable-based, our new analyses are person-based, using outcome profiles to identify resilient young adults. Once we identify these special subjects, we do narrative analyses on their annual adolescent interviews, first in the hospital and then over the next three years. Through these interview texts we consider how the former patients gave meaning to troubling circumstances leading to hospitalization, and to their experiences in the ensuing years. How did they make sense of bewildering internal experiences, relationships, and pivotal institutions—school, hospital, and community?

In 1976 we began meeting with 146 middle adolescents and their families. The next slides provide two views of the sample as it's continued over time. Equal numbers of subjects were drawn from two groups: non-psychotic in-patients from a private teaching hospital, and volunteers from the freshman class of a local high school. The patients included three major diagnostic groups: disruptive behavior disorders, mood disorders, and personality disorders. Besides psychosis, evidence of mental retardation or medical conditions with psychiatric sequelae were exclusion criteria. The samples were comparable in age, race, and family type, and were predominantly Caucasian middle and upper middle class.

Over the following two years we continued to meet with 80% of these adolescents and their families. As you can see, the adolescents responded to specific developmental and personality measures, and participated in annual clinical research interviews, usually with the same clinically trained interviewer. Semi-structured, the interviews always included open ended inquiries about past family and individual history, current peer and family experience, school life, the handling of intense feelings, and future visions. We've already examined the interviews in terms of adaptive strengths, defenses, and affective communications. Our newest analyses involve narrative approaches. The subjects and their parents also engaged in a family discussion task about moral dilemmas.



Four years ago, we found 100% of the former subjects, and met with 98% of those who were still alive. Through carefully selected measures and diverse methods we focused on their socioemotional development, studying ego development, close relationships, attachment representations, and social competence.

With respect to specific variables such as ego development and attachment, we're finding many continuities from adolescence to young adulthood. But our newest work springs from signs of striking and unexpected discontinuities. Through our new interviews, and interviewer comments, we began finding former patients who appeared to be functioning exceptionally well. To intensively study young adults with such remarkable recoveries, we first needed to define more precisely what we meant by exceptionally well. We apply two thresholds to the full range of our new measures. First, we identify former patients who have development and relationship scores above the 50<sup>th</sup> percentile for the entire sample, which includes both the normal and patient samples. We use four measures: ego resiliency as judged by friends, relationship closeness, attachment coherence, and ego development. The second threshold refers to social deviance and psychopathology. To be identified as exceptional on these markers of dysfunctional behaviors, former patients must have scores below the 50<sup>th</sup> percentile for the entire sample. Here we use three indices: hard drug use in the past six months; criminal behavior, the total number of times subjects report illegal behavior (except for drug use) in the last six months; and global symptoms. Four men and five women, 13/4% of the 67 former patients, fit our definition of exceptional outcomes based on these two thresholds and seven variables. Using Ward's cluster and transposed principal components analyses of the patients, we found these nine young men and women in the same cluster and on the same component.

How does this high functioning group compare with the entire set of patients? Both groups were 14-years-old entering the study. But in the exceptional group, a slightly higher proportion were diagnosed as having mood disorders as adolescents, there are five percent more women and almost twice as many experienced the divorce of their parents during adolescence.

## Narratives and a Guide

Listening to and reading over several years of adolescent interviews led to our generating a guide for a detailed analysis of the interview texts. The purpose of our guide is to alert the reader to specific content areas and formal properties of the subject's adolescent discourse that may be theoretically relevant to their adult outcomes.

First, we identify two stories: the patient's narrative of his or her path to the hospital, and life within the hospital. Are the stories told coherently? Are there self-

interruptions, digressions, overt refusals to continue, and to disclose? Are multiple events and facets included; or do we find the subject organizing his or her stories around one overriding point?

Embedded in these stories are representations of self, and of interpersonal relationships. For self-representations, we distinguished between processes and contents. Self-process include: coherence; ways of disclosure and privacy; self-reflection and self-efficacy. In terms of contents we assess self-esteem, aspirations, mastery, helplessness, and long-term visions.

In examining relationship representations, we consider the extent the subject speaks of relationships as inter-connected, having some degree of coherence. Does the subject seek and elicit relationships? How does the subject sustain and change relationships? Are relationships valued, seen as significant resources? Does the subject reflect on the inner lives of others? Along the lines of content, is the adolescent aware of how relationships intersect and affect each other? For example, “it was difficult for my sister to like me. My father adored me so much, treated me as so special. It would have been super-human of her not to feel jealous”.

Our guide is not a rigid template for extracting or forcing categories onto these rich texts. Its purpose is to sensitize the reader to important themes, while not interfering with awareness of unanticipated meanings. Each year our analyses of interview texts proceeds with the same guide, applied to new stories about current life and self-described changes. But when a subject returns to tell about paths to the hospital and the experience there, we pay close attention, since we believe that such successive accounts will illuminate how these adolescents make sense of a most distressing time in their young lives.

By looking at each subject over time, we track enduring themes, connections, and new meanings. For instance, do some subjects show a core self-definition, a dominant voice, in the very first interview; a voice that is elaborated, given increasing complexity over time? Do the subject’s relationships evolve over time along the lines of trust, confidence, closeness, importance? Questions about overarching themes move us toward thinking about varied pathways of development reflected in the narrative accounts. And we can consider whether the resilient patients show different pathways than comparison groups—such as patients who have had average outcomes, or high functioning non-patients.

Here are preliminary findings, based on first year interviews from the nine exceptional subjects and from seven patients whose outcome profiles were average ones. For both groups, central in paths to the hospital stories were poignant cascading family and individual experiences that had gone awry, leaving the subject feeling helpless and overwhelmed. There were many losses, school failures, paralyzing fears over attending

school, accelerating self-hatred, extreme self-consciousness, and isolation, serious overdoses, self-mutilation, and disruptive behavior problems, often involving frighteningly violent threats and acts. Subjects told of their disturbance over escalating pre-divorce strife between parents, with no way to express their distress. In all but one of the resilient interviews, the subject's story was easily elicited and coherent; the subject was not surprised that the course of events led to the hospital. This was not so for the average group, whose reports of paths to the hospital were often vague, and strongly colored by surprise, rage, and betrayal.

Exceptional patients' life in the hospital narratives were diverse—varying from nightmares, over-control, and continuous anger to needing to be taken more seriously, becoming increasingly open, relying on a therapist and psychotherapy, feeling more support for self-restraint, and diminishing violent episodes. For some, the hospital was “terrible” and frightening. One young woman spoke of her terror as she watched a friend placed in restraints. And a young man described “all the people here” as nice. The hospital life stories suggest that those with exceptional outcomes initially perceived and constructed many sides to this extraordinary, and troubling, time in their lives. On the other hand, adolescent narratives of the patients with average outcomes were more unidimensional: the hospital was useless, an incredible waste of time or it was extremely helpful, leading to new directions in their lives.

The resilient patients speak of self-reflection, self-hatred, self-disclosure, failed self-restraint, and feeling overwhelmed by their feelings. Several tell of dramatic swings in their confidence and self-esteem within a single day, and over the course of their hospital stay. They unhappily describe their eventual violent and self-destructive acts, before hospitalization and while confined. They portray diverse self-images: repulsive body images, love of being the center of attention, and feeling “boxed up”. The average group presents a more restrained range of images—consistently low self-esteem, helplessness, and resentment over their unbearable plight.

Diversity continues in the resilient subjects' accounts of relationships. These patients describe people with whom they had unusually troubling relationships before coming to the hospital. All but one patient characterized relationships as angry, frightening, and often confusing. Yet they also speak of continuing as well as new trusted friends—a parent, sibling, peer, hospital staff member, or psychotherapist. While none felt consistently isolated at the hospital, all touch on disturbing loneliness, and haunting past relationships that persistently bothered them. The average patients portray more consistent isolation, alongside chaotic past and present family relationships.

Now, I want to consider the adolescent narratives of one of the exceptional patients.

## Sandy

Sandy was fourteen years old when we first met her, having entered the hospital soon after her massive and unexpected suicide attempt. Clear about being depressed for several hours immediately before trying to kill herself, she became quickly irritated as the interviewer asked her about precipitants of her depression: “I just get depressed...I don’t talk to no one. If anyone talks to me I get really mad at them. I can’t describe it...” And she doesn’t want to find out:

*S: I don’t want to think about it, but people keep bringing it back up. I don’t know the answers to the questions. I don’t even want to think about it. I don’t even ask myself why I tried to kill myself because I’m not going to think about it.*

*I: You want to keep it out of your mind?*

*S: Yup. Just like when I get out of this place, I’m gonna keep this place out of my mind...I don’t like being locked up here. I don’t like people telling me what to do, when to do it, why to do it, how to do it, where to do it and things like that. I don’t like being locked up.*

The hospital staff was intrusive.

*S: They put words in my mouth, telling me what I think and what my father’s thoughts are. How are they supposed to know what I think? But that’s what they seem to do around here. They put words in my mouth for me... They can’t read my mind ‘cause they’re always wrong.*

Others were told that Sandy had gone away for a couple of months. Most of Sandy’s significant relationships were with people outside the hospital. Many people had died or otherwise left her in the past few years and weeks. A favorite grandfather, then a grandmother, an aunt, and an uncle. Her boyfriend’s sister was killed in a car accident. Two days before her suicide attempt, her boyfriend of one and one half years suddenly wouldn’t speak with her, after his recovery from a serious diabetic episode. Finally, one other loss, briefly but poignantly touched on, involved her mother. Because Sandy and her mother were having so many fights, Sandy’s mother moved out of the house two months before her overdose, and her father moved in.

Within the hospital, Sandy was troubled by her fluctuating difficulties with other girls on her hospital unit. First she hated them, and then the relationships changed. At the unit meeting she listened as people said,

*S: I wasn’t gonna get anything from the place if I had that attitude...I just went down and they talked differently...They were being nice to me, so I was gonna start. I’m not nice to people who aren’t nice to me...The whole group talked.*

Feeling controlled by the staff, and sometimes by other patients, Sandy also controls herself,

*S: I feel controlled in here and there's nothing I can do about it. I keep my anger in...I have it all boxed up inside of me. I'm not gonna get mad because I don't feel like getting put in four corners...Maybe I'll let it out when I get out of here. But I don't feel like getting locked up and tied down.*

Sandy describes her yearnings for independence alongside her confusion: "I don't ask anybody for advice. I figure things out for myself. I don't know what to ask people for advice right now". Sandy was angry over the chance that she might be sent, against her will, to a boarding school that the hospital was recommending. She hated the plan, seeing it as proving the hospital's belief that, "I can't cope with the problems myself and shit like that".

