

INSTITUTIONALIZATION AND THE SELF-CONCEPTS
OF
DEVIANTS AND NONDEVIANTS: A COMPARATIVE STUDY

CENTRE FOR NEWFOUNDLAND STUDIES

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INSTITUTIONALIZATION AND THE SELF-CONCEPTS
OF
DEVIANTS AND NONDEVIANTS: A COMPARATIVE STUDY

A Thesis

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of

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ABSTRACT

The present exploratory investigation, a comparative one, was conducted within the city of St. John's, Newfoundland. It involves determining the effect of institutionalization upon the self-concepts of individuals and employs as a testing instrument The Twenty Statements Test designed by Manford Kuhn and his students. The theoretical framework on which the study lies is based mainly on Erving Goffman's stripping process as described in his book, Asylums, together with portions of theory from such theorists as G. H. Mead, C. H. Cooley, John Kinch, and Manford Kuhn.

Two groups of deviant subjects, institutionalized (prisoners and mental patients) and noninstitutionalized (religious fundamentalists), were compared, and a group of institutionalized nondeviants (hospital patients) was compared with a group of noninstitutionalized nondeviant subjects (university students) to determine the differences in self-concept. The overall differences for institutionalized and noninstitutionalized subjects were then determined, the factor accounting for the differences being institutionalization.

Three hypotheses were formulated and verified. No statistical analysis was employed because the exploratory nature of the study did not require it. Instead, findings were compiled in numbers and percentages. Coding was carried out in accordance with the method used by Kent Schvirian with slight modification. In order to increase reliability, two coders other than the researcher assisted in the coding procedures.

Analysis of the data revealed:

- (1) Institutionalized deviants made more references to the institution than did noninstitutionalized deviants.
- (2) Institutionalized nondeviants made more self-identifications with the institution than did noninstitutionalized nondeviants (to an even larger extent than did the institutionalized deviants).
- (3) Self-concepts of institutionalized subjects are less favorable than those of noninstitutionalized subjects.
- (4) Institutionalized subjects make statements which depict the self as a physical entity which requires at best only indirect relationships to others to a larger extent than do noninstitutionalized subjects.
- (5) Institutionalized deviants have a more unfavorable attitude toward the institution than do institutionalized nondeviants.
- (6) Consensual statements are not always most salient for the individual.

Chapter I presents the theoretical background on which the study rests.

Chapter II presents the methodology employed.

Chapter III presents the analysis and findings.

Chapter IV relates findings to theory, gives further analysis together with a recapitulation and suggestions for further research.

PREFACE

For some time, "self" and "self-concept" have been of major interest to philosophers, psychologists, and sociologists alike, but until recently it was impossible to put into operational form the concept of self in such a way that it could be used to formulate empirical propositions. Today, fortunately, the situation has changed, and many aspects of the self may be studied through the use of such self-concept instruments as the Twenty Statements Test used in the present investigation.

As we are well aware, there are millions of people in all parts of the world living at least some portion of their lives within institutions, for example, in prisons and mental hospitals, and it was the purpose of this study to determine the effects of incarceration upon the self-concepts of such individuals. In order to ascertain these effects, an exploratory study, comparative in design, was conducted within the city of St. John's, Newfoundland. Two groups of institutionalized deviants (prisoners and mental patients) were compared to two groups of noninstitutionalized deviants (religious fundamentalist sects), while an institutionalized nondeviant group (hospital patients) was compared to a noninstitutionalized nondeviant group (university students). Overall differences were then determined.

Three hypotheses were formulated, using as a theoretical background the stripping process as described in Erving Goffman's Asylums.

These hypotheses were confirmed, the findings verifying the fact that institutionalization does have an adverse effect upon the self-concept.

I should like to express my thanks to the Medical Director and Staff of the Hospital for Mental and Nervous Diseases, the Superintendent and Staff of Her Majesty's Penitentiary, the Administrator and Directress of Nursing of the St. John's General Hospital, members of the two religious sects, professors in whose classes testing was conducted, as well as university students who participated. Without the cooperation of the aforementioned, this investigation would not have been possible. I should also like to thank Adolf and Vera Crant for their assistance in coding the data.

Professor Robert A. Stebbins, as Supervisor of the study, has provided suggestions and criticisms which have improved the thesis, and I should like to express my thanks and acknowledge my indebtedness to him.

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CHAPTER I

THE SOCIOLOGICAL THEORY OF THE SELF-CONCEPT

Although the ideas of "self" and "self-concept" are centuries old, the origin of the sociological conception dates back only seventy to eighty years to the writings of William James, C. H. Cooley, and especially George H. Mead. Like a good many other areas of scientific study, interest in the self can be traced to philosophy, and the current scientific formulations of self are partly made in the image of their philosophical precursors. Pragmatism was the branch of philosophy in which the modern sociological theory of the self appeared in its pristine form.

While, as we shall see, the founding of the sociology of the self in pragmatism was generally an event of good fortune, it also has its disadvantages. Martindale comments on the nature of that philosophical school:

The vagueness of the statement of the nature of pragmatism by its proponents and the often contradictory estimates by its opponents, taken together with the powerful influence on American social science, are significant. Pragmatism was one of the many attempts to reconcile some of the premises of idealism with scientific method, and unite a spiritualistic and biological conception of human development.¹

¹Don Martindale, Nature and Types of Sociological Theory (Boston: Houghton Mifflin, Inc., 1960), p. 299.

In spite of the tendency among these philosophers to define their subject matter in instrumental and experimental terms, the nature of their goals prevented them from achieving the sort of conceptual clarity needed for scientific investigation. In the attempt to integrate idealism and science, while simultaneously trying to solve the ageless mind-body problem, it is too much to expect a neatly defined set of concepts and propositions to emerge as well. Thus, the legacy left by those pragmatists concerned with the self, particularly James and Mead, was a set of brilliant insights into the nature and development of this phenomenon, which lacked the coherence of mature scientific theory and the sort of operational specification necessary for empirical research.

