

**THE RELATIONSHIP OF LOCUS OF CONTROL  
TO SELF-ESTEEM**

**A Thesis  
submitted to the faculty of  
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**by  
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in  
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TO SELF-ESTEEM


We, the undersigned, certify that we have read this thesis and approve it as adequate in scope and quality for the degree of Master of Arts in Behavioral Sciences.

  
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## ABSTRACT

The relationship of locus of control to self-esteem was investigated. Seventy-six subjects composed of four groups, adult patients (20), adult unit staff (18), adolescent patients (20), and adolescent unit staff (18) received a self-administered questionnaire at a community psychiatric hospital. The groups were labeled either high or low in locus of control and self-esteem based on the groups' scores. Each patient completed the questionnaire upon admission to the hospital and the staff groups completed the questionnaire at the commencement of the study. The questionnaire consisted of forty true-false statements regarding locus of control which were scored in the direction of externality, twenty true-false statements regarding self-esteem which served as self-esteem Scale 1, which were scored in the direction of high self-esteem. Self-esteem Scale 2, constructed by Rosenberg (1965), serves as a validity correlate to self-esteem Scale 1. Self-esteem Scale 2 consisted of ten statements answered on a four-point scale ranging from strongly agree to strongly disagree. A response of either one or two was scored as true and a response of either three or four was scored as false. A Pearson Correlation measured the relationship between locus of control and self-esteem. A one-

way analysis of variance tested for significant differences between the groups in an effort to isolate variance components. There was a negative correlation between locus of control and self-esteem in the adult patient group, adult staff group, and the adolescent patient group indicating a relationship between locus of control and self-esteem. A correlation was not demonstrated between locus of control and self-esteem in the adolescent staff group. Both staff groups revealed a greater internal locus and higher self-esteem than their respective patient group.

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CHAPTER I  
INTRODUCTION

Locus of Control and Self-Esteem

Social learning theory is a framework which attempts to identify and describe human social behavior. Throughout the theory's development and modification, the construct of locus of control has emerged. During his early investigations of locus of control, J.B. Rotter (1966) defined the belief in an internal and external orientation as the following:

When a reinforcement is perceived by the subject as following some action of his own but not being entirely contingent upon his own action, then, in our culture, it is typically perceived as the result of luck, chance, fate, as under the control of powerful others, or as unpredictable because of the complexities of the forces surrounding him...We have labeled this a belief in EXTERNAL CONTROL. If a person perceives that an event is contingent upon his own behavior or his own relatively permanent characteristics, we have termed this a belief in INTERNAL CONTROL.

E.J. Phares (1976) describes locus of control as a process continuum that has at one pole individuals who experience themselves as controlling their own behavior by means of self-reinforcement (INTERNALS), while at the opposing pole are individuals who experience their behavior and reinforcement to function independently of their own behavior (EXTERNALS). Locus of control is one aspect of behavior which interacts with a variety of variables. In part, these variables consist of reinforcement, which is an individual's perception of the rewards elicited by his responses; situa-



tional specificity, the degree to which reinforcement is possible in a particular situation; generalized expectancy, which is the average reinforcement experience, being either positive or negative, in a general setting; teleology, which is the individual's goal-directed behavior; social desirability, a factor concerned with describing oneself in a favorable manner in an attempt to gain acceptance from others; and self-esteem, which is the degree to which an individual values his conception of himself. Therefore, the degree and types of effects stemming from locus of control is the complex product of variable interaction within situational parameters.

Individuals maintain a specific learning history developed through their interaction with the environment. This personal learning history establishes an ongoing subjective phenomenology by which a person assesses his environment and his participation within its framework. Internality and externality are dimensions which describe aspects of a person's social interaction. This social interaction is described as an "average" locus of control which is attributable over numerous situations. "Internals are active, striving individuals who exhibit great resistance to influence and who seem to handle success and failure in a more realistic fashion than externals." (Phares, 1976) These behavioral characteristics, in conjunction with a generalized belief in their own proficiency, furnish a basis for individual attune-

ment and social interface. Basically, internals are considered to be more cognitively active, alert, and directive in attempting to control and manipulate their environment and as a result display more efficacious copying skills. Externality, by contrast, is maintained by a low expectancy that one's individual efforts will result in significant impact. H.M. Lefcourt (1967) speculates that externals do not adequately search for reinforcement properties or that they fail to maintain the cognitive awareness that might facilitate cognitive categorizing of situations so as to better attain reinforcement (Phares, 1976).

A variable which interacts with locus of control to sustain an individual's personal perceptions is self-esteem. Self-esteem arises as the degree to which an individual values his social interaction, and is able to sustain personal satisfaction, effectiveness and importance. Basically, the degree to which an individual values himself is viewed as indicating his level of self-esteem.

The present study attempts to explore the relationship between locus of control and self-esteem. The hypothesis is that adolescent and adult unit psychiatric staff should demonstrate an internal locus of control and that this internality is related to a high level of self-esteem. This is to state that both staff groups would experience being responsible and directive in their own behavior and to sustain self-satisfaction as a result of their social interaction.

Conversely, the adolescent and adult psychiatric patients to which the staff groups will be compared are postulated to operate from an external locus of control and to demonstrate a low level of self-esteem. The patient groups would thereby experience reinforcement to function independently of their own behavior and would not highly value their perceived ineffectualness.

The difference between internality-externality in the adolescent patient and adolescent unit staff group is believed to be influenced by the patients' degree of role confusion. Erickson (Rappaport, 1972) maintains that if a stable sense of identity is not constructed, an individual becomes confused about himself and his place in the socio-interpersonal sphere. Erickson (Rappaport, 1972) states that an individual becomes more externally oriented in an effort to compensate for his lack of internally defining resources. As a consequence of the patients' psychological distress and self-dissatisfaction, the patient group will be expected to reveal an external locus of control in an attempt to stabilize their role confusion and assume an identity. Prior to hospitalization, the adolescent patients satisfied their identification needs by associating with acting-out subgroups and by incorporating moral and attitudinal stances which manifested their felt distress. The patients' external dependency and lack of subjective effectiveness will assist in distinguishing the levels of internality-externality

between the adolescent unit staff.