One year later, Sandy is in a profoundly different relationship with a new institution. Sandy's new step-father, an alumnus of a nearby liberal co-ed private secondary school, suggested she apply there. To her surprise, she was accepted. Now living at the Greening school, Sandy's mood and relationship with the interviewer are vastly different from last year. Asked about these changes, Sandy immediately points to her new school,

*S: ...I was made more aware of things...It's made me more mature than I was last year...A lot of positive things. I'm more confident in myself. Last year I was not confident in myself. I was self-conscious...and if someone looked at me, I'd think they were thinking something bad about me and I'm not that way anymore. I've changed that way.*

For the first time, Sandy speaks at length about her depression,

S: I was getting depressed...very very depressed and having trouble with my parents, more with my mother...I was having a lot of trouble with my mother, we weren't even speaking to each other...and the fact my parents had gotten divorced. Things like that.

She points to breaking up with her old boyfriend as a major reason for being depressed,

S: ...one of the big factors...and I didn't really admit to that because I thought it was stupid over a boy...just like over a boyfriend. I still don't know...totally flipped me out.

Jimmy was her "first love". In ending the relationship she felt a "total crash...your whole ego is shot".

Sandy now gives a more complex account of her relationship with her mother, describing many old struggles, her mother's infantilizing her, and how she blamed her parents' separation and divorce on her mother's "daily bitching" at her father, who was always away. She regrets hurting her mother's feelings by the accusation that she was the cause of the divorce. But life with mother continues to oscillate. Sandy exploded when accused by her step-father of "screwing up his daughter's mind". Feeling unprotected by her mother, who took her new husband's side, Sandy stopped talking to her mother. Six

months later, she says, “now we’re fine...” and then outlines her newest analysis of the divorce,

*S: I talked to my mother about it...I've heard her side of it and I've done the same with my father and then I put both of them together and figured out...that it is both of them together...it wasn't all my mother's fault, it wasn't all my father's fault. They just...grew to not be able to live together anymore...I couldn't stand fighting with my mother...cause then if I got into a fight with my father and I was in a fight with my mother, I'd feel like totally alone and I didn't want that. I wanted to be friends because I know me and my mother used to be very close. We are now. And I know that we could be that way again. I wanted it. So I sat there and figured it out. And I did.*

Sandy's relationship with her psychiatrist is also changing. No longer disdainful and distant, she now refers appreciatively to Dr. Thompson. After Sandy spoke with her about both parents, Dr. Thompson told her, “...you should look at it from both sides. And I tried it out and it worked”. At the same time, Sandy's yearnings for more independence spring back. Immediately after praising her psychiatrist's help, Sandy announces she is ending therapy.

Her newly embraced interest in looking at “both sides” is one of the benefits she attributes to her new school,

*S: Greening school has changed me a lot. It's made me think more...about if I was on this side and if I was on that side...like with the nuclear debates... we have...two people who are the scientists and they are for nuclear power and two people who are scientists who are against nuclear power...they sit there and talk about it and ask questions and everything. And that makes me think...why can't I do that...with other things. You know you can't just be one-sided.*

Towards the end of this second year interview, Sandy returns to her continuing fears of openness, fragility and being over controlled. After first leaving the hospital, she was frightened that, “...if I talked about myself and my feelings and what was going on in my head, that they'd think I needed to come back. And I was really scared about that...after a while I figured out...they're not going to send me back, if they let me out. Why would they send me back?” Then Sandy became more engaged in her therapy, thinking more about who she is, and struggling to bring order to what she sometimes thought of as her personal chaos,

*S: I consider myself...a generous person. I don't just jump to conclusions. I'm pretty together sometimes. You know there are times when some people think...and I think...maybe I'm going crazy. Everybody goes through that every once in awhile, you know. It's like you can't handle what's going on in school and things like that. But I'm pretty together...I've put myself together in the past year.*

Sandy continues to have many swings in mood, control, and close relationships. Soon after this interview, she was discovered smoking marijuana in the dormitory. The school restricted her activities, and gave her extra work details. Her father, and his new wife, became enraged with Sandy, and added extra punishment. Offended by his unfairness, Sandy left her father, deciding to live only with her mother during school vacations. In the midst of describing these new quarrels with her father, Sandy remembered her life long troubles with him over his severe and arbitrary use of power.

That fall, Sandy admitted herself to the psychiatric ward of a local hospital because she was “doing a lot of drugs” and crying all of the time. After “doing downers” every day for fifteen days, she suddenly stopped. “I got totally crashed...I was like floating for two weeks”. Two weeks later, she discharged herself. “I sort of straightened myself out by myself, because they didn’t really do anything for me. I mean it was more like I had to help myself out by myself, because they didn’t really do anything for me. I mean it was more like I had to help myself and I couldn’t have done it at home because I really have a lot of trouble living at home...I couldn’t have handled it”.

Bill, a new boyfriend from the Greening school, enters her life. Sandy spends much time with Bill’s family, dazzled by their lively intellectual exchanges about politics and social issues. She’s amazed over how much this family—stressing achievement, social action, and understanding—differs from her own.

Sandy is now thinking about how she resembles her father, along the lines of his concealing feelings and having to appear strong. Recalling his frightening violent episodes toward her mother and sister, she reflects more about herself, and her desires to be different in her relationships.

*S: I find it really hard to show emotions in front of people like crying...It is very hard to show weakness and I know that is like him, because he just has to be strong. And I don’t trust many people, friends, which is really bad...Because that is why I don’t have too many close friends...and I have always wanted to be on top. I always wanted to be ahead of everybody and the best in everything I did. Like competitiveness, I guess.*

Still evident, then, is Sandy’s awareness of her fragility, together with her strong and persistent wish to self-correct.

At the time of her final interview, Sandy is looking toward entering a large university, where her older brother is enrolled. She has ended her relationship with Bill, having decided that his troubled preoccupation with his family, and his father’s preoccupation with work were “weird”. She continues to refine and sharpen her view of herself and her control over her life,

*S: I’m pretty sure of myself...I don’t know if I’ve found my...true self or anything...but I don’t like sit in my room for hours and say, “OK what am I and who am I and*

*what am I going to be”...it’ll come after awhile...after...lots of experience and stuff, I’ll finally be someone. It’s not like I’m wanting to go out looking for myself.*

She is also thinking about how she affects others,

*S: When I get in a bad mood, I can really make things awful for people even...I regret it after and say I’m really really sorry, I didn’t mean to do that, but when I’m in a bad mood and I don’t care...it’s just that everything’s really bad for me at that time...and I hate that, I hate that part of me.*

Although way of rejection and worried about being hurt, Sandy is hopeful about the coming years, now emphasizing her parents’ assets—her father’s “really great mind” and her mother’s “classiness”.

*S: ...she’s a really classy person...she’s great in every way except for her temper...she knows how to go about doing things and she’s really good in that way and I’d like to be like her in that way.*

Sandy corrects the interviewer’s simplistic question about whether she believes that life “unfolds beyond your will or you create the person you are”.

*S: I think it’s like everything altogether. Like you create...what you like and what you want to do...and then stuff happens around you, that you have...no control over...influences from the outside...everything added altogether...I think I have more control...I mean like decide what kind of outside influences are going to be around you like...say if you really went to a high pressure school...then you might come out a really paranoid insecure person...like really neurotic and stuff...you get to pick what school you go to, what kind of school is going to have the kind of influence.*

Seven years later, we again meet with Sandy. In addition to the several assessments already completed, leading to our identifying her as one of the resilient patients, we will be carrying out narrative analyses of her adult interview texts. In the meantime, the interviewer’s comments, dictated immediately after spending several hours with Sandy, provide a lucid summary of Sandy in her young adult years.

Sandy was very attractive, physically and personality-wise. She had just come in from work and looked very nice, in a pretty red dress and high heels and was a very pleasant person to interview, very personable...she seems to have a very strong marriage, to be very committed in career and very intent on finishing her college degree...She seems to have...some good friendships. Most of her friends are her husband’s, except for her friend Karen, who she has known since high school. She was very engaged with all of the tasks. She also shared how much she enjoyed doing the interview and that she really didn’t do it so much for the money, although she was going to buy herself an outfit. She was very interested and enjoyed sharing these things with us. She was a very pleasant person to have come to know.



## Discussion

Our narrative approach was methodological and substantive implications. In terms of methods, we have moved from small to large units. Our previous analyses were based on categories reflected in one or two speeches: defenses, adaptive strengths, expressed affects, constraining and enabling family interactions. Now we have deliberately shifted to categories and distinctions embedded in larger texts.

As we worked with the previous methods, we often had the impression that we were not capturing fundamental aspects of the subject's experience or grasping their past and present representations. Fuller portions of text are required to locate crucial nuances of form and meaning. But more importantly, our eyes were on categories derived from our own theoretical lights. Defenses, adaptive strengths, constraining interactions, all come from theoretical perspectives that we believe are relevant to answering our questions, testing our hypotheses. In other words, we were not identifying personal meanings, the ways a subject was framing his or her worlds.

I am not arguing for a polarization between working with personal meanings versus so-called "external" approaches. These approaches, the interpretive and predictive, are complementary. Both can be used in overall analyses of data.

We already have a better grasp of how our exceptional subjects perceived and understood themselves and their interpersonal worlds at the time of a major disturbance, and ways these constructions changed over time. Several aspects of the exceptional subjects' views of themselves stand out.

Self-reflection, as illustrated by Sandy's increasing awareness of her feelings and thoughts, within and over each of her teenage years

Self-efficacy or agency, recall Sandy's discerning view, at the end of her fourth interview, about her role in how life unfolds. Jane, began to express such a view after leaving the hospital. She was at first dismayed, and then relieved, as she began to see herself differently,

I didn't know where to turn...all these people had been doing everything for me and they sent me out and they said, "well, here you are"...and I just had to start looking for my own life...and so after a few weeks I started realizing that things had to be done and that I was the only one that had to do them. It was easier after I started thinking that way... I'd never been able to do things on my own and then that started changing. I could control my own life, it was something else. I enjoyed it.

The following year, sad about her parents' reaction to her becoming pregnant and planning to marry, Jane tells how she "pulled out" of her sadness,

I stood up and I said to myself, "hey, this is my life, and this is what I want to do. I wish you could accept it. If you can't, that's too bad"...that's how I stood up and said it.

And they started to come around. Once they knew I was going to finish school, they knew I could get it together then. Then they felt better.