Theoretical Background

"The words 'self-concept' have come into common use to refer to the self as the individual who is known to himself."² It is distinguished from the "self" as the agent or subject of action. The sociologist's notion of self-concept is based largely on the writings of the aforementioned pragmatists and social scientists such as George Herbert Mead, Charles Horton Cooley, Erving Goffman, and Manford Kühn, among others. Their view that one's self-conception is learned from the reaction of other individuals to him is largely accepted today by social psychologists.

The self-concept may be defined in symbolic interactionist terms as the organization of qualities the individual has of himself.

²Ruth C. Wylie, The Self-Concept (Lincoln: University of Nebraska Press, 1961), p. 1.

and may include attributes expressed by the individual in terms of adjectives, plus the roles in which he sees himself.

In very general terms, the basic notions of the theory can be stated in one sentence. The individual's conception of himself emerges in social interaction and, in turn, guides or influences the behavior of that individual.³

The following propositions are found in most statements of self-concept:

1. The individual's self-concept is based on his perception of the way others are responding to him.
2. The individual's self-concept functions to direct his behavior.
3. The individual's perception of the responses of others toward him reflects the actual responses of others toward him.⁴

For Cooley, the self-concept is designated in common speech by "I," "me," "mine." "I" means self-feeling primarily and refers to opinions, desires, and claims. "My" and "mine" are used in reference to others since what is mine is not belonging to "other." The social self, then, is any idea or system of ideas drawn from communicative life that the mind cherishes as its own.

According to Cooley, the individual is a product of society in the sense that everything human about him has a history in the social past.

³ John W. Kinch, "A Formalized Theory of the Self-Concept," The American Journal of Sociology, LXVIII (January, 1963), 481.

⁴ Ibid.

The self consists of three principal elements:

1. The imagination of our appearance to the other person.
2. The imagination of his judgment of that appearance; and
3. Some sort of self-feeling such as pride or mortification.⁵

Let us now examine G. H. Mead's theory of the self. To
George Herbert Mead,

The self⁴ is something which has a development. It is not initially present at birth but arises in the process of social experiences and activity, that is, develops in the given individual as a result of his relations to that process as a whole and to other individuals within the process.⁶

Mead's conception of the self is an organization of socially derived, and symbolically represented, self-identification. He saw the development of the self as a progression in which the child takes the roles of particular others (e.g., parents, siblings) toward himself and organizes the specific attitudes of these persons toward himself and toward one another in the given social acts in which he participates with them. Later on he takes the role of the "generalized other" (society as a whole) toward himself, and views himself in the light of general precepts and behavior patterns. Once the individual has taken on the role of the entire community, the self reaches its full development. The unity and structure of the self reflects the unity and structure of the social process, the social group, and the community. Mead says

⁵Charles Horton Cooley, Human Nature and the Social Order (New York: Schocken Books, 1967), p. 184.

⁶Anselm Strauss (ed.), George Herbert Mead on Social Psychology (Chicago and London: University of Chicago Press, 1964), p. 199.

that societies based on caste cut down on self-development because one leads only a narrow life, taking very few roles, the result of which is also a very narrow self.

No distinct line can be drawn between our own self and the selves of others, since our own self exists and enters as such into our experiences only insofar as the selves of others exist and also enter as such into these experiences. The individual possesses a self only in relation to the selves of other members of the social group, and the structure of the self expresses or reflects the general behavior of the whole community. "Selves can only exist in definite relationship to other selves."⁷

The sociological view of the self has found expression in psychiatry principally through the works of Harry S. Sullivan. He referred to the "significant other" as one whose evaluation of the individual's behavior and whose attitudes the individual regarded highly, and who therefore played a major role in the concept of self.⁸

Manford Kuhn has drawn a distinction between the "social other" of Mead, the "significant other" of Sullivan, and a class of social others to whom he referred as "orientational others." This concept had four attributes which are as follows:

- (a) The term refers to the others to whom the individual is most fully, broadly and basically committed, emotionally and psychologically.

⁷ George Herbert Mead, Mind, Self and Society (Chicago: University of Chicago Press, 1934), p. 164.

⁸ Harry Stack Sullivan, Conceptions of Modern Psychiatry (Washington, D.C.: W. A. White Psychiatric Foundation, 1947), pp. 18-22.

(b) It refers to the others who have provided him with his general vocabulary including his most basic and crucial concepts and categories.

(c) It refers to others who have provided and continue to provide him with his categories of self and other, and with the meaningful roles to which such assignments refer.

(d) It refers to the others in communication with whom his self-conception is basically sustained or changed.⁹

From this conceptual basis Kuhn proceeds with his theory of the self-concept. The definition of self-conception is the individual's attitudes or plans of action toward his own mind and body viewed as an object. Classes of attitudes include identities in terms of roles and statuses, conceptions of goals, an ideological view, and evaluative statements. Self-attitudes have no meaning unless the situation is specified. The self serves as a basis from which a person makes judgments and plans of action toward other objects in a situation. The behaviors of "orientational others" that are directed toward a person determine his behavior regarding all objects including himself. All behaviors are considered plans of action, and attitudes are verbal statements which indicate the ends toward which action is directed.

The main point is that attitudes as used in this theory are overt, observable behavior which are directly amenable to scientific investigation. They are considered to be verbal statements which can organize and direct other behavior.¹⁰

⁹Manford H. Kuhn, "The Reference Group Reconsidered," Sociological Quarterly, V (Winter, 1964), 18.

¹⁰Charles W. Tucker, "Some Methodological Problems of Kuhn's Self-Theory," Sociological Quarterly, VII (Summer, 1966), 349.

Importance of Self-Conception

The importance of self-conception should never be underestimated. It is the individual's self-conception which determines in part how he acts toward and reacts to the social situation. It also influences how he is acted toward in the process of social interaction.