Self-evaluation in an invested area is reported by Coopersmith (1967) and Wylie (1961) to influence an individual's assessment of himself. This aspect may be related to the staff groups in that if they have experienced satisfaction in their job performance a high level of self-esteem may be revealed. William James' (Coopersmith, 1967) approach is consistent with Coopersmith (1967) and Wylie (1961), in that achievement is appraised in regards to an individual's aspirations and that success in attaining one's goal is highly valued.

## CHAPTER II

### METHOD

#### Subjects

Seventy-six (76) subjects (Ss) participated in this study. The sampled populations were comprised of adolescent unit staff (18) and adult unit staff (18) as well as adolescent patients (20) and adult patients (20) at a community psychiatric hospital. All received a self-administered questionnaire measuring locus of control and self-esteem. The staff population was administered the questionnaire at the commencement of the study and the patients received the questionnaire upon their admittance to the facility.

#### Procedure

All the Ss received a self-administered questionnaire on locus of control and self-esteem. The Ss were required to place a T (true) or an F (false) before each of the first sixty statements to indicate agreement or disagreement with the statement. The last ten statements were answered on a four-point scale ranging from strongly agree to strongly disagree. A response of either one or two was scored as true and a response of either three or four was scored as being false.

The questionnaire consisted of three subgroups: locus of control, forty statements; self-esteem scale 1, twenty statements; and self-esteem scale 2, ten statements.

### Locus of Control Scale

The scale used to assess locus of control was constructed by the researcher. The scale is unidimensional and was constructed to reflect locus of control theory. The instrument is designed to measure generalized expectancies for internal vs. external control of reinforcement (a copy of the scale is found in the Appendix). The mean score for I-E was compared between all four groups of the study. A Pearson Correlation was performed to indicate the relationship between I-E and self-esteem. The lower the I-E score, the greater the internality. A negative correlation is postulated between I-E and self-esteem in the staff groups indicating a relationship which would describe the staff as internal with high self-esteem. A negative correlation is predicted between I-E and self-esteem in the patient groups which would describe an external locus with low self-esteem. The scale was scored in the direction of externality.

### Self-Esteem Scale 1

The self-esteem scale 1 was constructed by the researcher and is comprised of twenty T (true) and F (false) statements. These statements have been ordered as every third statement within the initial sixty. The scale was designed to reflect degrees of self-acceptance and self-worth. The self-esteem scale 1 will be correlated with I-E. A validity correlation will be performed between the self-esteem scale 1

and the previously validated self-esteem scale 2. A response marked true on self-esteem scale 1 indicates that the Ss has responded in the direction of high self-esteem, whereas a response of false indicates low self-esteem.

### Self-Esteem Scale 2

The self-esteem scale 2 was constructed by Rosenberg (1965) and serves as a validity correlate for the self-esteem scale 1. The scale measures the self-acceptance aspect of self-esteem and consists of ten items answered on a four-point scale, being scored, however, as agreement or disagreement. That is, a response of one or two is scored as true, whereas a response of three or four is scored as false. The scale was found to correlate from 0.56 to 0.83 by Silber and Tippett (1965) with several similar measures and clinical assessments (Robinson and Shaver, 1973).

### Design

Mean scores were computed on the variables of locus of control, self-esteem 1, and self-esteem 2. Frequency distributions describe the demographics. Overall and within group relationships on the variables of I-E, SE1, and SE2 are described by a Pearson Correlation. Analysis of variance was performed on the various group combinations to test for significant differences between groups in an effort to isolate variance components.

## CHAPTER III

### RESULTS

The degree to which psychiatric patients vary from psychiatric unit staff on the variables of locus of control and self-esteem are presented in this chapter. The Ss were divided into four groups as follows: adult patients (20), adolescent patients (20), adult unit staff (18), and adolescent unit staff (18). Although SE1 and SE2 demonstrated an overall correlation of .8593, it was felt to be beneficial to continue using both scales in an effort to more fully describe the aspects of self-esteem. The data was treated with a one-way ANOVA to test for significant differences between groups and to define variance components. Correlations and F ratios are presented in Table 1.

There is a significant difference ( $p < .035$ ) between the adult patients and the adult unit staff on locus of control indicating the adult unit staff to be generally of an internal orientation. The adult unit staff also demonstrated a significantly higher level of self-esteem compared to the adult patient group on both SE1 ( $p < .003$ ) and SE2 ( $p < .002$ ).

The adolescent unit staff demonstrated a significantly greater internal locus of control ( $p < .002$ ) compared to the adolescent patients. A significant difference beyond the .001 level was demonstrated between the self-esteem of the adolescent unit staff (both SE1 and SE2) and the self-esteem level of the adolescent patients.



## **TABLES**

TABLE 1  
PEARSON CORRELATION COEFFICIENT FOR ADULT PATIENTS

	AGE	SEX	MARSTAT	BIRTHODR	RACE	IE	SE1	SE2
AGE	---	-.1458 (19) S= .276	.2987 (18) S= .114	.5520 (16) S= .013	-.1107 (19) S= .326	.0673 (19) S= .392	.1515 (19) S= .268	.4196 (19) S= .037
SEX		---	.2414 (18) S= .167	.1390 (16) S= .304	.2075 (20) S= .190	-.5493 (20) S= .006	.2353 (20) S= .159	.2753 (20) S= .120
MARSTAT			---	.2658 (15) S= .169	.2464 (18) S= .162	-.0676 (18) S= .395	-.1523 (18) S= .273	-.1683 (18) S= .252
BIRTHODR				---	-.1974 (16) S= .232	-.1545 (16) S= .284	.0096 (16) S= .486	.3676 (16) S= .081
RACE					---	-.0770 (20) S= .373	.3158 (20) S= .088	.1499 (20) S= .264
IE						---	-.4752 (20) S= .017	-.5275 (20) S= .008
SE1							---	.8389 (20) S= .001
								---