Related to this belief in agency are the subjects' detailed visions of their future, and their role in effecting these many sided images, usually hopeful, views. For Jane, this future contained her views of becoming, in rapid succession, a wife and mother.

Self-complexity. We've already seen this feature in Sandy's dawning recognition of her many sides. Each year, with much pride, Fred brought up what he called his "many life styles". In the fourth year, he expressed this theme through images of his music, "I want to go to school and learn more and more and more. I have a lot of different kinds of music and sometimes I am really contradicting of how I think...because sometimes I am really violent and sometimes I am very passive".

Persistence and ambition. Fred also touches on this. Each of the exceptional subjects describes how he or she sometimes refused to settle for a specific solution—from the hospital, therapist, or family. Fred, Jerry, and Bill found new schools for themselves. Sandy would not attend the school recommended by the hospital, finding a school where her academic and social development prospered.

Self-esteem. Ever apparent were the subjects' vacillating appraisals of themselves. By no means were these evaluations increasingly positive over the years. More typically, they were marked by swings of confidence and disappointment, optimism and pessimism about life's chances. Important was the awareness of these self-evaluations, and the overall balance in the direction of kinder self-regard each year. Asked about what was the key to how much she had changed in the last year, Jane tells of how good she feels about herself because of her newly found independence,

*J: ...all of a sudden you say, "I've had enough"... I think it comes with independence...as you learn to stand on your own two feet, you learn to like yourself a lot more, because you are doing things for yourself and not letting other people do them for you...I think that's it. I'm really pleased that that is what I did.*

These are coherent narratives. From the very start, we have been struck with the case of discerning the exceptional subjects' stories—at first about their paths to the hospital, then about their experience there. And in subsequent years, these patients offer coherent accounts, intelligible responses to their recent and remote history of personal successes and failures. Sometimes these "ups and downs" are turbulent. Yet the interviewer, and later the reader, can grasp much of the alternating disappointments and successes. Changes, and connections to the past were often the very first elements in a subject's account upon again meeting the interviewer.

Turning to relationship representations, three features are most striking. There is considerable reflection about others' motives, feelings and thoughts. Then, there is the immense importance that these subjects attribute to close friends, leading them to think

about and invest in maintaining relationships. Jane, marrying at 16, speaks of her life unraveling, running away from school for two weeks and feeling “all messed up” after she and her boyfriend ended a relationship in which they both felt too dependent on each other. Soon after meeting her future husband she became more hopeful and energized, deciding then that she was “...going to pick up where I left off and not get so dependent on other people”.

Finally, the exceptional subjects frequently reminded us of the many intersections between representations of self, of relationships, and actions. Jane, for example, speaks of how her growing good feelings about herself lead her to find new friends, and how these friends, in turn, confirm and amplify these positive views of herself.

In the long run, what can we gain from these detailed readings of sequential adolescent interviews? One significant area is greater understanding of how these adolescents' narratives may have contributed to their subsequent young adult development. How, for example, does self-narrative complexity and coherence lead to recovery and psychological health? Does the patient's recognition and expression of these accounts enhance ongoing and later adaptation? Are specific contents, life self-esteem or diversity of self-images, especially important components of the narratives? As we think about direction of influence, it's important to recognize the strong possibility that causal paths may not necessarily move from narratives to outcomes. These narratives could be markers, reflecting changing life circumstances and optimism, leading to change in narrative understanding; and then to new impacts from the narratives themselves, to actions, as consequent new visions and life plans are made by the subject. Through longitudinal interview analyses of these nine former patients combined with parallel analyses of average functioning ones, we can begin to identify some of these complex causal chains. For instance, our first analyses of average outcome patients suggests that they experienced greater helplessness, rage, and diminished self-esteem as adolescents. Fewer steadily supportive and protective relationships with friends and family were available. As we delineate key dimensions, we can take the next step of defining new variables that can be systematically coded in the adolescent interviews. We can then examine these constructs in relation to our other theoretically relevant adolescent variables, such as ego development and self-esteem. Most importantly, we can clarify how early signs of competence revealed in these narratives predict young adult close relationships, attachment, and advances in ego development.

Understandings generated by this new way of looking at our data should shed light on how these adolescents adapted to trying circumstances during an already stressful period in their development. Tracing the flow of meanings adolescents give to the self and to relationships can lead to our discovering mechanisms underlying exceptional outcomes. Formal characteristics of their teenage narratives, such as increasing

coherence over the years, or emerging self-reflection, may be among the special features that distinguish these young adults from their peers. Through such developing skills, these adolescents may have compensated for serious psychopathology and adverse hospital and home circumstances, as well as exploited available resources— psychotherapy, special teachers and schools. To be sure, our new emphasis on personal narratives in no way negates the possible utility of our more standard predictors— family interactions, self-esteem, ego development. We are taking this turn to see how personal meaning and meaning-making can foster unexpected pathways from adolescent psychopathology to young adult health.

Thank you.

## George R. Daly

*Director of Programming, First Church in Roxbury*

### Introduction by David G. Satin, MD

After Dr. Hauser's presentation of detailed information on individual adolescents, and his insight into a painstaking research methodology, I thought we would look at some practical, on-the-street insights and work with adolescents and see how this detailed information plays out in practical settings. The first discussant will be George R. Daly, who is an applied practitioner in dealing with adolescents. He has developed programs for engaging them in an urban setting to help them deal with life in the rough. The Unitarian Universalist Urban Ministry, with which he works, is in the business of working with reality with courage and with principle, and Mr. Daly works in this tradition. He is a graduate of Brandeis University with a bachelor's degree in African and Afro-American Studies, worked as a preschool teacher in Boston and from 1986 to the present in the Thomson Island Outward Bound Education Center, and as director of the Roxbury Island School Middle School Afterschool Program. For the past few years he was resident director of the Winchester A Better Chance Program for academically-talented high school students of color, and for the past year has been the director of programs at the First Church in Roxbury. We thought that Mr. Daly would tell us how the research findings apply in the modern-day city. Mr. Daly.

### George R. Daly

I am the director of programs in Roxbury at the First Church in Roxbury, and let me give you a little background as to what the First Church in Roxbury is. The First Church in Roxbury is a church without a real congregation per se. There is a small congregation of eight or nine people there, but generally left during the white flight of the 70s, and now we're left with a tiny congregation, who, this is not to put them down at all, but they're not involved with the community, because most of them come from outside the community. So what we do in the community is run a number of youth programs. I'm the director of those youth programs.

We have a program for middle school students and elementary school students, we have a weekend program for seven to twelve year olds, and we have a program for gang-involved and other young people who could potentially be gang-involved youth. The other important thing we do out there is leave the doors open as a drop-in center. We have a youth outreach worker who is really concerned and involved in the community, and knows everything that is going on in the streets, and that is very important to us.

I wanted to start by throwing out a few statistics. These are some of the statistics I've gotten from the Children's Defense Fund, and they're statistics which you may have heard, but they bear repeating over and over again. More than one in five American children, or 15.7 million are poor. Every day 27 children die from the effects of poverty in this country. That's a full classroom. Every day three children die from child abuse. In 1994, 4,941 children under the age of 20 were killed by firearms. In 1994, 531,591 babies were born to teenage mothers. I recently heard that in New York City last year, 60% of all children were born were born to teen mothers.

In September of 1995, a young man by the name of Johnny was shot and killed in the Highland Park neighborhood of Roxbury, just around the corner from his house, and just across the street from the First Church of Roxbury, where he was one of the participants in our youth programs. A number of notable events happened after the shooting. One was that the police came once, and they haven't been back since to talk with the family, or to talk to neighbors or other witnesses, even though people have asked for the police to come in. Part of the reason for that is the police don't get much cooperation in the neighborhood. It is a cycle that is really hard to break, because there are some people who are working very diligently to work with the neighborhood but there is not a lot of cooperation because nobody thinks they're getting the respect they deserve: the police don't think they're getting the respect they deserve from the neighborhood, the people in the neighborhood don't think they're getting the respect they deserve from the police.

A little while later, and I'm sure you remember this well, when an assistant district attorney was killed in West Roxbury, there were more people, from the cadets all the way up to the top of the force, walking around that train station than you'd ever believe. That was perfectly justifiable, but how do you think the youth of Roxbury perceived this? Another thing that happened was a meeting of ten of the young people, ten 12 to 15-year-old boys of the neighborhood. They met with the youth outreach worker at the First Church and myself. In this meeting we were talking with these boys about some of the regular things we talk about when there's a shooting: what are some of the root causes? What are some other ways to get respect besides showing your might? What would happen if you were to walk away from an argument or a potential fight? What would happen if you notified the police? And where do you see yourself in the next few years?

Well, most of the answers and the discussions that came up weren't too encouraging, but one of the answers gave me the chills. One of the boys, 13 years old, said that as a group they wouldn't all make it to age 21. He said that any one as an individual might be able to make it, but as a group they won't all make it to age 21. When he said make it, he wasn't talking about the upper middle class conception of making it, which probably brings to mind a nice family, a decent home with a manicured lawn, far away from the

shooting that's going on in the inner city. What he was talking about when he said 'make it' was just to live to age 21. And you know what, statistically he's probably right. Statistically, out of that group of 10 boys, probably three of them will be in prison, and at least one of them will be dead by the age of 21. As it is, six of them are already involved in the court system.

Let me tell you a story about some of these younger boys' role models. Eric is one of the young people who has been involved in the Damien Funderburg Youth Program at the First Church in Roxbury for the last few years. He got his high school diploma from an equivalency program, but he still didn't get a decent education. The past two summers, though, Eric has been trying really hard. He enrolled in a well-thought-of program for gang-involved youth, who were trying to turn their lives around, and he did quite well in that program, earning the staff status last summer. When last summer ended, he began working in a restaurant, and was asking me how he could get involved in some of the programs in Roxbury Community College, and how he could use that as a stepping-stone to a decent life. In November, Eric's friend Travis got out of prison, where he had been for the last two and a half years. Travis couldn't see the same options for his life that Eric had seen for his own.

Travis was afraid of who or what might be waiting for him on the streets, so he looked at the only options he could find: number one, he could enroll in school, two, he could try to get a job, three, he could move out of state and live with relatives he hardly knew, number four, he could stay in his father's house and be inactive, or number five, he could pick up a gun and act in such a way that no one would think he was actually afraid.