To Erving Goffman,

The very structure of the self can be seen in terms of how we arrange for performance in our Anglo-American Society. It is a dramatic effect arising diffusely from a scene that is presented, and the characteristic issue is whether it will be credited or discredited.¹¹

Self is a constellation of acquired social identities in which one places oneself, and the individual believes he is one of a category of people, so that his plans of action are his attitudes. Those plans of action are incorporated into the definition of the situation and are involved in the overall plans of action. If the individual cannot place himself in a specific category, he does not know how to behave, nor can he carry out plans of action.

The consciousness of one's self in relation to others--love of approval, resentment of censure, a sense of right and wrong--is formed by the standards of the group. To refer back to C. H. Cooley's theory, the ideal self is constructed chiefly out of ideas of oneself believed to be held by others. The individual cannot always live up to this ideal, and sometimes, when conduct violates it, it leads to shame which proves detrimental to the previous conception of self and influences future behavior in an undesirable manner.

¹¹Erving Goffman, The Presentation of Self in Everyday Life (New York: Doubleday and Company, 1959), pp. 252-253.

Self-conception plays an important role in the definition of the situation, in reaching and maintaining a working agreement among participants in interaction, and this working agreement is important for a well-coordinated performance.

There is a role or line of conduct characteristic and expressive of a person with a specific social identity. If the individual performs in accordance with this self-concept, then the audience may confer that self upon the performer. If, on the other hand, the person does not perform in accordance with his self-concept, then he is "out of character," so to speak. The audience is free either to refuse or to support a given role. For example, a bank manager is imprisoned for embezzlement and puts forth a conception of a prestigious self-identity (which might have been valid prior to his conviction) rather than that of a law-breaker. In all probability, his role in that particular identity will be rejected by inmates and staff alike, and he will instead have imputed to him the role of incarcerated criminal. This may change his previous self-concept to one that is much less desirable.

A person does not think of himself in abstract terms but rather thinks "something" about himself. He develops specific and concrete images, attitudes, expectations, standards, and feelings toward his own person. The differential conceptions he has are role identities¹² which provide the plans of action for the self. The situational self constitutes the person's preferences as to the role identities he will enact in a given situation.

¹² George J. McGall and J. L. Simmons, in Identities and Interactions, define role identity as the character and role that an individual devises for himself as an occupant of a particular social position.

When persons present themselves to others in social transactions by means of overt self-designating statements they should present themselves in terms of those self-designations for which they perceive the widest validation by others.¹³

When individuals present themselves to others in ongoing social transactions, the acts of all participants must be considered. Not only must the individual possess a knowledge of his own self-concept but he must also have some idea of the self-concepts of those with whom he is engaged in interaction. Should a person present himself to others in terms of a particular self-designating statement and receive a response from others which makes the person's next act problematic as a result, some adjustment and re-representation of self must occur. With regard to this view, presenting the self in a transaction with others, and initial self-designations do result in responses from others which either validate or make problematic the next act which the person takes. "The essence of selfhood is the reflexivity of one's thoughts and actions; one is able to evaluate and to act toward one's own person in essentially the same manner as does any other person."¹⁴

In sum, then, we can conclude that, without a knowledge of self-conception, no really meaningful interaction would be possible since there would be no guidelines for participants to follow in social discourse, no way of labelling and placing alter and ego (other and self), because possessing a knowledge of one's self-conception and other's

¹³ Clark McPhail, "Respondents' Judgments of Self-Statements," Sociological Quarterly, IX (Spring, 1968), 208.

¹⁴ George J. McCall and J. L. Simmons, Identities and Interactions (New York: The Free Press, 1966), p. 86.

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self-conception would be required, no way of relating each to the other, no definition of the situation, no plans of action, and no communication of significance. Meaningful human relationships could not exist.

The Twenty Statements Test

The Twenty Statements Test (TST) used in the present study is a sociological innovation derived from symbolic interaction theory. It was constructed by Manford H. Kuhn and his students, and it is an open-ended instrument designed to elicit the respondents' "spontaneous" self-definitions in their order of salience. It was first published in 1954 and has been used in a variety of studies since that time.¹⁵ The completed test form is an operational specification of the conception of self of the subject, and it requires a great deal of introspection on the part of the respondent.

Typically, the respondent is given a sheet of paper with twenty numbered blank lines on it and with instructions written at the top. The instructions may also be read orally. The respondent is asked to give twenty different answers to the question "Who am I?" as if giving the answers to oneself rather than to somebody else. A specified time limit is enforced in which the respondents write the twenty statements, and certain face-sheet type questions are usually completed after the twenty statements have been made. Slight variations have been made in the time limit and method of instructing from time to time.

In answering the question "Who am I?" the respondent answers as if responding to his own questions and not to anyone else, thus referring

¹⁵ See Harold A. Mulford and Winfield W. Salisbury II, "Self-Conceptions in a General Population," Sociological Quarterly, V (Winter, 1964), 35-46.

to himself as an object. This is consistent with the theory of self-conception which Kuhn put forth.

The self-theorist also makes the assumption that the person knows who he is and can put this knowledge into words. Thomas S. McPartland, who has conducted studies with Kuhn on self-concept, states, "respondents are confronted with the problem of identifying themselves, and left to decide for themselves how this identification will be made."¹⁶

It is assumed that the person's knowledge of himself will be dependent upon the situational factor since the knowledge comes from the behavior of "orientational others" (see Kuhn's theory of self presented in the previous section).

When using the Twenty Statements Test, then, to operationalize the concept of self, it is assumed that:

1. The person will refer to the question "Who am I?" to himself and not to anyone else.
2. The person "knows" himself and he puts this knowledge into words.
3. The person's awareness of himself is dependent upon the behavior of others in the situation.
4. The person's awareness of himself precludes the use of any fixed responses; the responses must be the person's own plans of action.
5. The responses to the question are not limited to the testing situation but have applicability in a variety of situations.¹⁷

¹⁶ T. S. McPartland, Manual for the Twenty Statements Problem (Dept. of Research: The Greater Kansas City Mental Health Foundation, Jan. 3, 1955, mimeograph), p. 2.