(COEFFICIENT/CASES/SIGNIFICANCE)

MARSTAT--Marital Status; BIRTHODR--Birth order; IE--Internal-External;  
SE1--Self-Esteem Scale 1; SE2--Self-Esteem Scale 2

TABLE2  
PEARSON CORRELATION COEFFICIENT FOR ADOLESCENT PATIENTS

	AGE	SEX	MARSTAT	BIRTHODR	RACE	IE	SE1	SE2
AGE	---	.1001 (20) S= .337	99.0000 (20) S= #####	.3689 (20) S= .055	.0526 (20) S= .413	-.1015 (20) S= .335	.3842 (20) S= .047	.2247 (20) S= .170
SEX		---	99.0000 (20) S= #####	.1914 (20) S= .209	-.3504 (20) S= .065	.2270 (20) S= .168	-.2973 (20) S= .101	-.1106 (20) S= .321
MARSTAT			---	99.0000 (20) S= #####	99.0000 (20) S= #####	99.0000 (20) S= #####	99.0000 (20) S= #####	99.0000 (20) S= #####
BIRTHODR				---	.0000 (20) S= .500	.2819 (20) S= .114	-.1587 (20) S= .252	-.0711 (20) S= .383
RACE					---	.1533 (20) S= .259	-.0098 (20) S= .484	-.2092 (20) S= .188
IE						---	-.7315 (20) S= .001	-.6933 (20) S= .001
SE1							---	.8241 (20) S= .001
SE2								---

(COEFFICIENT/CASES/SIGNIFICANCE)

(A value of 99.0000 is printed if a coefficient cannot be computed.)  
 MARSTAT--Marital Status; BIRTHODR--Birth order; IE--Internal-External;  
 SE1--Self-Esteem Scale 1; SE2--Self Esteem Scale 2

TABLE 3  
PEARSON CORRELATION COEFFICIENT FOR ADULT STAFF

	AGE	SEX	MARSTAT	BIRTHODR	RACE	IE	SE1	SE2
AGE	---	-.0435 (17) S= .434	.3200 (16) S= .113	-.2672 (17) S= .150	-.0490 (17) S= .426	-.5186 (17) S= .016	.1489 (17) S= .284	.2049 (16) S= .223
SEX		---	-.5323 (17) S= .014	.1543 (18) S= .270	-.3162 (18) S= .101	.0363 (18) S= .443	-.1732 (18) S= .246	-.1933 (17) S= .229
MARSTAT			---	-.3278 (17) S= .100	.5323 (17) S= .014	-.1770 (17) S= .248	.1710 (17) S= .256	.1830 (16) S= .249
BIRTHODR				---	-.0976 (18) S= .350	.0561 (18) S= .413	-.1316 (18) S= .301	.0649 (17) S= .402
RACE					---	-.0460 (18) S= .428	.0674 (18) S= .395	-.1204 (17) S= .323
IE						---	-.7255 (18) S= .001	-.7875 (17) S= .001
SE1							---	.6453 (17) S= .003
SE2								---

(COEFFICIENT/CASES/SIGNIFICANCE)

MARSTAT--Marital Status; BIRTHODR--Birth Order; IE--Internal-External;  
SE1--Self-Esteem Scale 1; SE2--Self-Esteem Scale 2

TABLE 4  
PEARSON CORRELATION COEFFICIENT FOR ADOLESCENT STAFF

	AGE	SEX	MARSTAT	BIRTHODR	RACE	IE	SE1	SE2
AGE	---	.0176 (18) S= .472	.3632 (18) S= .069	.4158 (18) S= .043	.3188 (18) S= .099	.1204 (18) S= .317	.7975 (18) S= .001	.7460 (18) S= .001
SEX		---	.0102 (18) S= .484	.1550 (18) S= .270	-.0413 (18) S= .435	.0660 (18) S= .397	-.0752 (18) S= .383	.0362 (18) S= .443
MARSTAT			---	.1088 (18) S= .334	.1912 (18) S= .224	.0872 (18) S= .365	.4223 (18) S= .040	.3346 (18) S= .087
BIRTHODR				---	.1041 (18) S= .340	.0920 (18) S= .358	.2693 (18) S= .140	.2335 (18) S= .176
RACE					---	.8617 (18) S= .001	.3790 (18) S= .060	.3160 (18) S= .101
IE						---	.2334 (18) S= .176	.0859 (18) S= .367
SE1							---	.9233 (18) S= .001
SE2								---

(COEFFICIENT/CASES/SIGNIFICANCE)

MARSTAT--Marital Status; BIRTHODR--Birth Order; IE--Internal-External;  
SE1--Self-Esteem Scale 1; SE2--Self-Esteem Scale 2

TABLE 5  
 COMBINED PEARSON CORRELATION COEFFICIENT FOR ADULT PATIENTS, ADOLESCENT PATIENTS,  
 ADULT STAFF, AND ADOLESCENT STAFF

	AGE	SEX	MARSTAT	BIRTHODR	RACE	IE	SE1	SE2
AGE	---	-.0781 (74) S= .254	.5720 (72) S= .001	.2575 (71) S= .015	.0695 (74) S= .278	-.0480 (74) S= .342	.2499 (74) S= .016	.2453 (73) S= .018
SEX		---	-.0074 (73) S= .475	.1087 (72) S= .182	-.0572 (76) S= .312	-.1890 (76) S= .051	.0735 (76) S= .264	.1782 (75) S= .063
MARSTAT			---	.1037 (70) S= .196	.2286 (73) S= .026	-.0612 (73) S= .303	.1339 (73) S= .129	.0325 (72) S= .393
BIRTHODR				---	-.0129 (72) S= .457	-.0014 (72) S= .495	.0212 (72) S= .430	.1533 (71) S= .101
RACE					---	.1294 (76) S= .133	.2562 (76) S= .013	.1385 (75) S= .118
IE						---	-.5561 (76) S= .001	-.6020 (75) S= .001
SE1							---	.8593 (75) S= .001
SE2								---