Well, school didn't look like a good option: it takes so long to get a return on that investment, and besides, how many people does he know who succeeded in going that route? Get a job--Eric had a minimum-wage job and he never had any money in his pocket, and who wants to hire a nineteen-year-old kid who grew up in prison? Move out of state--that's a good story for people who are bugging him about what his plans are, but it's not really realistic. Stay inside all day--he's nineteen years old. What's left--oh, pick up a gun and pretend he's not scared. It's an easy decision. At least if anything bad happens, he can go out like a soldier.

Well, he picked up that gun less than a week after coming out of prison, and started selling cocaine. He was able to get some money in his pocket, and he showed Eric, who had been working 30 hours each week and didn't have anything to show for it. Eric made the decision to quit his job, and work with Travis. Now it's rumored that the two of them have been involved in some of the recent shootings in Roxbury. Now, I'm not trying to make excuses for these two young men. I'm not trying to say at all that they're innocent

victims, but how many of us in this room have been faced with such difficult decisions in our lives without the level of faith that is necessary to see through those difficulties?

There is an old saying that comes out of the Book of Hebrews. It says that faith is the substance of things hoped for, the evidence of things not seen. The evidence of things not seen, that is all that Eric and Travis could have possibly had going for them, and they didn't even have that. Hope is definitely lacking among most of the young people who live in the city. The lack of hope leads to despair, despair leads to desperation, and that desperation leads time and time again to violence. All of our young people in the city are basing major decisions on the fact that they have no hope. To them there is no evidence of things not seen. Around them they see classism, they see racism, and they see an utter disregard for their situation. They live out of control, chaotic lives and are expected to pick themselves up by their bootstraps. As a whole, they are not given a chance.

Think of those 12-year-old boys who don't see much of a chance of living to age 21. What kind of a choice does a 12-year-old make if he doesn't see living beyond the age of 21? What kinds of options does he see, and what is the risk involved? When I look at the youth of the city, the ones we think of when we hear the words 'at risk', I think that many would not be in the position they are in if it were not for the lack of education in their lives, and in the lives of the people in their lives. That's a very important factor.

Think of it this way: what is one common denominator among people who are suffering from the effects of poverty? What's one thing, that if given to a person, a family or a community, could drastically improve the state that they live in? That would open up options for them, and give them the opportunity to make some real choices? It's not simply money. There are countless tales from the city about people who got their hands on a large sum of money, only to see it disappear in a matter of days or weeks or months. It's not simply a job or a job training program. Job training programs put people into ruts, which can be very difficult to get out of, and usually do very little to perpetuate success in a family or a community. Education, however, is key. A well-rounded education which enables people to see all of the options that lie in front of them. The denial of a chance to have a well-rounded education is what limits the choices that people have to make, and what keeps people in their place.

Have things really changed that much since the days of slavery? Back in the 18th century it was illegal to teach slaves to read and write. The idea was that if blacks have the ability to read, they could no longer be controlled, they would have the ability to see that their lives could be improved, and they would have the ability to organize for change, and this would lead the people in power without the foundations upon which their vast wealth was built up. Now systems are in place that do the exact same thing. Systems are in place which prevent the majority of black children from growing up in a family with a history of quality education. Vast communities in our inner cities are



undereducated, and the people who try to raise their children in these communities have nowhere to send them. Sure, there are programs like METCO and the charter schools and the pilot schools, but there's not enough space for everybody in those programs, and those programs, while beneficial for the children who get into them, only provide an excuse to the quality of education in the other schools deteriorate. When most of the motivated parents, the parents who truly value an education and understand what that means, and the parents who are savvy enough to be able to effect change in a school make the decisions to pull their children out of the regular schools, who will advocate for the children left behind?

At the First Church in Roxbury, we work a lot with the children who are left behind. At the First Church we have made a commitment to the neighborhood to work with the young people, to take them when they are about eight years old, to embrace them, to show them that they are important, to show them that someone cares, and to help them into adulthood. We're in the business of saving the children of Highland Park. We're doing something to deal with the violence, the murder and the degradation that's happening on the streets of our city. However, the answer is not to simply do peace conferences, run peer leadership and violence prevention workshops, have festivals and rallies and carnivals and parties, sure they're all important, those things. The youth of the programs at the First Church in Roxbury do all of those things but there's much more that has to happen.

We need to get personal with the young people, and in a setting such as ours, a church/community center, in a relatively small neighborhood like Highland Park, it's possible to get personal with the young people. We need to understand who the individuals are, know what is going on in their lives, and let them know that we're willing to do something about it. That can take many forms, from being in touch with the young person who needs a new pair of glasses, but whose mother traded her insurance card for a vial of crack, all the way to guiding the high school juniors who need to visit colleges but don't know where to start. At the First Church we get involved with the families. We know that you can't work with the youth without working with families, and you can't work with families without working with the community.

There are plenty of young people who do fairly well outside of the home, but live extremely traumatic lives in the home. Most of the violence that young children learn is learned in the home. As the age and capability levels of the caregivers for young children drops, so do the skills that children learn. We're raising in our city a generation of children that is battle-weary and emotionally scarred. We're raising a group of children who is afraid to go to the next block. I remember being afraid when I was an adolescent.

I remember accidentally wandering into South Boston when I was with my family. I was afraid, but I did not fear for my life. I was afraid of being beaten up, or harassed,

having rocks or sticks thrown at me. I was afraid of not being able to protect my family members, but I didn't think about bullets. That's what kids think about today-bullets, and why? They feel as though they have no other way to get power. To many of these young people, power is defined by how many people notice when you die. Johnny, the nineteen-year-old who was shot across from the church, didn't have that kind of power. The assistant district attorney who died in Roxbury, he had power. We're trying to change perspectives. We're trying to expose our young people at the First Church to different ways of thinking, different ways of living, and different ways to deal with problems. We want them to see themselves as important people with hope, but where does it come from? It comes from within. Until the larger society adjusts its way of thinking, that sense of hope can only come from within.

One more story. A few weeks ago I got a message on my answering machine from a young woman named Paula. I hadn't heard from her in years. Paula is nineteen years old. I was glad to hear from Paula, because the last I had heard about her was that she was having trouble with her crack-addicted boyfriend, and that she had started to use the drug herself. When I had heard about that, nine or ten months ago, I became sad and frustrated because somebody I knew and somebody I loved was going through tough times. Also I knew that she had a baby a year old, and in the future that baby would in no way be able to compete or even exist in the same arena as someone born that same day to an upper middle class family in Arlington or Belmont or Dedham.

Well, I called Paula and found out the reason she had called was that she had recently given birth to another child, and that she had had some kind of awakening. She told me that she had enrolled in a technical training program, and that she would be placed in an office when she completed the program in six months. She told me she remembered the community service work that she had done when she was in the afterschool program. She wanted to learn more about how to best raise her children. She loved that community service work that was in a daycare center. She told me in a number of ways that she had been torn down, and needed to be picked up again. She was seeking to move, so to speak, from one village where nobody cared about her into another village where people saw hope for a teenage mother of two. She told me she didn't see much hope, but she would try for the sake of her children, then she giggled when she said "if I had seen any hope, you think I'd have put myself in this position in the first place?" Thank you very much.

## Sumru Erkut, BS, PhD

*Senior Research Scientist, Wellesley College Center for Research on Women; Co-Project Director, "Raising Competent Girls"*

### Introduction by David G. Satin, MD

Finally I want to welcome Sumru Erkut, who has studied, taught, advised and offered clinical help in the areas of adolescent development, especially for women and for minority groups. She has her doctorate from the Department of Social Relations at Harvard University, has taught at the Middle East Technical University at Ankara, Turkey, and at Boston University. She is still a faculty associate at the Harvard University Center for Middle Eastern Studies, and is a senior research scientist at the Center for Research on Women at Wellesley College. She is co-directing a project on raising competent girls, and one on normative development among Puerto Rican adolescents. She consults to corporations, educational institutions, and social service agencies, and has a private psychotherapy practice. Dr. Erkut, can you tell us what women and women minority subgroups have to teach us about the attainment of healthy and successful adulthood in all citizens?

### Sumru Erkut, BS, PhD

#### Abstract

The exploratory research described here was designed to examine positive self-evaluations among African American, Caucasian, Chinese American, and Puerto Rican middle school girls. A mixed qualitative-quantitative methodology was used to test two hypotheses: (1) liking one's self, as a young adolescent, can have different meanings depending on the social context of one's life and (2) three dimensions of one's self-esteem can be different among girls from different racial and ethnic groups. Both hypotheses were confirmed. Additionally, the results showed that differences in Caucasian girls' public statements versus written responses regarding the importance of physical appearance suggest they have conflicted attitudes toward being attractive and that middle school girls widely endorse "love and limits" as the child rearing approach most likely to lead to raising a daughter who will grow up to like who she is. Differences in the ways girls from diverse social backgrounds perceived what it means to like one's self underscore the important role played by such social contextual variables as race/ethnicity, level of danger in the neighborhood, family boundaries, recency of immigration, media images of feminine beauty, and cultural attitudes toward physical attractiveness. The general conclusion to be drawn from this exploratory research is that

an understanding of the social forces a girl faces is essential for an understanding of what that particular girl needs to like herself. Implications for girls' programming, counseling, and future research are discussed.

From *Making Connections: Relational World of Adolescent Girls at the Emma Willard School* (Gilligan, Lyons, & Hammer, 1990), to *Shortchanging Girls*, *Shortchanging America* (AAUW, 1991), to *School Girls* (Orenstein, 1994), and *Reviving Ophelia* (Pipher, 1994), in recent years there has been much academic and popular interest in girls' self esteem. High self-esteem has been associated with girls' motivation to achieve (academically and in a career) and confidence in their ability to achieve (AAUW, 1991; Baruch, 1975; Phillips & Zimmerman, 1990). While some research indicates that an adolescent's self-concept generally remains positive (Marsh & Gouvenet, 1989), other research notes a low point in many girls' self-regard beginning in early adolescence (AAUW 1991; Gilligan et al, 1990). Longitudinal studies have found that a decline in positive self-regard among adolescent girls contrasts not only with boys' experiences, but with younger girls' self-confidence, self-concepts, and optimism about their lives (Brown & Gilligan, 1992; Phillips & Zimmerman, 1990).

Increasingly, being female is being identified as a factor that puts a young person "at risk" (Earle, Roach, & Fraser, 1987), and early adolescence is regarded as a critical time in girls' lives (AAUW, 1991; Brown & Gilligan, 1992). Studies have reported that dissatisfaction with one's body, eating disorders, depression, and thinking about suicide and suicide attempts all occur at higher rates for adolescent girls than for adolescent boys (Gans & Blyth, 1990; Reinherz, Frost, & Pakiz, 1990).