¹⁷ Charles W. Tucker, "Some Methodological Problems in Kuhn's Self-Theory," Sociological Quarterly, VII (1966), 352.

Each assumption taken separately is necessary within the theoretical framework.

After the test has been given, each statement is analyzed and classified as either consensual or subconsensual (sometimes referred to as nonconsensual).

(a) Consensual statements are those statements which can be easily understood by anyone. Examples are "I am a woman." "I am a wife." There is a consensus here regarding an object so defined because the object will have common meaning for all, and each person can understand the behavior which one would enact with regard to an object defined in this manner.

(b) Subconsensual statements refer to groups, classes, attributes, traits or any other self-designations which require interpretation by the respondent to be precise or to place him relative to others.¹⁸

Examples of subconsensual statements are: "I am a good wife," or, "I am an angry person." In these instances, there is little consensus of meaning with regard to objects identified in this manner. One does not know how to behave consistently toward objects which are identified in such terms; they are opposite to consensual statements with regard to interpretation.

The analysis procedures relate to self-theory in that the procedures focus on the meaning of social objects, meaning being defined in terms of behavior. Objects identified in a consensual manner will, according to Kuhn and McPartland, elicit the same responses from all those who come in contact with them.

¹⁸ Manford H. Kuhn and Thomas S. McPartland, "An Empirical Investigation of Self-Attitudes," American Sociological Review, XIX (February, 1954), 69.

Kuhn and McPartland found that respondents tended to exhaust all consensual references, and, once having made subconsensual references, they did not tend to make further consensual ones.

Charles W. Tucker focused on two methodological problems of Kuhn's investigation of self-concept. One of these is "situationality," which, he says, has plagued social scientists for years. Although Kuhn himself states that the testing situation is not neutral, Tucker points out that the responses from the question "Who am I?" are applicable to a variety of situations, thus assuming others "present" and "contemporary" are irrelevant to the person's behavior. This implies that Kuhn is contradicting himself since he states that the situation is *not* neutral. Some responses may be applicable to the testing situation while others are relevant to a variety of situations beyond the testing situation. "... before we can establish this assertion, an empirical investigation of the testing situation must be conducted."¹⁹

The second problem concerns analysis of the statements used in the studies. The analyst establishes the meaning of each statement from his own perspective. This, Tucker claims, makes the analyst rather than the respondent the focus of study.

One other criticism comes from Kent P. Schwirian, who found that a change in the TST structure or instructions does influence subjects' responses. He claims that, with regard to the unstructured approach,

¹⁹Tucker, op.cit., p. 356. According to Charles Tucker, procedures are being devised to obtain observations which will be relevant to this problem. Among the main deviations from the standard practices is the use of post-test interviews with respondents who have answered the "Who am I?" question. This was impossible in the present study due to lack of time and the very nature of the investigation.

the subject may not know to what he responds in himself, and even if he does know his method of eliciting the information may be complex and ill defined so that a degree of inaccuracy may exist. How the question is asked and the place and time allowed for description are important.²⁰

The TSI does have its flaws, but in spite of its shortcomings it is still the most widely used of self-tests, having been employed in over 125 investigations.²¹ It is by no means in the process of being discarded, nor should it be.

Total Institutionalization and the Self-Concept

One of the most interesting accounts of the effect of total institutions upon the self-concepts of inmates can be found in Erving Goffman's Asylums, a book of four essays on the social situation of mental patients and other inmates. He says:

A total institution may be defined as a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed formally administered round of life.²²

Two classic examples of total institutions are prisons and mental institutions. Goffman focuses on the inmate's world in order to develop a sociological version of the structure of the self, which is one of the main concerns of this thesis.

²⁰ Kent P. Schwirian, "Variation in Structure of the Kuhn-McPartland Twenty Statements Test and Related Response Differences," Sociological Quarterly, V (Winter, 1964), 47-59.

²¹ See Stephan P. Spitzer, "Test Equivalence of Unstructured Self-Evaluation Instruments," Sociological Quarterly, X (Spring, 1969), 204-215.

²² Erving Goffman, Asylums (New York: Doubleday and Co., 1961), p. xiii.

As we have seen, Kuhn's "orientational other" and Mead's "generalized other," all facets of social life play an important role in the emergence of the self-concept of the individual. Inmates come to an institution from a way of life or a world of social interaction which confirms a more or less tolerable conception of their selves (although in some cases the individual has already partially withdrawn from the home world) and permits the individual to use adjustment mechanisms in order to cope with failures and conflicts.

What happens to an individual when he enters a total institution is that he leaves this world and enters an alien one in which he is stripped of his former conception of self, in which his self is degraded, profaned, humiliated and mortified. A clean break with the past has taken place, and even upon release, although some roles may be reestablished, other losses are irrevocable.

Every aspect that is part of the self-identification of the individual or instrumental in its maintenance--clothing, cosmetics, bathing facilities--is taken from him and substituted by what the institution provides for all inmates. He finds he is unable to enact the role behavior that he sees as important for demonstrating to others who he is and for what he stands. The individual then appears to be like every other inmate in the institution. A loss of personal safety may also be experienced. Shock therapy and surgery may lead some inmates to feel that they are in an environment over which they have no control and which offers no guarantee to physical integrity. To quote one mental patient in the TST of the present study: "I never agreed to anything like being put to death." Whether paranoid or displaying fear of treatments, this statement illustrates such a loss of personal safety.

Since the individual has lost his identity maintenance equipment and the opportunity to express his most important roles, he is unable to present his usual image of himself to others. Moreover, he is subjected to demeaning commands or required to ask humbly for certain items which one ordinarily takes for granted, e.g., a cigarette. Intimate forms of address are employed by the staff and other inmates as well, so that one cannot possibly hold oneself aloof through any formal style of interaction.