COEFFICIENT/CASES/SIGNIFICANCE)

MARSTAT--Marital Status; BIRTHODR--Birth order; IE--Internal-External;  
 SE1--Self-Esteem Scale 1; SE2--Self-Esteem Scale 2

TABLE 6  
ANALYSIS OF VARIANCE BY ADOLESCENT PATIENT AND ADOLESCENT STAFF  
ON SELF-ESTEEM SCALE 2

SOURCE OF VARIATION	SUM OF SQUARES	DF	MEAN SQUARE	F	SIGNIFICANCE OF F
MAIN EFFECTS	78.698	1	78.698	19.928	.000*
GRP	78.698	1	78.698	19.928	.000*
EXPLAINED	78.698	1	78.698	19.928	.000*
RESIDUAL	138.220	35	3.949		
TOTAL	216.919	36	6.026		

37 cases were processed.

0 cases (.0 percent) were missing.

\* (Significance of F beyond .001--computer displays only a three place readout.)

TABLE 7  
ANALYSIS OF VARIANCE BY ADOLESCENT PATIENT AND ADOLESCENT STAFF  
ON SELF-ESTEEM SCALE 1 AND  
SELF-ESTEEM SCALE 2

SOURCE OF VARIATION	SUM OF SQUARES	DF	MEAN SQUARE	F	SIGNIFICANCE OF F
MAIN EFFECTS	375.007	1	375.007	24.797	.000*
GRP	375.007	1	375.007	24.797	.000*
EXPLAINED	375.007	1	375.007	24.797	.000*
RESIDUAL	529.316	35	15.123		
TOTAL	904.323	36	25.120		

37 cases were processed.

0 cases (.0 percent) were missing.

\* (Significance of F beyond .001--computer displays only a three place readout.)



**TABLE 8**  
**ANALYSIS OF VARIANCE BY ADULT PATIENT AND ADULT STAFF**  
**ON INTERNAL-EXTERNAL LOCUS**

SOURCE OF VARIATION	SUM OF SQUARES	DF	MEAN SQUARE	F	SIGNIFICANCE OF F
MAIN EFFECTS	184.826	1	184.826	4.840	.035
GRP	184.826	1	184.826	4.840	.035
EXPLAINED	184.826	1	184.826	4.840	.035
RESIDUAL	1298.394	34	38.188		
TOTAL	1483.220	35	42.378		

37 cases were processed.  
 1 cases (2.7 percent) were missing.

**TABLE 9**  
**ANALYSIS OF VARIANCE BY ADULT PATIENT AND ADULT STAFF**  
**ON SELF-ESTEEM SCALE 1 AND**  
**SELF-ESTEEM SCALE 2**

<b>SOURCE OF VARIATION</b>	<b>SUM OF SQUARES</b>	<b>DF</b>	<b>MEAN SQUARE</b>	<b>F</b>	<b>SIGNIFICANCE OF F</b>
<b>MAIN EFFECTS</b>	196.087	1	196.087	9.954	.003
<b>GRP</b>	196.087	1	196.087	9.954	.003
<b>EXPLAINED</b>	196.087	1	196.087	9.954	.003
<b>RESIDUAL</b>	669.801	34	19.700		
<b>TOTAL</b>	865.888	35	24.740		

37 cases were processed.

1 cases (2.7 percent) were missing.

TABLE 10  
ANALYSIS OF VARIANCE BY ADULT PATIENT AND ADULT STAFF  
ON SELF-ESTEEM SCALE 2

SOURCE OF VARIATION	SUM OF SQUARES	DF	MEAN SQUARE	F	SIGNIFICANCE OF F
MAIN EFFECTS	80.417	1	80.417	11.211	.002
GRP	80.417	1	80.417	11.211	.002
EXPLAINED	80.417	1	80.417	11.211	.002
RESIDUAL	243.888	34	7.173		
TOTAL	324.305	35	9.266		

37 cases were processed.

1 cases (2.7 percent) were missing.

**TABLE 11**  
**ANALYSIS OF VARIANCE BY ADOLESCENT PATIENT AND ADOLESCENT STAFF**  
**ON INTERNAL-EXTERNAL LOCUS**

<b>SOURCE OF VARIATION</b>	<b>SUM OF SQUARES</b>	<b>DF</b>	<b>MEAN SQUARE</b>	<b>F</b>	<b>SIGNIFICANCE OF F</b>
<b>MAIN EFFECTS</b>	317.012	1	317.012	11.493	.002
<b>GRP</b>	317.012	1	317.012	11.493	.002
<b>EXPLAINED</b>	317.012	1	317.012	11.493	.002
<b>RESIDUAL</b>	965.419	35	27.583		
<b>TOTAL</b>	1282.431	36	35.623		

37 cases were processed.

0 cases (.0 percent) were missing.

A Pearson Product Moment Coefficient Correlation was performed on each of the four groups. Within the adult patient group, there was a negative correlation between I-E and SE1 ( $-.4752$ ,  $p < .017$ ) and I-E and SE2 ( $-.5275$ ,  $p < .008$ ). This relationship indicates that locus of control and self-esteem are significantly related within the adult patient group. Within the adolescent patient group, a negative correlation between I-E and SE1 ( $-.7315$ ,  $p < .001$ ) and between I-E and SE2 ( $-.6933$ ,  $p < .001$ ) indicate a significant relationship between the adolescent patients' locus of control and their level of self-esteem.