Gilligan and her colleagues (1992) view early adolescence as a "crossroads" for girls. They describe it as a time of crisis when girls become uncertain of what they know and what they can say in public. At this age girls are becoming conscious of growing up in a patriarchal society which undervalues women. Consequently, girls lose confidence in themselves and their public voices become muted (Brown & Gilligan 1992; Debold, Wilson, & Malave, 1993; Gilligan, Rogers & Noel, 1992). Brown and Gilligan (1992) have argued that girls' self-silencing and "taking their knowledge underground" is a strategy of acquiescence girls employ to remain acceptable to others.

Gilligan and her colleagues' views on girls' declining confidence in early adolescence were originally formulated on the basis of qualitative research primarily carried out with white girls from upper-middle class backgrounds at a private girls' school (Gilligan et al., 1990). Later research which included girls of color (Robinson & Ward, 1991; Sullivan, 1996; Taylor, 1996) has led them to expand the original formulation of self-silencing in order to hold onto

relationships to include both overt and covert resistance to societal dictates. However, Gilligan and her colleagues' belief that early adolescence is a time of a "crisis in confidence" for girls has remained largely unchanged.

Recently, Harter (Harter, Waters, & Whitesell, in press) has examined Gilligan's claim that upon entering adolescence, social factors conspire to cause girls' loss of voice, as manifested in false self behaviors—e.g., not saying what one thinks or believes and not expressing one's true opinions. Harter and her colleagues' results showed that gender role orientation, rather than gender itself, was associated with false self behavior. While they found no evidence that girls, in general, lose their voices during adolescence, a subset of girls who espouse a typically feminine role reported lower levels of voice in public contexts such as in school, talking with teachers or classmates. Androgynous girls, on the other hand, reported high levels of voice in all contexts. These findings were obtained with predominantly white middle class girls. Their generalizability to girls from diverse backgrounds is not known.

Gilligan's formulations coupled with the results of the AAUW survey (1991) which showed older girls having lower self-esteem than younger girls has heightened concern over adolescent girls' development. This concern has coincided with a virtual "cottage industry" which has been decrying the gender gap in self-esteem and offering a variety of strategies to ameliorate the situation (see Flansburg, 1991; Orenstein, 1994; Pipher, 1994; Steinem, 1992). Today, one can rarely find a program designed to uplift "at-risk" youth that does not have a self-esteem component.

On the other hand, research has not shown all adolescent girls to lag in self-esteem. Hirsch and Dubois (1991) found no race or gender differences in their two-year longitudinal study of transition from grade school to junior high school. In this research there was also no evidence of marked decline in overall self-esteem upon moving to junior high school, in that 35 percent of the students' self-esteem remained consistently high and 31 percent exhibited a small increase. Only 21 percent could be classified as showing a steep decline while 13 percent were classified as chronically low. A number of other researchers have not found a decline in self-esteem among adolescent girls of color (see, Powell, 1985; Rosenberg & Simmons, 1972; Tashakkori, 1993; Taylor, 1976), while others have reported inconsistent findings with respect to the effects of race and gender on self-esteem (Martinez & Dukes, 1987; Tashakkori & Thompson, 1991; Wade, 1991).

It is not clear from the existing literature whether the drop in self-esteem found by some researchers (but not others) in early to middle adolescence among girls is an artifact of how self-esteem has been operationalized and measured. For example in the results of the AAUW (1991) sponsored

nationwide survey of students between grades four and ten, much credence has been placed on giving the response, “always true” to the statement, “I am happy the way I am”. The argument for gender differences in self-esteem in adolescence have been based on the fact that whereas 46 percent of high school boys said “always true” to this statement only 29 percent of the girls gave the same response. Moreover, the argument for a decline in girls self-esteem from childhood to adolescence has been based on 60 percent of elementary school girls, 37 percent of middle school girls, and 29 percent of high school girls responding “always true” to this statement. Alternative explanations of these results are girls’ increasing reluctance to boast, and more likely, girls’ ability to reflect on themselves realistically which may improve with age. After all, how many adults could honestly say “always true” to the statement, “I am happy with the way I am” or four others similar to it—a five-item general self-esteem scale was used in this survey. In addition, it does not appear doubtful that one general notion or measure of satisfaction with self could adequately capture the diverse underpinnings of self-evaluations in different social milieus and across different domains of competence.

The exploratory research described here was designed to examine different components of girls’ positive self-evaluations—that is, their views on what it means for a girl to feel good about herself—among middle school students from diverse racial and ethnic backgrounds. Our primary hypotheses are: (1) liking one’s self, as a young adolescent, can have different meanings depending on the social context of one’s life and that (2) the dimensions of self-esteem can be different among girls from different racial and ethnic groups.

Following Harter (1986;1988a;1990), we view self-esteem as the evaluation of the self, influenced by both one’s self-perceived competencies in important domains (see James, 1892) and feedback and support from significant others (see Cooley, 1902; Mead, 1934). We distinguish between evaluations of specific domains of competence on the one hand, and global self-evaluation on the other (see Harter, 1990; Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995). Rosenberg and his colleagues (1995) concur with Harter that global self-esteem and competence in specific domains cannot serve as surrogates for one another. On the other hand, we make this distinction bearing in mind that it is generally accepted that overall self-esteem and competencies in specific domains are interrelated. As William James (1892) maintained over a century ago, a person’s overall sense of self-esteem is derived from self-judged competencies in domains the person views to be important components of the self. For example, a girl who believes it is important to excel academically and perceives herself to be doing well in school will have a higher overall self-esteem than a classmate who also values academic excellence but judges herself to be an academic failure. However, another girl who is failing in school but does not believe getting good grades is

important, may still give herself high global self-esteem ratings if she judges herself to be good on other domains which she views as important, such as physical attractiveness, athletic ability, and/or social acceptance.

Unless otherwise specified, we use the terms self-esteem, self-confidence, self-worth, positive self-regard and feeling good about one's self interchangeably, referring to a global or overall sense of one's worth. Throughout this article we make a distinction between this global sense of self-confidence and self-evaluations on specific dimensions of competence. Dimensions of competence that are relevant to self-esteem are bound by culture and historical time. In the research reported here we have adopted domains proposed by Harter (1988b) based on her interviews with adolescent girls and boys—these dimensions are described in the Data Collection Instruments section below. It is our belief that the distinction between overall self-esteem and competencies in specific domains is important for an examination of differences in the underpinnings of self-esteem among girls from diverse backgrounds.

## Methods

A mixed quantitative-qualitative design integrating both methods was employed (see Maxwell, 1996; Patton, 1990; Tolman & Szalacha, in press) where both quantitative and qualitative methods produced results which contributed to the conclusions. Whereas the majority of research on self-esteem measurement has been quantitative, the need for qualitative data was suggested by fieldwork among diverse groups of middle school girls. Preliminary interviews suggested that the same words such as “freedom” or “wanting space” may have different meanings among girls from different backgrounds. The fixed language of standardized instruments used in survey methodology limits researchers' ability to examine differences in meaning and nuance. Therefore, it is crucial to have both qualitative and quantitative data to adequately investigate girls' constructions of their self-worth.

## Sample

A total of 164 middle school girls took part in the study. We have complete data available on 161 subjects (3 failed to complete the Harter Self-Perception Profile satisfactorily). Approximately, one-third of the respondents were in the eighth grade and two-thirds in the seventh grade. Respondents were recruited primarily through seven schools (six public and one private) with the assistance of the school administration, guidance counselors, bilingual education teachers, and secondarily through community contacts. The sample included 33 African Americans, 46 Caucasians, 40 Chinese

Americans, 19 Puerto Ricans, and 25 girls from other race/ethnic groups. “Others” included Armenians, Cape Verdians, Jamaicans, non-Puerto Rican Latinas, and girls who reported mixed racial/ethnic heritage. Due to the heterogeneity in the “other” group, the comparative analyses were restricted to the four major racial/ethnic groups.

The participating Schools differed not only in terms of racial/ethnic composition but along other dimensions as well. Consequently, our subsamples were not comparable with respect to a number of important demographic variables such as SES. The majority of the African American and Puerto Rican girls were from lower-income inner-city neighborhoods. The majority of Caucasian girls were from middle-class suburbs and lower-middle class satellite cities in the greater Boston area. Most of the Chinese American girls were either from lower-income inner-city neighborhoods or from a lower-middle class satellite city. Also, the majority of Puerto Rican and Chinese American girls were from recent immigrant families where English was not the primary language spoken at home. Moreover, recruitment procedures which involved acquiring parental permission via letters sent home with each student yielded a volunteer sample of relatively “organized” students who remembered to take the letter home, show it to her parents, bring it back signed and turn it in. Therefore, they are convenience samples which cannot be viewed as necessarily representative of the schools or the racial/ethnic group.

## Procedure

The data were collected from small groups of girls, homogeneous with respect to race/ethnicity by a same-race/ethnicity interviewer. The groups were convened in the middle schools the girls attended (except for two community groups where the data were collected in a church). The interviewer explained the purpose of the study as a project on girls’ views of their growth and development in school and at home. Confidentiality was assured. All girls were provided with a copy of the questionnaires. A subset of the girls (20 groups) also participated in a focus group facilitated by the interviewer.

## Data Collection Instruments

Quantitative data: Quantitative data were collected by means of a questionnaire which included Harter’s Adolescent Self-Perception Profile (1988b). The Self-Perception Profile is a 40-item scale that taps domain-specific judgments of competence in eight separate domains, briefly described below, each measured by a 5-item subscale. There is an additional 5-item scale of Global Self-Worth. The items are rated in a structured format in which the respondent first indicates which of the two types of teenagers she is most like and then whether this likeness is “sort of” or “really” true. The responses are



scored on a four-point scale from low to high levels of competence. Harter (1988b) reports adequate internal consistency coefficients for each of the subscales (Chronbach's alpha .79 or higher) based on data from middle school students. The Scholastic Competence subscale measures an adolescent's perception of her competence in doing class work, how smart or intelligent she feels in school. Social Acceptance taps perceptions of how well she is accepted by peers, and whether she feels popular. Athletic competence taps her perception of her competence in sports and athletic activity. The subscale of Physical Appearance measures adolescent's happiness with her looks, body image, and perceptions of attractiveness. Behavioral Conduct is intended to measure perceptions of individual behavior, such as whether an adolescent likes the way she behaves, does the right thing, acts the way she is supposed to, and avoids getting into trouble. The Close Friendships subscale measures ability to make close friends with whom she can confide and share secrets. Finally, Global Self-Worth is a separate subscale which measures the overall global judgment of an adolescent's personal worth, instead of competence in specific domains. This subscale taps the extent to which an adolescent likes herself as a person, is happy with the way she is leading her life, and her general happiness. Given the grade level of our respondents—seventh and eighth graders—we omitted the Romantic Appeal and Job Competence subscales from the domains measured. Romantic Appeal contains items about dating and Job Competence about paid employment. In pilot testing we found these two domains to be less relevant to middle school girls' lives.