In the wider community, when a person must accept circumstances and commands that affront his conception of self, he may be in a position to use certain face-saving devices such as expressions of contempt, irony, role distance, or sullenness with relative impunity, whereas in total institutions the staff may penalize inmates for such activity.

In civil society, by the time the individual is an adult he has incorporated socially acceptable standards for the performance of most of his activity, so that the issue of the correctness of his action arises only at certain points, as when his productivity is judged. Beyond this he is allowed to go at his own pace.²³

In a total institution, minute segments of a person's line of activity are subjected to staff regulations and judgments. Rigid behavioral specifications rob the individual of the opportunity for balancing his needs and objectives and deprive him of his autonomy.

The low position of the inmates relative to their station on the outside, established initially through the stripping process, creates a milieu of personal failure in which one's fall from grace is continually pressed home. In response, the inmate tends to develop a story, a line, a sad tale, a kind of lamen-

²³ Ibid., pp. 37-38.

tation and apologia which he constantly tells to his fellows as a means of accounting for his present low estate. In consequence, the inmate's self may become more a focus of his conversation and concern than it does on the outside, leading to much self-pity.²⁴

Within the total institution, the feeling that time has been taken from one's life prevails. There is very little release from the situation to help withstand the assault upon the self, whereas on the outside the individual who fails in his social role can compensate through fantasy--liquor, cigarettes, reading, etc. Also, within the institution, the role of the staff and the role of the inmate relate to every aspect of life. There is a wide difference in social equality, and moral character between staff and inmates in places such as mental institutions and prisons, a difference in how one perceives the self and other. Inmates are placed in a subordinate position, as members of a low status group of deviants, while the staff is placed in a superordinate position ordering the very lives of the inmates. This has a damaging effect on the self-concept of the institutionalized deviant because he is compelled to view himself as inferior in comparison with the staff, while they view themselves as superior to him.

Having discussed Goffman's stripping process, and the detrimental effect it has on the self-conception of the individual, it is now necessary to relate this process to the comparative study to be reported in the following chapters.

Research Problem and Hypotheses

The present study is a comparative one. The problem is one of determining whether there are differences between the self-concepts of

²⁴Ibid., pp. 66-67.

institutionalized and noninstitutionalized deviants, and of institutionalized and noninstitutionalized nondeviants. If so, the nature of the differences and the factors accounting for these differences are also of concern.

Several propositions have been derived from the foregoing theoretical discussion and in accordance with our research problem. They are more accurately seen as rough guides for the collection and presentation of data rather than suppositions designed for rigorous verification. More will be said on this strategy in the next chapter.

Hypothesis I: The self-concepts of the institutionalized deviants will differ from those of the noninstitutionalized deviants due to the influence of institutionalization; that is, the former will tend to identify themselves with one particular institution more often than the latter.

Hypothesis II: The self-concepts of the institutionalized nondeviants will differ from those of the noninstitutionalized nondeviants due to the influence of institutionalization; that is, the former will tend to identify themselves with one particular institution more often than the latter.

Hypothesis III: The self-concepts of the institutionalized subjects (deviant and nondeviant) will differ from those of the noninstitutionalized subjects (deviant and nondeviant) due to the influence of institutionalization upon the self-concepts of the former.

CHAPTER II

A COMPARATIVE DESIGN FOR STUDY OF THE SELF-CONCEPT

The present study evolves from the symbolic interactionist theory of the self-concept which has been described in detail in the previous chapter.

The main goal of this investigation is to determine and explain the differences in self-concept among institutionalized and noninstitutionalized groups. To facilitate this aim, the decision was made to use a comparative study design.

The Study Design

The original plan was to conduct a study of institutionalized deviants (criminals and mental patients), noninstitutionalized deviants (members of Alcoholics Anonymous), institutionalized nondeviants (hospital patients), and noninstitutionalized nondeviants (university students). Although the study was approved by an established member of Alcoholics Anonymous with whom contact had been made, it was not possible to elicit the cooperation of other members, so it was necessary to replace this group with a different noninstitutionalized deviant group, namely, deviant religious sects. Unfortunately, however, the very nature of the deviance of members of Alcoholics Anonymous and religious sects differs

since religious deviance can be considered to be self-enhancing for the deviant while the alcoholic form of deviance can be considered to be self-degrading.

This weakened the effect of the intended comparison somewhat, for it had been planned to use only subjects whose deviance was self-degrading. It was decided to carry out the investigation in spite of this shortcoming, however, since much of value of the contrast still remained. Had other deviant groups been available that met the specification of self-degrading deviance, they would have been approached and asked to participate in the study. In a metropolitan area the size of St. John's, Newfoundland (approximately 100,000 people), where this research was carried out, such groups are not present to any extent. It should also be added that at first it was intended to confine the sample to males only.¹ The religious sects were so small in number that it was necessary to include both males and females in this group in order to obtain a usable sample (although males did outnumber females). Within a total sample of 249 people in all groups combined, eleven females are included, all of whom are part of one of the religious deviant groups.

The various groups of subjects investigated form a two-by-two comparative design which is presented in Table 1.

¹Only males were to be selected because they are more prevalent among prisoners and members of Alcoholics Anonymous, and hence it would have been possible to obtain a large sample.

Table 1. The Comparative Design for Self-Concept Study

	<u>Subjects</u>	
	Institutionalized	Noninstitutionalized
Deviant	Criminals Mental patients	Religious funda- mentalists
Nondeviant	Hospital patients	University students

If Goffman's observations are valid, then the concept of self for the institutionalized deviants under study (prisoners and mental patients) should differ from that of the noninstitutionalized deviants (deviant minority religious sects). This follows from the fact that the religious deviants are living in the larger community, while the prisoners and mental patients are incarcerated in total institutions where supposedly the stripping process has taken place. There should also be a certain amount of self-transformation among nondeviant hospitalized patients, since they are living apart from the outside world, subjected to regimentation, and since they are partly denied the chance to express external identities. Presumably, however, this would not be as pronounced as in the case of criminals and mental patients, due to the shorter confinement of the patient in hospital and their higher status as a normal patient. In any case, they should differ somewhat in self-concept from noninstitutionalized normals (university students) who have experienced none of the stripping process whatsoever. These expected differences are reflected in the three hypotheses presented at the end of the previous chapter.