## CHAPTER IV

### DISCUSSION

The present study evaluated the degree to which psychiatric patients and psychiatric unit staff differ on the dimensions of locus of control and self-esteem. In that the staff is believed to view reinforcement as a function of their behavior whereas the patients are believed to perceive reinforcement as functioning independently of their own behavior, it was deemed necessary to assess if there was a difference between the patient and staff groups.

There was a significant difference between the adult patients and the adult unit staff on the measured variables. The staff demonstrated a greater internal locus with an associated high level of self-esteem than was revealed by the patient group. This discrepancy is consistent with Fitch's (Phares, 1976) findings that Ss with low self-esteem tend to be externals. There is research which demonstrates that internal locus of control positively correlates with trust of self and trust of others in female populations (Smith, Tedeschi, Brown, and Lindskold, 1973). As the adult unit staff is 88.9% female, the group's high internal locus is consistent with Smith, et. al., findings (1973). The adult unit staff's general internality indicates that they perceive reinforcement to be contingent upon their own behavior and relatively permanent characteristics. High self-esteem was demonstrated to be related to internality in the adult unit

staff. Also, the internality-high self-esteem correlation reveals that in the adult staff group the tendency to experience satisfaction from personal efficacy is esteemed. Comparitively, the adult patient group demonstrated externality and low self-esteem. The patients' display of an external locus of control indicates that their perception of reinforcement is not entirely contingent upon their own actions. Thus, the adult patients are more externally dependent than their staff counterpart, experience lower reinforcement expectancy, and experience less socio-interpersonal effectiveness. Since low self-esteem correlated with externality, the patients are viewed as esteeming themselves less than the staff group as a result of not feeling able to exercise enough power to influence the environment in the desired direction.

The adolescent unit staff was more internally directed and maintained a higher level of self-esteem than the adolescent patients. Indicatively, the adolescent unit staff generally experiences reinforcement to be contingent upon their own personal characteristics. The adolescent patients, on the other hand, experience reinforcement to operate independently of their own behavior. A relationship between externality and low self-esteem was demonstrated. Though the adolescent unit staff was more internally directed and maintained a significantly higher level of self-esteem than the adolescent patients, correlational studies failed to reveal

a direct relationship between locus of control and self-esteem in the adolescent unit staff. In an attempt to present considerations as to the lack of an I-E/self-esteem correlation, the study of Smith, et. al., (1973) is once again cited as females command 72.2% of the adolescent unit staff. Social desirability, a factor which is concerned with describing oneself in a favorable, socially desirable manner in order to achieve the approval of others (Robinson and Shaver, 1973), is believed to have influenced the elevated internality score of the adolescent unit staff. Locus of control questionnaires, according to Phares (1976), are susceptible to the social desirability factor. In conjecture, if the adolescent staff group generally sought to appear internal, they would mark the questionnaire in an extremely internal manner which may be sufficient to account for the high level of group internality and high level of self-esteem, while not yielding a correlation. An additional factor which may influence I-E is achievement. As an individual becomes increasingly socialized, there is an operative tendency to invest one's self-esteem in special areas of endeavor (Coopersmith, 1967; Wylie, 1961). Self-evaluation thus compartmentally hinges on the subject's performance in the invested area (Coopersmith, 1967). As achievement is generally positively reinforced, an individual who performed well in his investment area would experience high self-esteem. William James (Phares, 1976) maintained that achievement is gauged against



aspirations and that highly valued areas provide particular significance when reviewing communal standards. Subsequently, if the adolescent unit staff has invested their self-esteem in what they interpret as successful job achievement, a correlation would be demonstrated between self-esteem and subjective achievement assessment which may not demonstrate a relationship with I-E. This same postulate of achievement factor may also be applied to the adult unit staff.

As locus of control is an area in which there is little research, further investigations are indicated in an effort to delineate associated aspects such as self-esteem, role identification, and their prevalence in a variety of populations.

## SPECULATION

Locus of control theory and self-esteem are not inconsistent with Berger and Luckman's social construction of reality (1964). The internality-externality concept may be subsumed within the ongoing dialectical process whose function is to assess, interpret, and execute "reality." Thus the locus of control orientation and associated levels of self-esteem are conjectured to be mediated through the ongoing dialectical process with a focus on cognitive processing.

Phares (1976) remarks that an individual accumulates a history of experiences which serves as an interactional basis with the environment. That is to say, that through the ongoing social dialectic, reciprocal habitual typification is historically established and maintained whereby an individual sustains a biased expectancy as to his social effectiveness, power, and value within the environmental system (Berger and Luckman, 1964). The three moments of the ongoing dialectical process are described by Berger and Luckman (1964) as being externalization, objectivation, and internalization. Respectively considered, these moments are conceptualized as "man projecting his own meaning into reality," the process by which externalized products of human activity attain the character of consensual validation, and the retrojection into consciousness of the objectivated social world (Berger and Luckman, 1964). Therefore, via the ongoing dialectic, con-

tradictions are disclosed and synthetically resolved. Cognitively, internalization becomes the focus of subjective phenomenology. (Refer to Table A.) It is at this point in the process that the individual's belief system dictates the relationship between himself and with the environment. In accordance with the individual's amassed personal history, a cognitive bias is established and self-reinforced through the particular cognitive scheme. This subjective phenomenology results in either internality or externality of locus of control. In general, the belief system of an internally oriented individual would be characterized by interpretations which reinforced power, information acquisition, and the expectancy that he would be effective in transactions with the socio-interpersonal sphere (Phares, 1967). The sense of individual power being conceptualized by the ability to cause environmental change with the desired effect, is a facet which differentiates internals from externals. (Phares, 1967). In a further statement, "power can be understood as a kind of confidence or a belief in the efficacy of one's efforts." (Phares, 1967.) Power is viewed as a subjective property. Locus of control, as a set of beliefs, is an integral facet of power contributing to the subjective phenomenological field. The degree to which an individual values himself, his subjective phenomenology, indicates the individual's level of self-esteem. Yalom (1975) describes self-esteem as "the individual's conception of what he is