Table 1 presents the internal consistency estimates (Chronbach's  $\alpha$ ) of the six subscales of the Self-Perception Profile which were employed in this study. The first column consists of the estimates from one of Harter's samples, her Sample B, the other columns contain data from the four racial/ethnic groups of girls in this study. Harter's sample was composed of 48 girls and 51 boys in the eighth grade which is the one closest in age to the 7<sup>th</sup> and 8<sup>th</sup> grade girls in this study. Harter reports that approximately 90 percent of her samples were Caucasians drawn from primarily lower middle-class to upper-middle class neighborhoods in Colorado (1988b). Our Caucasian sample is the one which is most similar to Harter's Sample B with respect to race/ethnicity, and SES. Indeed, with the exception of the Social Acceptance domain, our Caucasian sample's internal consistency estimates are the most similar to those reported by Harter.

Data from other racial/ethnic groups in our sample did not always yield adequate internal consistency estimates (see Table 1). Because the relatively small size of racial/ethnic subsamples can suppress these scores by limiting variability within, we decided that Chronbach's  $\alpha$  of .65 or above would be evidence of an adequate level of internal consistency for this exploratory study, instead of the more traditional cut-off of .70 (see, DeVellis, 1991; Nunnally, 1978). Even with this low cut-off point of .65, the

African American sample had one subscale with an unacceptably low internal consistency (Behavioral Conduct  $\alpha = .35$ ); the Chinese American sample had two (Social Acceptance,  $\alpha = .59$  and Behavioral Conduct,  $\alpha = .48$ ) and the Puerto Rican sample with the smallest sample size ( $N=19$ ), had five (Scholastic Competence,  $\alpha = .52$ ; Social Acceptance,  $\alpha = .48$ ; Athletic Competence,  $\alpha = .43$ ; Behavioral Conduct,  $\alpha = .63$ ; and Close Friendship,  $\alpha = .57$ ). Subscales with unacceptably low  $\alpha$  estimates were eliminated from subsequent statistical analyses.

We suspect that wording of some of the items contained “double negatives” which may have posed a greater problem for girls who were not raised with standard English in their homes. For example, an item from the Behavioral Conduct subscale has the following wording, “Some teenagers usually do the right thing BUT other teenagers often don’t do what they know is right”. The respondent is asked to pick which type of teenager to whom they are similar and then indicate how true the statement is about them. As one can see, the statement, “other teenagers often don’t do what they know is right,” is a complex construction, disagreement with which creates a confusing double negative.

Qualitative data: the qualitative data were gathered in focus group interviews lasting approximately one hour. A subset of the sample, 93 girls, participated in 20 groups which varied in size from two to nine. The groups were homogeneous with respect to the race/ethnicity of the girls and the interviewer.

Field testing questions for the focus group interview had highlighted the difficulty of using terms such as “self-esteem”, “competence”, “self-worth”, and “positive self-evaluations” with seventh- and eighth- grade students. The blank stares from the girls made it clear that we needed to employ plain English. With input from both middle school girls and our colleagues, we settled on the words “a girl who likes herself” to capture the essence of positive self-evaluations.

Testing the phrase, “a girl who likes herself,” in several groups revealed that girls did not readily talk about whether they liked themselves but were quite voluble when it came to talking as “experts” on the topic. That is, each girl was reluctant (or unable) to talk about whether she liked herself, but had lots of opinions on the more general topic of a girl who likes herself. Therefore, the focus groups elicited these girls’ self-esteem ideology rather than their subjective evaluations of themselves.

Focus group discussions were prompted by the interviewer saying, “think about a girl who likes herself; what is she like?” This was followed up by “How did she become that way?” and ended with asking advice on how to raise a girl so she’ll grow up to like herself. The audio-taped and transcribed interviews were analyzed for emergent themes which led to the construction of coding categories. Answers to the question about the characteristics of a girl who likes herself were analyzed with respect to the following categories: (1) positive personal qualities, (2) negative personal qualities, (3) physical

characteristics, (4) sexuality-related characteristics, and (5) preferred activities. Responses to the follow-up question of how she got that way were coded into (1) family influences, (2) peer influences, and (3) personal attributes. Coding categories for analyzing responses to the third question regarding advice to parents were (1) parents' jurisdiction, (2) child's jurisdiction, (3) reward and punishment—do's and don'ts, (4) value systems, (5) what girls need, (6) authoritative style of child rearing, (7) communication about sexuality, and (8) safety concerns. Independent coding of 10 percent of the transcript material by three raters yielded inter-coder agreement of 90 percent.

## Results

In this exploratory study we have analyzed the results by race and ethnicity as one of the ways of operationalizing the social background. The results of the racial/ethnic analyses are intended to be suggestive and illustrative, not definitive, and not solely, or even primarily, attributable to race/ethnicity. This is because the four groups of girls in the study were not randomly selected and differed on relevant dimensions such as SES and urbanization other than simply race and ethnicity. For this reason, in our data analyses we have refrained from using inferential statistics to avoid a suggestion that the sample means are indicators of the population means. On the other hand, we present quantitative and qualitative descriptions of the samples to provide a context for interpreting observed relationships among variables within each subsample.

### Quantitative Analyses

Table 2 presents the mean scores and standard deviations for self-perception domains as measured by Harter's Self-Perception Profile for each racial/ethnic group. The African American subsample had the most positive self-evaluations, Chinese American girls had the least positive views. Puerto Rican and Caucasian girls fell in between the two extremes. The Global Self-Worth scores followed the same pattern, with African American girls having the highest scores.

The racial/ethnic groups also differed in the areas in which girls gave themselves the highest ratings. African American girls had high scores on the following domains of Self-Perception: Social Acceptance ( $m=3.41$ ), Scholastic Competence ( $m=3.20$ ), Physical Appearance ( $m=3.12$ ). Caucasian girls' ratings were the highest in the domains of Social Acceptance ( $m=3.06$ ), Behavioral Conduct ( $m=3.03$ ), and Close Friendships ( $m=3.36$ ). For Puerto Rican girls the highest self-ratings was on the domain of Physical Appearance ( $m=2.65$ ). For Chinese American girls the domain on which they rated themselves the highest was Close Friendships ( $m=2.91$ ).

An examination of the correlations in Table 3 reveals that, across the four groups, Physical Appearance is the domain closely associated with Global Self-Worth. There were also some noteworthy differences among correlations with Global Self-Worth. For African American girls the strongest correlation was with Scholastic Competence ( $r=.75$ ) while for both Caucasian and Puerto Rican girls it was with Physical Appearance ( $r=.73$ ). Among Chinese American girls Close Friendship was moderately related to Global Self-Worth ( $r=.42$ ).

Table 4 presents the major themes which emerged from the coding of focus group discussions. For a more detailed presentation of focus group discussions, see Erkut and Marx (1995).

#### *African American Girls*

Among African American girls, “a girl who likes herself” was described primarily in terms of interpersonal qualities, which included being a good friend, having friends, giving and getting respect, being a good student, and her physical appearance and attractiveness. How she got to be that way was credited to her family upbringing, having role models, her personal accomplishments, receiving compliments, as well as being physically attractive.

Advice from parents centered on the major themes of teaching respect, having open communication between parents and the daughter, and showing interest in her education. Having ground rules but not smothering the girl with too many rules was seen as important. Additionally, African American girls talked about having “freedom” from parental protectiveness. While their comments suggested an acceptance of the limits imposed by parents, they wanted parents to ease up on the controls. Responses additionally touched on providing guidance in relation to violence, drugs, sex education, and racism.

The strong correlation between Competence and Scholastic Global Self-Worth ratings ( $r=.75$ ) was echoed in the focus group discussions on girls’ advice to parents to be supportive of their daughter’s education. Moreover, African American girls’ comments in the focus group discussion on the role of being attractive and getting compliments corroborates the moderate correlation between Physical Appearance and Global Self-Worth ( $r=.47$ ).

#### Caucasian Girls.

Among Caucasian respondents, “a girl who likes herself” was described primarily in terms of a strong sense of individuality and independence, both of which suggest that Caucasian respondents connected feeling good about one’s self to being one’s own

person. Positive interpersonal qualities, which included how she treats others and is treated by them were secondary themes in the discussion.

How she ought to be that way was credited to parents who raised the girl in a supportive and respectful environment. Having good friends, a role model, and someone who will listen to and understand them were also mentioned as positive influences.

Advice to parents included loving the girl, encouraging and supporting her, and trying to understand her. Caucasian respondents wanted parents to foster independence and individuality while maintaining some limits.

For Caucasian girls, the results of the quantitative analyses and themes which emerged in the focus group discussions generally agree except on the issue of physical appearance. While in their discussion Caucasian girls said that a girl who likes herself is too independent to care about what others think about her looks, quantitative data showed that scores on the Physical Appearance domain was very highly correlated with Global Self-Worth.

#### Chinese American Girls.

The main themes that emerged from focus group interviews with Chinese American respondents described a girl who likes herself as “her own person,” meaning immune to criticism, defiant, does what she believes is right, and is able to take care of herself. Paradoxically, this quest for independence was related to having the freedom to form close connections with friends and to have one’s own thoughts and “space” for one’s own feelings. Thus, the Chinese respondents’ view of a girl who likes herself was one who is independent enough to be able to take care of herself as well as others. Additional characteristics mentioned included a girl who was born in the U.S. and speaks English Well.

How she got to be that way was described as requiring both “space” (i.e., freedom from close family supervision) and support. The space allows a girl to become her own person in relationship to others beyond her family. Support refers to adults understanding her (i.e., being there for her but also letting her make certain choices for herself), providing access to a good education, and allowing her to explore options and activities which can be fun.

A number of participants spoke of the need for freedom in a girl’s life to be with friends and to interact with peers, including male peers, on an informal basis. Thus, the Chinese respondents’ view of a girl who likes herself was one who knows how to conduct herself and is independent enough to be able to take care of herself as well as her friends. This importance attached to friends in focus group discussions was borne out by the

quantitative data whereby Global Self-Worth was most closely related to scores on the Close Friendship domain.