Although the present study constitutes a test of three hypotheses, these suppositions are more accurately viewed as rough guides for the collection and presentation of data. Their verification does not require elaborate controls in the acquisition of data, a logically rigorous study design, or a sophisticated statistical analysis; for the state of scientific knowledge about the effects of the stripping process on the self-concept does not warrant such treatment. We are in no position to seek the precision implied by these methodological practices. Indeed, it is unwise even to attempt to do so. Rather, we are engaged essentially in an effort to build new theory, develop new and more specific hypotheses, and generally discover new dimensions in our findings. The successful emergence of new theory and new hypotheses from empirical findings requires a kind of flexibility of procedure and looseness of study design generally fostered only by "exploratory" or "formulative" investigation. Selltiz and associates describe the aims of this kind of research:

Many exploratory studies have the purpose of formulating a problem for more precise investigation or of developing hypotheses. An exploratory study may, however, have other functions: increasing the investigator's familiarity with the phenomenon he wishes to investigate in a subsequent, more highly structured study, or with the setting in which he plans to carry out such a study; clarifying concepts; establishing priorities for further research; gathering information about practical possibilities for carrying out research in real-life settings; providing a census of problems regarded as urgent by people working in a given field of social relations.²

²Claire Selltiz, Marie Jahoda, Morton Deutsch, and Stuart W. Cook, Research Methods in Social Relations, rev. ed. (New York: Holt, Rinehart and Winston, Inc., 1959), p. 51.

A comparative analysis, such as the one being presented here, is one genre of exploratory study. According to Barney Glaser and Anselm Strauss, this kind of investigation "both subsumes and assumes verifications and accurate descriptions, but only to the extent that the latter are in the service of generation [of theory]. Otherwise they are sure to stifle it."³ Since this is one of the first, if not the first, empirical testing of some of Goffman's propositions about the stripping process, the study must be designed in such a way as to admit the maximum number of observations that will further our goals of clarifying concepts, establishing new hypotheses, and so forth. Both comparative analysis and the use of the TST (as an unstructured self-measuring technique) allow for this factor.

Sampling Procedures

It follows from what has been said about comparative analysis that our sample need not be random.⁴ The data were collected from any person who was literate and willing to participate in the project. One might consider the sample used to be biased, but nevertheless it is suited to the nature of the study.

The relationships expressed in theoretical propositions are presumed to be universally present. They are accordingly present both in representative and nonrepresentative samples.

³Barney G. Glaser and Anselm L. Strauss, The Discovery of Grounded Theory (Chicago: Aldine Publishing Co., 1967), p. 28.

⁴Random sampling was impossible for the present study since in choosing subjects at random one might find that the very subjects drawn could be illiterate, unable to write due to illness, or simply unwilling to be involved.

To disprove or demonstrate their existence is hence, possible in any kind of sample--biased or unbiased.⁵

Therefore, if the factor of institutionalization bears on the concept of the self, then any group of institutionalized persons in comparison with a group of noninstitutionalized persons can provide the data necessary to falsify the hypotheses, since each subgroup should have those traits theoretically predicted to characterize the entire population. However, a large number of closely studied cases aids the discovery of new propositions and dimensions even if the sample does not have to be random.

Gaining Access to the Subjects

Entrance to the Hospital for Mental and Nervous Diseases was gained through the medical director, to Her Majesty's Penitentiary through the Superintendent who obtained authorization from the minister of justice, and to a St. John's hospital through the administrator and directress of nursing. Approval to administer the TST to the two religious groups was given by those in charge after they sought the cooperation of the members. Permission to have the TST administered to university students was granted by those conducting the three sociology summer school courses from which the subjects were selected.

With the exception of the university students and members of the religious sects, a letter by the head of the sociology department, authorizing the investigation and introducing the researcher, was sent to those in charge of the institutions involved. Interviews were held

⁵Hans. L. Zetterberg, On Theory and Verification in Sociology (New Jersey: Bedminster Press, 1963), p. 129.

between the researcher and the medical director of the mental hospital, the superintendent of the penitentiary, the administrator and directress of nursing of the hospital for nondeviants, the heads of the religious sects, and the professors at the university; and a brief explanation, together with a copy of the TST, was given to each. A written summary of what the study entailed was also requested by the administrator of the hospital at which nondeviant patients were to be studied.

The Subjects

The subjects who participated in the study were distributed as follows:

1. Mental patients	54
2. Prisoners	55
3. Nondeviant hospital patients	55
4. University students	56
5. Religious fundamentalists	29
Total number of subjects	N = 249

The personal data of all subjects are presented in Tables 2 through 5.

Table 2. Classification of Subjects According to Age

Subjects	Age				Total
	Less than 25	25-39	40-60	Over 60	
Mental Patients	21	20	12	1	54
Prisoners	35	18	1	-	54
Nondeviant Hospital Patients	9	11	28	7	55
University Students	22	31	3	-	56
Religious Fundamentalists	13	8	8	-	29
Total	N = 100	N = 88	N = 52	N = 8	N = 248*

Table 3. Classification of Subjects According to Marital Status

Subjects	Marital Status			Total
	Married	Sing le	Widowed	
Mental Patients	15	38	1	N = 54
Prisoners	16	38	-	N = 54
Nondeviant Hospital Patients	33	20	2	N = 55
University Students	35	21	-	N = 56
Religious Fundamentalists	17	12	-	N = 29
Total	N = 116	N = 129	N = 3	N = 248*

*The total number of prisoners is lowered by one subject who did not complete this part of the questionnaire.