really like, what he is really worth, and this being indissolubly linked to his experiences in social relationships." Similarly, Sullivan states, "The self may be said to be made up of reflected appraisals." (1955.) The interaction between society and the individual develops through history to define self-esteem levels. An individual's locus of control biases the extent to which social or personal assessments are weighted. Explicitly, as a psychiatric patient projects his own meaning into reality, this personal meaning is sanctioned or disqualified by consensual social validation which is sequentially internalized as "reality." (Berger and Luckman, 1964.) The extent to which he energetically disputes "social reality" is a function of his personal history and cognitive autonomy and the level to which this subjective phenomenology is valued. As the patient population demonstrated a significantly greater external locus of control, the interdependence between self-esteem (individual's evaluation of his identity) and public esteem (group's evaluation of individual's worth) is weighted in the direction of external appraisals whereby less autonomous functioning is sustained. The psychiatric patient sample, therefore, negates their own self-perceptions and evaluations in deference to society. As the ongoing dialectic amasses a history to reinforce the patient's perceived necessity of external dependence and low expectancy that one's efforts will have an impact, the patients increasingly rely upon fate to direct their life

course. Paradoxically, it is the patient's external locus, his other dependence, that facilitates the retrojection of the staff's internality and self-esteem. As the dialectical process includes identification, interpersonal transactions, and cognitive restructuring, the patients incorporate a more autonomously governed self-disputation scheme which may be considered an antecedent to internality and elevates self-esteem. Upon cognitive modification via ideational disputation and reevaluation, the patients may externalize a restructured behavior and attitudinal trend whereby reciprocal habitual typification may intervene the dialectical process and instill a more functional individual and social "reality." (Beck, 1978; Berger and Luckman, 1964.) This instillation of a more effective and positive self will serve to comment upon the individual's history in as much as "introspection is retrospection" (Sartre) and contribute to altering cognitive biases in a more personally efficacious manner (Yalom, 1975).

As psychotherapeutic treatment progresses, the patients are theoretically disposed to develop a greater internal locus of control and a more elevated self-esteem by virtue of interactions with the staff via the ongoing dialectical process. Though additional variables interact throughout the course of psychiatric treatment in a community hospital which facilitates psychological development, the social dialectic is ongoing and provides a framework by which to con-

ceptualize the direction of locus of control and self-esteem level. Berger and Luckman have been used in an effort to evaluate and consolidate the variables of locus of control and self-esteem in a supra-organizing scheme. In so doing, the variables are not only considered in isolation, but may be viewed in a broader perspective.

## REFERENCES

- Beck, Aaron T., Cognitive Therapy and the Emotional Disorders. International Universities Press: New York, N.Y., 1976.
- Berger, Peter, and Luckman, Thomas, Social Construction of Reality. Anchor Books: Garden City, N.Y., 1967.
- Brecher, M., and Denmark, F.L., "Internal-External Locus of Control and Verbal Fluency," Psychological Reports, 25, 1969.
- Coopersmith, Stanley, The Antecedents of Self-Esteem. W.H. Freeman and Co.: San Francisco, Ca., 1967.
- Ellis, Albert, and Harper, Robert A., A New Guide To Rational Living. Wilshire Book Co., North Hollywood, Ca., 1977.
- Fitch, G., "Effects of Self-Esteem, Perceived Performance, and Choice on Casual Attributions," Journal of Personality and Social Psychology, 16, 1970.
- Meacham, John A., "A Dialectical Approach to Moral Judgement and Self-Esteem," Human Development, vol. 18, 1975.
- Phares, E. Jerry, Locus of Control in Personality. General Learning Press: Morristown, N.J., 1976.
- Rappaport, Leon, Personality Development: Chronology and Experience. Scott, Foresman and Co., Glenview, Ill., 1972.
- Robinson, John P., and Shaver, Phillip R., Measures of Social Psychological Attitudes. Institute for Social Research, Ann Arbor, Mich., 1973.
- Rotter, J.B., Social Learning and Clinical Psychology. Prentice Hall: Englewood Cliffs, N.J., 1954.
- Rotter, J.B., "Generalized Expectancy for Internal vs. External Control," Psychological Monographs, 80, 1966.
- Smith, R., Tedeschi, James T., Brown, Robert C., Lindskold, Suenn, "Correlates Between Trust, Self-Esteem, Sociometric Choice, and Internal-External Control," Psychological Reports. (June) vol. 32, 1973.
- Sullivan, H.S., Conceptions of Modern Psychiatry. Tavistok: London, 1955.

Wylie, Ruth, The Self-Concept, vol. 1, Lincoln, University of Nebraska Press, 1961.

Yalom, Irvin D., Theory and Practice of Group Psychotherapy.  
Basic Books: New York, N.Y., 1975.



## **APPENDIX**

**PARTICIPANT CONSENT FORM--ADOLESCENT:**

I understand that my son's/daughter's participation in this survey is voluntary. I am aware that he/she is under no obligation to answer any of the questions nor to return the questionnaire if preferring not to. I understand that all information provided will be confidential and that his/her name will not appear on the questionnaire. I am also aware that the consent form will be kept separate from the questionnaire and will not be identified with it.

Patient Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

**PARTICIPANT CONSENT FORM:**

I understand that participation in this survey is voluntary. I am not under any obligation to answer any of the questions not to return the questionnaire if I prefer not to. I understand that all information I provide will be confidential and that my name will not appear on the questionnaire. I am also aware that the consent form will be kept separate from the questionnaire and will not be identified with it.

Signature \_\_\_\_\_

AGE \_\_\_\_\_

BIRTH ORDER \_\_\_\_\_

SEX \_\_\_\_\_

RACE \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

In the blank preceding each statement, indicate whether you agree with the statement by marking "T" (TRUE), or by marking "F" (FALSE) for a statement with which you disagree.