### Puerto Rican Girls

Among Puerto Ricans, a girl who likes herself was described primarily in terms of social/interpersonal qualities, that is, she is popular, has lots of friends, and gets along well with people. A strong, second theme was being well-behaved, including the ability to stay out of trouble. How she got to be that way was credited to how she is treated by family and friends—people treat her well.

Advice to parents centered on teaching the girl right from wrong, being there for her, reaching her to respect herself and others. Another theme was teaching daughters to be street-wise. This included teaching girls about the dangers of drugs, and premature sexual activity, as well as being able to defend oneself physically.

### Discussion

Together the results obtained using both qualitative and quantitative methods pointed to four noteworthy conclusions. On the whole, qualitative and quantitative results supported each other. When the two methods produced contradictory results we were able to interpret that as evidence of conflict or ambivalence.

The first conclusion was that, as we hypothesized, girls from different racial/ethnic groups use different standards to judge one's self-worth. The qualitative data from focus group discussions, where girls were asked to take the "expert" position, were informative about the self-esteem ideology of girls from different racial/ethnic groups. Because the focus groups were homogeneous with respect to race/ethnicity and led by a same-race/ethnicity facilitator, values particular to their racial/ethnic subculture were likely to be more salient in the discussions than other racial/ethnic groups' values. Therefore, the focus group data yielded information about a particular racial/ethnic group of girls' perceptions of what a girl who likes herself ought to be like. In other words, we obtained information on the standards the girls use for evaluating themselves and others.

The results showed that there are some similarities in these standards; for example, all girls talked about the importance of having friends and being well-behaved. However, even these general themes took on different meaning in the discussions. Moreover, there were also notable differences. We interpreted these differences in terms of the social and physical context of the girls' lives.

For example, the Caucasian girls, who in our sample lived in the relative safety of middle-class suburbs or lower-middle-class satellite cities, placed a high emphasis on independence, individualism, being one's own person, and not bowing to peer pressure

e.g., “takes pride in herself, not afraid to wear different clothes; not afraid to be different”. In contrast, the African American and Puerto Rican girls, who in our sample lived in lower-income urban environments, did not stress independence in the same way that Caucasian girls did. Instead, their comments suggest a keen awareness of the physical dangers which surround their urban existence as well as the threats posed by racism. As a Puerto Rican girl said, “...the girl’s gotta be streetwise”. The same sentiment was echoed by an African American girl, “should raise her with self-defense”. Thus, a girl who likes herself was described by African American and Puerto Rican girls as a nice girl who stays out of trouble but is also able to fight to defend herself if needed. As the following quotation from an African American girl illustrates, the “freedom” African American girls wanted was not only about being one’s own person; it was as much about freedom from being constantly watched and monitored by parents due to their concern for her safety: “Trust her, you know. Don’t make...don’t always try to keep her in the house...because all this violence in here and violence in there”.

Chinese American girls also talked about wanting “freedom”. Yet the context and the meaning was, again, different. While for African American girls it was a quest for their parents to trust them and to let up on controls, so that they could have more freedom and be more on their own, for Chinese American girls, wanting space appeared to be a quest for freedom to connect with peers and friends outside of their family circles. That is, Chinese American girls did not want to be left alone by their parents simply to be independent. Rather, as this quotation suggests, they wanted the freedom to form connections outside the family to be there for their friends: “she says that she is an anarchist because she believes in herself instead of others and she works hard at a lot of things and tries to, um, make people happy and helps out a lot”. Thus, this so-called “anarchist’s” goal is to be independent enough to help others.

We have interpreted Chinese American girls’ quest for freedom in the context of their acculturation struggles. Many in our sample were recent immigrants, and English was not the first language spoken in most of these girls’ homes. It appears that the Chinese American girls experienced a discontinuity between home and the outside world and felt that, as much as they respected their parents and accepted parental values, they needed to find role models and sources of support outside of the family to be able to learn to make their way in mainstream American culture. The high value Chinese American girls placed on acculturation can be seen in the description of the girl who likes herself as someone who was born in the U.S. and speaks English as well. The “space” they sought was permission to make connections with friends and peers who could teach them about how things are done in the U.S. mainstream culture and the opportunities and options that are there for them.

The second noteworthy finding, derived from the quantitative data, showed that each racial/ethnic group of girls presented a different profile of self-perceived strengths on Harter's domains of competence. This confirms the second hypothesis that dimensions of self-esteem can be different among girls from different racial and ethnic backgrounds. Our sample of African American girls rated themselves as highly competent—average ratings of 3.12 and above on a four point scale—in the domains of Social Acceptance, Scholastic Competence, and Physical Appearance. They also had the highest Global Self-Worth ratings of all racial/ethnic groups (3.36 on a four-point scale). These results lend credence to the high global self-esteem found among African American girls in the 1991 AAUW sponsored.

Caucasian girls in our sample gave themselves high ratings on the Social Acceptance, Behavioral Conduct, and Close Friendship domains. This pattern of findings suggests that they perceived themselves to be well-liked by their peers and close friends and that they saw themselves as well-behaved. In spite of this, their Global Self-Worth ratings were only moderately high, 2.90 on a four point scale. It may be that their perceived strengths in being well-liked, good girls were diminished by the relatively low ratings they gave themselves in Physical Appearance (2.28).

Our sample of Chinese American girls gave themselves lower ratings on most of the domains compared to other groups and, also, had the lowest Global Self-Worth scores of all. Close Friendship was the domain on which they rated themselves the highest, but even this was only 2.91 on the four-point scale. Relative to the other groups, it appears that Chinese American girls did not see themselves as measuring up to the standards to which they aspire.

Results from the Puerto Rican girls in our sample cannot be interpreted with any confidence because only their Physical Appearance scores had adequate internal consistency.

The third noteworthy finding was that physical attractiveness appears to be a source of conflict for Caucasian girls. In their focus-group discussion Caucasian girls were vehement in their insistence that a girl who likes herself would not bow to peer pressure in terms of how she looks and dresses. Yet, their ratings on the Physical Appearance domain were very highly correlated with Global Self-Esteem scores, ( $r=.82$ ), which suggest that for Caucasian girls Global Self-Worth is almost the same thing as perceiving one's self as physically appealing. This contradiction points to an ambivalence about the role of being physically attractive among Caucasian girls. In contrast, Puerto Rican girls, among whom Physical Appearance and Global Self-Worth scores also were highly correlated ( $r=.73$ ), showed no ambivalence in their attitude toward being attractive. As the following quotation shows, "...she likes herself. She's popular, she's pretty." Puerto



Rican girls mentioned the importance of being attractive in focus group discussions and generally gave themselves high ratings on Physical Appearance.

Chinese American girls were also consistent in their attitudes toward physical attractiveness. They did not bring it up as part of the discussion of a girl who likes herself; they did not rate themselves highly on this domain, nor did their scores on Physical Appearance correlate strongly with Global Self-Worth.

Our findings on Caucasian girls' ambivalence about physical attractiveness suggests that the majority culture's narrow and unrealistic standards of physical beauty—e.g., the image captured in caricature in the original Barbie doll—may be most undermining of Caucasian girls' evaluations of their worth. As Wade (1991) points out, media images of feminine beauty ideals have mostly reflected white standards in the U.S., hence most relevant to Caucasian girls' self-evaluations. In contrast to the narrow Caucasian standard of beauty, until recently, non-white images were scarce in mainstream media, which gave many girls of color options to choose standards of beauty from the wide range of people in their lives. In the last few years there has been an increase in the number of non-white models depicted by mainstream media and fashion industry. Some of these images also portra a wide range of skin color, hair style and texture and facial features. Moreover in the last few decades, non-white girls have enjoyed the added bonus of seeing themselves depicted in not only a range of skin colors, facial features and hair styles, but also body image (the full figured woman) in magazines such as Ebony and Essence and television programs such as "Living Single" with Queen Latifah. The depictions of a wider array of what is attractive—when compared to the narrow Caucasian standard—may allow non-white adolescents a greater range of self-acceptance in how they view their physical appearance. Parker, Nichter, Nichter, Vuckovic, Sims, and Ritenbaugh's (1995) research with African American and Caucasian adolescents females' on body image and weight concerns confirms our view that African American girls have more flexible standards of beauty compared to the Caucasian girls' more rigid definitions of what is beautiful.

Alternatively, girls in the Caucasian sample may have been reflecting, not their own persnal, but majority culture's ambivalence about the importance of physical appearance in their focus group discussions. That is, it may be that each girl is not personally conflicted about physical appearance but each girls has learned that placing importance on looks is viewed as superficial. In other words, the girls may simply be giving voice to majority culture's ambivalence to placing a high value on external appearance. The social desirability element which operates in any group discussion is likely to bring to the forefront what group participants perceive as acceptable social values. Among African American and Puerto Rican groups, there appears to be less ambivalence toward placing a value on looking good, which may be why, girls from these racial/ethnic groups

asserted that a girl who likes herself is attractive, in addition to having other positive qualities.

The fourth finding was the widespread endorsement of girls' need for support but also for parental limit setting. Seventh- and eighth-grade girls' advice to parents for raising a girl who will grow up to like herself stressed giving her freedom but not too much; trusting her to go out but adhering to a curfew; watching her closely but not all the time. Advice from an African American girl is typical of this sentiment, "be reasonably strict. Don't smother her. Let her breathe." It appears that, at least during the middle school years, girls believe both love and limits are necessary ingredients for successful child bearing. Love and limits is basically the "authoritative" approach to child rearing which social scientists have identified with positive child and adolescent outcomes (see Baumrind, 1989, 1991; Steinberg, Dornbusch, & Brown, 1992). It appears that middle school girls' and social scientists' advice to parents is one and the same.

## Conclusions and Implications

The findings of this research are that (1) girls from different racial and ethnic groups use different standards to judge self-worth; (2) girls from different racial and ethnic groups identify different strengths; (3) the differences between Caucasian girls' public statements and written responses suggest they have the most conflicted attitudes toward the importance of physical appearance in determining one's self-worth; and (4) middle school girls widely endorse "love and limits" as the best child-rearing approach for raising daughters who will grow up to like themselves. Differences we have highlighted in the ways girls from diverse social backgrounds perceive what it means to like one's self underscore the important role played by contextual variables. The results have led us to postulate that, not only race/ethnicity, but also the level of danger in the neighborhood, the nature of family boundaries, recency of immigration, and media images of feminine beauty (or cultural attitudes toward physical attractiveness) can play a role in the composition of self-evaluations. The general conclusion to be drawn from this exploratory research is that an understanding of the social forces a girl faces is essential for an understanding of what that particular girl needs in order to like herself.