Table 4. Classification of Subjects According to Years of Schooling

Subjects	Years of Schooling					Total
	Less Than 9	9-12	Some Univ. or Trade School	Univ. Grad.	Post-Grad.	
Mental Patients	24	20	9	1	-	54
Prisoners	26	20	7	1	-	54
Nondeviant Hospital Patients	24	24	7	-	-	55
University Students	-	1	32	22	1	56
Religious Fundamentalists	3	9	12	2	3	29
Total	N = 77	N = 74	N = 67	N = 26	N = 4	N = 248*

Table 5. Classification of Subjects According to Religious Affiliation

Subjects	Religion			Total
	Protestant	Roman Catholic	Other	
Mental Patients	24	28	2	N = 54
Prisoners	24	26	4	N = 54
Nondeviant Hospital Patients	31	22	2	N = 55
University Students	41	12	3	N = 56
Religious Fundamentalists	-	-	29	N = 29
Total	N = 120	N = 88	N = 40	N = 248*

*The total number of prisoners is lowered by one subject who did not complete this part of the questionnaire.

1. Patients from the Hospital for Mental and Nervous Diseases.

These subjects were selected from different areas of the hospital, namely, the rehabilitation unit, admittance (here, if I am correct, is where acute cases newly admitted--say, approximately a month or six weeks--are situated), two closed wards on which chronic, long-term patients are placed, and the justice ward, another closed ward where mentally ill criminals are situated. As one might imagine, patients with a variety of mental disorders were tested.

2. Prisoners. These men were for the most part incarcerated for minor offences such as theft and break and entry, and usually their sentences were less than two years. However, one prisoner on the TST stated, "I am going to be released in 1972," indicating a sentence somewhat longer than two years.⁶

3. Nondeviant Hospital Patients: Members of this group were situated mainly on wards although some were situated in semi-private rooms and in the war veterans' wing of the hospital. They had been hospitalized for various reasons, e.g., heart ailments, fractures, surgical procedures, etc.

4. University Students. The university students were largely teachers attempting to gain credit in order to obtain a higher teaching certificate. Students attending summer school for various other reasons were also included in the sample.

⁶The youngest person included in the sample came from the prison. This was a fifteen-year-old. It is highly unusual for a boy of this age to be imprisoned at the penitentiary, but the nature of the crime committed is usually a deciding factor. The entire sample other than this one instance consisted of those sixteen years and older.

5. Religious Fundamentalists. The religious group constituted slightly over one-third of one sect and approximately half of another. They came from various walks of life.

Administration of the TST

The TST was administered in the following manner: The overall objectives of the study were first described in a fashion that would not bias responses, after which the TST was distributed. At the top of the test was a set of instructions.⁷ Numbers from one to twenty ran down the left-hand margin. From a copy of the form the instructions were read orally, and subjects were given twenty minutes to complete the twenty statements and the personal data. Some subjects inquired as to whether it was necessary to make twenty statements. They were told that it was desirable to do so but, if they could not, to write as many as they were capable of writing. If they inquired about the correctness of any response they had made, they were told it was correct. Some completed the twenty statements in less than twenty minutes and returned the forms. Others were unable to complete the form within the allotted time, and these were collected. Subjects were informed that the study was anonymous and to omit their names from the answer sheets. In spite of these instructions, several respondents signed their names.

The Setting

The study was conducted within the City of St. John's, Newfoundland, which has a metropolitan area of approximately 100,000 people.

⁷ For instructions, see Appendix.

The Hospital for Mental and Nervous Diseases is a large red brick building that is situated in the west end of the city within grounds separating it from the main road. The study here was carried out in one morning, from approximately 8:45 a.m. to 12:45 p.m., during which six different groups were tested separately. The first two groups consisted of patients who were being rehabilitated, and they took the TST separately in two dining areas of the hospital. Conditions here were ideal for testing. There was no noise, and patients sat at tables and filled out the forms. Thirteen patients made up each group.⁸

The third group consisted of three subjects only taken from admittance into a different dining area. Conditions, as before, were satisfactory for testing purposes. These three groups were located on open wards of the hospital.

The fourth and fifth groups were taken from closed or locked wards, where test-taking conditions were less than ideal due to the nature of the illnesses of the patients. The testing was conducted in what appeared to be recreation rooms equipped with chairs, radio, television, etc. The testing of the fourth group was more satisfactory than that of the fifth, since certain patients made a great deal of noise during the testing of the latter group. This made concentration difficult for those patients who were writing the test, and it somewhat

⁸ As TST's from each group were collected, they were returned to the medical director's office. There, instructions were received indicating which group would be ready for testing next, and directions were given as to the location of the specific group. With the exception of a coffee break for the researcher, this routine continued for the entire morning.

diminished the reliability of the data. Fourteen and eleven, respectively, were tested each time.

The sixth group of respondents was selected from the justice ward, where mentally ill criminals are situated. Here again testing conditions were ideal. Inmates sat around a billiard table and a card table and quietly filled out the forms. As they completed the forms, they left the room. Eight patients were tested here.

The researcher was left alone when testing those in rehabilitation and admittance sections and for a few minutes only on one of the closed wards. On the justice ward, however, an orderly was present at all times.

Her Majesty's Penitentiary is located in the east end of St. John's. The study here was conducted in the prison classroom in two consecutive afternoons. During the first afternoon, one guard and two teachers were present while the TST was being administered. At one point it was necessary to ask two of the prisoners to stop talking, which they did. Apart from this interruption, conditions were satisfactory.

During the second afternoon no talking took place. Two guards and two teachers were present, and the group appeared to consist of men somewhat older than those of the first group. Although several sat quietly at the desks, they made no attempt to write any data whatsoever. Whether they could not or would not is difficult to say; perhaps curiosity had led them to the classroom in the first place. Thirty subjects were tested the first afternoon and twenty-six the second.