**EXAMPLE:**

1.   T   When you get in an argument, is it sometimes your fault?

1. T I can be authentic about my beliefs and people will accept me.
2. F Others generally have better ideas than I.
- \*3. T I am in good health.
4. T I compare myself infrequently to others.
5. F I accept myself on the condition that others accept me.
- \*6. T I feel my moral behavior is acceptable.
7. T When others relate negative judgements about me, I do not devalue myself.
8. F I generally do things to gain approval from others even if I do not approve of the behavior.
- \*9. T I exercise a lot of self-control.
10. T I do not blame others for my misfortune.
11. F I rarely do what I have decided if someone disagrees with me.
- \*12. T I feel that I am a valuable person.
13. T The situations in which I am involved are strongly influenced by my behavior.
14. F I trust what others say about me before I would believe what I think about myself.
- \*15. T I am satisfied with my social skills.
16. T People influence what others think about them.
17. F Many times I have felt that others have hurt me.
- \*18. T My family is a happy one.
19. T What I achieve in this world is of my own doing.
20. F People do not realize the extent to which they are influenced by others.
- \*21. T I am not afraid often.
22. T Luck has nothing to do with success.

23. F The uncertainties of life concern me.
- \*24. T I have good ideas.
25. T I do not accept the result of situations as being predestined.
26. F Freedom of choice is something I do not believe exists.
- \*27. T Generally, I am a happy person.
28. T When the going gets tough, I know that with perseverance I will succeed.
29. F Generally, people must accept their fate.
- \*30. T I am a successful person.
31. F If you want to make it in the world you must please others.
32. F I do not believe that by wishing, good things will happen.
- \*33. F I generally feel inadequate when performing tasks.
34. F Many times I have been baffled by people's behavior toward me.
35. T I generally do not blame others for what happens in my life.
- \*36. F When judging myself, I go by what others say about me.
37. F I am frequently aware of the effect chance plays in my life.
38. T It is better to think about problems than trying to forget them.
- \*39. F Finding something good about another person is easier than finding something good about myself.
40. F I am concerned about the manner in which I convey myself to others.
41. T An individual chooses whom his friends will be.
- \*42. F Often I feel that there is nothing that I can do well.
43. F When conflict arises, I am more comfortable allowing others to resolve the issue.

44. T I believe that whether or not people like me depends on how I act.
- \*45. F I am a shy person.
46. F Without the right breaks people cannot get ahead in this world.
47. T On the average, I am not overly sensitive to the negative things others may say about me.
- \*48. F I commonly feel inferior to others.
49. F Getting ahead is significantly influenced by whom one knows.
50. T Planning in advance makes situations turn out better.
- \*51. F It is not uncommon for me to feel that I dislike myself.
52. F It is important to an individual to receive social approval.
53. T I alone determine the way I feel.
- \*54. F Many times I have wondered if anything is worthwhile.
55. F Most problems eventually solve themselves.
56. T I have confidence in my own opinions and I stand behind them.
- \*57. F I need a lot of encouragement from others in order to feel good about myself.
58. F Most of the time one's friend may easily persuade him to change his opinion.
59. T I am not concerned about fitting into social groups.
- \*60. F I feel a great deal of stress when someone asks me to do something for them.

\* SELF-ESTEEM SCALE 1

In the blank preceding each statement, indicate the degree to which you agree with the statement or disagree with the statement by marking either: 1 Strongly Agree, 2 Agree, 3 Disagree, or 4 Strongly Disagree.

EXAMPLE:

- |                      |          |             |                         |
|----------------------|----------|-------------|-------------------------|
| 1. Strongly<br>Agree | 2. Agree | 3. Disagree | 4. Strongly<br>Disagree |
|----------------------|----------|-------------|-------------------------|

1. 2 When someone is nice to you, it is because you did the right thing.



1. Strongly agree      2. Agree      3. Disagree      4. Strongly Disagree

1. 1,2 I Feel that I am a person of worth, at least on an equal basis with others.
2. 1,2 I feel that I have a number of good qualities.
3. 3,4 All in all, I am inclined to feel that I am a failure.
4. 1,2 I am able to do things as well as most other people.
5. 3,4 I feel that I do not have much to be proud of.
6. 1,2 I take a positive attitude toward myself.
7. 1,2 On the whole, I am satisfied with myself.
8. 3,4 I wish I could have more respect for myself.
9. 3,4 I certainly feel useless at times.
10. 3,4 At times I think that I am no good at all.

TRUE:    INTERNAL RESPONSE

1	32
4	35
7	38
10	41
13	44
16	47
19	50
22	53
25	56
28	59

FALSE:    INTERNAL RESPONSE

2	31
5	34
8	37
11	40
14	43
17	46
20	49
23	52
26	55
29	58

TRUE:    HIGH SELF-ESTEEM

3
6
9
12
15
18
21
24
27
30

FALSE:    HIGH SELF-ESTEEM

33
36
39
42
45
48
51
54
57
60

SCORING:

Each response designated in the direction of external control and in the direction of high self-esteem will receive one (1) point. The lower the locus of control score, the greater the Ss internality; the higher the self-esteem score, the higher the Ss self-esteem level.