Because our sub-samples were relatively small and not comparable with respect to many relevant variables such as family composition, social class, and urbanization of residence, the pattern of findings discussed cannot be solely or primarily attributed to racial/ethnic differences. We recommend that future research employ larger representative samples to more accurately assess the meaning and determinants of middle school-aged girls' positive self-evaluations.

We believe documenting the diversity in girls' conceptions of positive self-regard has significant consequences for understanding girls from diverse backgrounds because what may appear on the surface to be similar phenomena may, on closer inspection, reveal subtle but important differences (see Erkut, Fields, Sing, & Marx, 1996). Therefore, it is important to arrive at a more differentiated understanding of the diversity in girls' lives and subsequent conceptions of positive self-regard.

Middle school girls seem to agree that parents should provide both support and freedom for a daughter if they want her to grow up liking herself. Almost in the same breath, they add that the freedom should be within limits. Thus, middle school girls' advice to parents for raising confident and competent girls is the "love and limits" approach to child rearing. The basic finding of this study is that what constitutes loving support and limited freedom for a given girl depends on the social realities of her life. The particular pattern of differences we found in this research may be unique to the samples studied and not generalizable beyond the characteristics of the girls studied.

Nevertheless, in view of the multiple and varying underpinnings of self-esteem in girls from different backgrounds, the findings underscore the weaknesses of an essentialist approach to girls' self-esteem. The question concerning a decline in girls' self-esteem in early adolescence is then turned into a need to examine the relative stability of global self-evaluation throughout adolescence among different groups of girls as well as which domains of competence are sources of strength during early, middle, and late adolescence.

The results have implications for girls' programming. One of the practical outcomes of a clearer understanding of the underpinnings of self-evaluations among adolescent girls will be a rethinking of current prevention and intervention programs for bolstering girls' self-esteem. It may well be that, when measured using context-sensitive definitions and instruments, many girls from backgrounds other than white, middle-class already have an adequate level of self-esteem and may not benefit from intervention programs designed on the basis of knowledge obtained from white middle-class girls. Also, given that there are multiple configurations of self-esteem in diverse groups, programs which work from a single notion of what it means to like one's self may be, in fact, ineffective for girls from different backgrounds. Any program designed to bolster self-esteem should explicitly define what are considered important dimensions of competence for its target population. Finally, to the extent that self-esteem is both global and also has specific domains, interventions can be designed to be specific to the domains of interest. For example, in our sample of African American girls, Global Self-Worth was most highly correlated with the domain of Scholastic Achievement. This finding suggests that for a sample with a similar profile, an academic enrichment program is likely to yield the most return in terms of boosting global self-esteem. On the other hand, in the Caucasian

sample the highest correlation was between Global Self-Worth and Physical Appearance. In a sample with this particular profile, most gains in overall self-esteem are likely to be attained by addressing controversies surrounding physical attractiveness rather than by providing academic enhancement.

There are also several implications for counseling. First, counselors of middle school girls should not assume that all, or even most, young adolescents will exhibit low self-esteem or “lose their voice”. While some girls may actively resist such an impulse, many more will likely have a more mundane basis for their self-confidence than one motivated by rebelling against perceived oppression. Their self-worth will be grounded in competencies they view as important. As Harter and her colleagues’ recent research (in press) shows, “loss of voice” is more likely for girls who aspire to a more feminine ideology may benefit from a psycho-educational approach to counseling which emphasizes the variety of educational, career, and social role options open to women today. Second, the multidimensional model of self-esteem employed here which predicts that general self-worth reflects one’s competencies in domains one deems important, dovetails with standard counseling practice of working with client’s strengths. Our results show that girls from different backgrounds have self-perceived competencies in different domains which they may or may not view as an important competency in which to excel. Bolstering the importance of domains in which an adolescent already feels competent is likely to increase her overall self-esteem. Third, when working with clients from diverse backgrounds, counselors need to be cognizant that domains of self-concept and how an adolescent girl perceives her competence on these domains is, in large part, a function of the social, cultural, and physical circumstances of her life. These perceptions represent adaptive responses to the demands of their daily living. For example, we found that girls who live in environments where they feared for their physical safety said that it was important for a girl to be street wise and to be able to defend herself. The counselor can help a girl assess if she is perceiving her environment accurately, to examine alternative ways she can meet the environmental demands, decide on what competencies she needs to acquire to meet these demands, and develop accurate and realistic standards to judge her performance.

Results of the current study also have several implications for future research on girl’s self-esteem. First, there is a need for psychometrically sound measurement tools which are valid and reliable for use with diverse populations. Secondly, it is necessary to tease out the separate effects of such demographics variables as race/ethnicity, SES, immigration, and urbanization of residence which we touched on in the research reported here. Future research should additionally explore the role played by sexual orientation, gender roles, and being physically and/or mentally disabled. Thirdly, longitudinal studies are needed to document the relative stability or instability of global

self-worth throughout adolescence, as well as to examine which domains are the sources of strength for which groups of girls during early, middle, and late adolescence. Finally, the very same research questions can be asked about boys' self-esteem because adolescent boys are no more a monolithic group than are girls. Future research needs to examine the developmental trajectory of global self-esteem as well as its specific underpinnings among girls as well as boys from diverse backgrounds.

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## Discussion

### **David Satin:**

Dr. Erkut has contributed a unique piece, suggestions from adolescents about what makes for a successful adolescence. I know we're way over our time, but I wonder if people would have some responses, some reactions, some questions that we can exchange after hearing all of the presentations. Anybody from the panel have any second thoughts that you want to exchange?

### **Stuart Hauser:**

I'd be interested in people's thoughts about this very ambiguous idea of social support, and relationships, to some extent it's like, cliché is too strong a word, but who could possibly deny that apple pie is good, but how come it's good, how come it works? I don't think any of us understand the mechanism of why it's important and yet so different from the kids that you describe on the streets, and kids in the hospital, and yet in certain ways the same. I'd be interested in the reflection of you all and others, that's the chapter that we're working on right now, trying to understand why relationships work. You'd be crazy to say they don't work, but I don't know of anybody knows how come they work, except by intuition, obviously.

### **Sumru Erkut:**

...and so that if you feel like there's a connection out there, whether it's a parent, a peer, a minister, whoever, there's someone out there that cares about you and there's a reason to get out of bed every morning, so it could be so many different people, but I just really think it's the connection.

### **Discussant:**

I was reminded of Harry Harlow's monkeys that were raised with wire mother substitutes, and they didn't do well—they were aggressive, they were withdrawn, but put a piece of terrycloth on the wire, they could touch it, there was a connection, it wasn't living but it was something, and they turned out better

### **Discussant:**

I was just struck by, and I've been struck by this before, I was out doing some community street programs in Chelsea, and I know Molly Baldwin.... appeared to have lots of dysfunctional problems, to focus on others who need help... community organizing is a big piece of what usually turns these kids around...you raised them, and Molly talks about this also, focusing on something outside of themselves...

**Stuart Hauser:**

That's an interesting question. One of the instruments we use is the Loevinger Sentence Completion Test, and that's the ego development, and there are 36 different stems, and some of them are relevant, besides the interview. The one that's most relevant is the one that goes along the lines of 'when a child needs help...', and then it's left blank, and people do very differently with that idea of what to do when a child needs help. Some say ignore them, but others begin to give more helping-type responses, and in the yearly interviews there are almost always questions about conflict, helping, altruism. You may know George Vaillant, his altruism is one of the highest levels defenses, and there's something about helping other people that's probably very important, and as we look at the interviews and the sentence completion tests that we probably are going to see strands of that. It was never a consciously devised variable, but yet it's in there, and certainly is. People talk about marriages now about parenting as well they're going to talk differently about how they feel about parenting their own child. We have a parenting interview. We also watch them parent, but they also talk about the experience of parenting, and I think we're going to find differences there, and I would bet these kids doing real well have a very different way of talking about parenting than just the ordinary non-patients as well as other groups, so yes there are different probes we can make about that question.

**Discussant:**

I'd like to take a stab at that too. I didn't necessarily share with you some of the results with respect to the seventh-eighth grade girl's definition of a girl who likes herself. In each racial and ethnic group it included someone who helps her friends. That was a key component. Who stands up for her friends, who doesn't let others badmouth her friends, who is a defender, and more specifically, there's a lot of research that document that the returns to peer tutoring are greater to the tutor than to the person being tutored, and there's a parallel to that, and some people have looked into empathy as a high virtue and a growth-generating phenomenon, and certainly working with other troubled youth creates empathy and offers a mechanism to think through one's problems in the abstract, which makes it easier to learn from.

**George Daly:**

I'd like to take it even a step further and say that a controlled environment where a young person is able to be responsible for somebody is very important and very beneficial, but an uncontrolled environment can be very detrimental. There are a lot of teen mothers out there who don't have anybody who are telling them what to do, and that can be extremely detrimental to the mother and to the child, but those in a

controlled environment get a chance to think that through, that they see somebody, they ask questions, they know why this child acts like this, what can I do for this child who acts like this, how can I help, and that's great.

**Stuart Hauser:**

One of the approaches we use at the Manville School, a special education school within Judge Baker, and one of the approaches we use there is called pair therapy. These are very troubled children, not necessarily learning disabled, but kids with terribly difficult emotional problems, and it looks as though the therapy they do on one another is quite helpful, and it hasn't been studied that closely yet, but I would guess it's the children being therapists rather than therapized, well it's around perspective taking obviously, and this notion of empathy.

**Discussant:**

Answer yes or no right down the line. I don't want to hear you reasons why. I wonder now, public schools: school uniform: yes or no.

**David Satin:**

No.

**Stuart Hauser:**

Absolutely no.

**Sumru Erkut:**

Yes.

**Discussant:**

Yes.

**Discussant:**

No.

**Discussant:**

No.

**Discussant:**

It's about 50%

**Discussant:**

We'd be here all night if we gave the reason why.

**Sumru Erkut:**

I can't help but say I wore them, and it was fine.

**David Satin:**

I want to thank you all again for giving so many different perspectives on such an important era in life, and giving us so much more to think about, and I want to thank you all for coming and sharing the listening and sharing the discussion, and invite you back next year for the 20th Annual Erich Lindemann Memorial Lecture, probably in the same place, undoubtedly on a different topic, but still in the area of community mental health. Thank you.