ONGOING DIALECTIC:

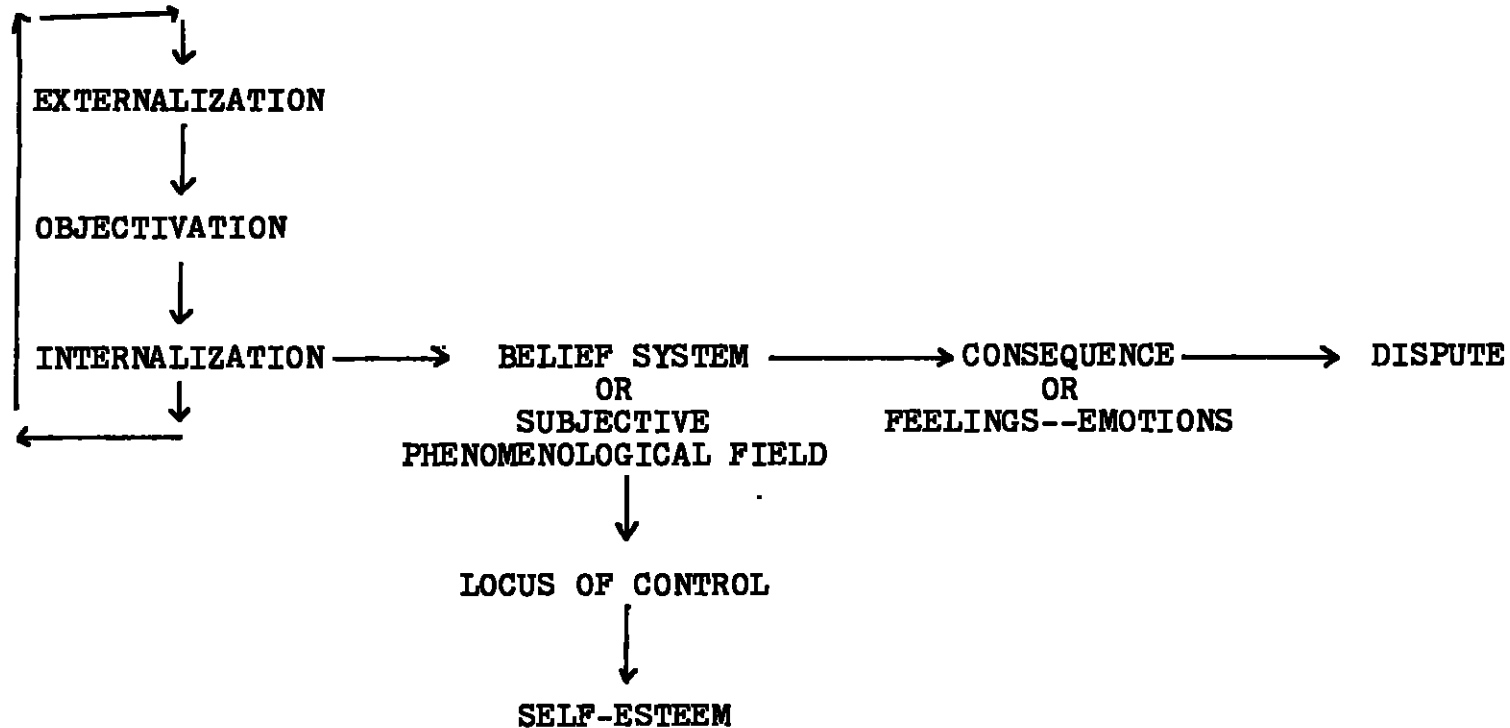


TABLE A: SCHEMATIC OF ONGOING DIALECTICAL PROCESS AND LOCUS OF CONTROL AND SELF-ESTEEM INTERACTION

MEANS, STANDARD DEVIATIONS, AND VARIANCES FOR  
 SELF-ESTEEM SCALE 1, SELF-ESTEEM SCALE 2,  
 AND INTERNAL-EXTERNAL

		ADULT PATIENT	ADOLESCENT PATIENT	ADULT STAFF	ADOLESCENT STAFF
SE2	$\bar{X}$	5.650	6.250	8.941	8.889
	SD	3.689	2.531	1.088	1.568
	SD <sup>2</sup>	13.608	6.408	1.184	2.458
SE1	$\bar{X}$	11.150	11.200	16.556	16.667
	SD	5.851	4.819	3.034	4.524
	SD <sup>2</sup>	34.239	23.221	9.203	20.471
IE	$\bar{X}$	17.650	17.050	13.444	10.666
	SD	8.100	6.065	4.449	4.511
	SD <sup>2</sup>	65.608	36.787	19.791	20.353
AGE	$\bar{X}$	39.947	15.700	35.588	28.444
	SD	15.204	1.342	12.212	8.847
	SD <sup>2</sup>	231.164	1.800	149.132	78.261

SE1--Self-Esteem Scale 1

SE2--Self-Esteem Scale 2

IE---Internal-External

ADJUSTED FREQUENCY PERCENTAGES FOR  
SEX, MARITAL STATUS, BIRTHORDER,  
AND RACE

		ADULT PATIENT		ADOLESCENT PATIENT		ADULT STAFF		ADOLESCENT STAFF	
<b>SEX</b>									
ADJ. f%	M	9	45.0	6	30.0	2	11.1	5	27.8
	F	11	55.0	14	70.0	16	88.9	13	72.2
<b>MARITAL STATUS</b>									
ADJ. f%	S	5	29.4	20	100.0	4	23.5	9	50.0
	M	7	41.2	0	0.0	9	52.9	7	38.9
	D	5	29.4	0	0.0	4	23.5	2	11.1
	W	0	0.0	0	0.0	0	0.0	0	0.0
<b>BIRTHORDER</b>									
ADJ. f%	1	7	43.8	9	45.0	6	33.3	5	27.8
	2	4	25.0	5	25.0	10	55.6	5	27.8
	3	2	12.5	4	20.0	1	5.6	4	22.2
	4	1	6.3	1	5.0	1	5.6	2	11.1
	5	0	0.0	1	5.0	0	0.0	1	5.6
	6	1	6.3	0	0.0	0	0.0	1	5.6
	7	1	6.3	0	0.0	0	0.0	0	0.0
<b>RACE</b>									
ADJ. f%	C	19	95.0	19	95.0	15	83.3	13	76.5
	B	1	5.0	1	5.0	3	16.7	4	23.5

M--Male  
F--Female  
S--Single  
M--Married  
D--Divorced  
W--Widowed  
C--Caucasian  
B--Black

④ 1/2  
April  
4673 m.p.