The General Hospital, a red brick building, is situated off the main road and is close to the penitentiary. The study here took five mornings, three in one week and two in another. The reason for allowing some time to elapse before returning to collect further data was that the supply of voluntary subjects had been exhausted during the first three mornings, and it was necessary to wait until new patients had been admitted in order to obtain further volunteers. As one might imagine, conditions for testing would be less than ideal at any hospital and such was the case here. It was necessary for certain patients to be prepared for the operating room, physicians made routine visits, and certain procedures had to be carried out at specific times. Again the question of the reliability of the data is raised since testing was often carried out in an atmosphere of constant activity.

The study was conducted each morning from 10:30 a.m. to 12:00 p.m., during which time several small groups were tested. These groups ranged in number from three to eight. It was necessary to give instructions individually since reading them orally to a group could possibly disturb other patients on the ward. This proved to be time-consuming. The forms were collected at the end of the twenty-minute period whether or not they were completed.

University students were tested in classrooms where one would expect to find satisfactory testing conditions. The study was administered on three separate days and in three separate classes.

Data from one of the religious groups was collected after attending a religious service of approximately two hours in length, during which there were testimonials, the sacrament, hymn singing, prayers, etc.

The test was conducted in a building one room of which serves as a church while the new church is in the process of construction. Here again the question of reliability arises. Members of the sect were accompanied by their children, and, during the administration of the TST, there was a certain amount of noise. It should be stated, however, that this did not appear to disturb those writing the test as they seemed rather engrossed in what they were doing.

The testing of the second group was conducted during a meeting in a room in which there were seats but no desks which made writing awkward. There was no noise and testing conditions were satisfactory. Names of the two sects are being withheld in order to assure anonymity.

Coding Procedures and Analysis

Each respondent from each group was assigned a number from one to N.

The procedure for categorizing statements was derived from Kent Schwirian,⁹ who modified the schema of Manford Kuhn and Thomas McPartland by adding an extra category. Coding procedures from a study by Thomas S. McPartland, John H. Cumming and Wynona S. Garretson on Self-Conception and Ward Behavior were also used.¹⁰

The following schema were employed to code the responses on the TST protocols:

⁹Kent P. Schwirian, "Variations in Structure of the Kuhn-McPartland Twenty Statements Test and Related Response Differences," Sociological Quarterly, V (Winter, 1964), 47-59.

¹⁰Thomas S. McPartland, John H. Cumming, and Wynona S. Garretson, "Self-Conception and Ward Behavior in Two Psychiatric Hospitals," Sociometry, XXIV (June, 1961), 111-124.

A. Consensual Statements.

These included name, age, religion, political affiliation, home address, kin relations, race, national origin, and other formal and informal group memberships, plus statements regarding physical characteristics of the subject. These included the concrete level of reference which presents the self as a physical entity, e.g., "I am male," or, "I am six feet tall." In this category any reference to interpersonal relationships would be indirect and would not include involvement in social relationships. They were, nevertheless, considered to be consensual statements. The statement, "I am a student," implies some social other (others in various statuses in the educational organization). Such statements as, "I am a music lover," and, "I am a taxpayer," give a status-like form to less clearly institutionalized self-references and support inference to experiences of the self involved in interpersonal relationships with rights and duties as related to others through the mediation of internalized norms. These are expressions of past experience as they relate to the person's self-concept.

B. Subconsensual Statements.

1. Preferences. These included all statements of the general order of, "I am interested in . . .," "I avoid," "I hate," "I love," "I enjoy." The others implicit in statements such as these are not generalized into institutional patterns or abstract rules of conduct; rather other people and objects appear as individual preferences and dislikes or as sources of particularized approval, antagonism, or enjoyment.

2. Beliefs. All statements of a cosmic sort are included, all those having to do with religious beliefs, philosophical assumptions, or pertaining to the general nature of morals and ethics. An example comes from one of the subjects of the present study: "I know that if I am faithful I shall one day return to the presence of our father in Heaven."

3. Aspirations. In this group are all of the statements indicating what the respondent expects to do or be in the future. Ordinarily these are expected future achievements, but the crucial variable is the tense of the verb in the statement. To quote again from the present study, "I intend to do graduate work after I receive my Bachelor's degree." These statements relate to the future.

4. Self-evaluations. All evaluative statements belong in this category--statements assessing one's mental, physical, and other abilities, physique and appearance, relation to others, persistence, industriousness, fortitude, tenacity, material resources, past and present achievements, habits of neatness, orderliness, and the like, and all those that constitute aspects of a more comprehensive self-typing, including those in clinical or quasi-clinical terms. Moral and ethical self-evaluations also belong here, e.g., "I am a good person," or, "I am capable of achieving great things."

5. Statements about Social Objects. Included in this category are all statements about other persons or objects by the respondents. Examples of such statements from the present investigation include, "I have a dog named Teddy." Any statements directed to the researcher such as, "I wish you success," or, referring to the TST, "I am almost finished with this test," were included under this heading.

Within the aforementioned categories, then, one finds self-identifying statements representing conceptions of the self as a physical structure in time and space, conceptions of the self as existing in social structures, conceptions of the self as existing in social interaction somewhat extracted from social structures, and finally a conception of the self abstracted from physical being, from social structure, and from social interaction.

The Analysis

Two coders were used in addition to the researcher. The manner of coding was carefully studied, outlined, and discussed, so that it was understood and agreed upon by all three persons. Each coder coded two groups of data. (There were actually six groups in all when the two groups of institutionalized deviants and the two groups of religious fundamentalists were taken separately.) Then the groups were exchanged so that each group of data was coded three times.

It was agreed that eight out of a sample of sixty-two protocols collected from the Hospital for Mental and Nervous Diseases should be discarded for the following reasons:

- (a) Six were completely illegible.
- (b) Two were too idiosyncratic to code.

For example, one contained statements which consisted wholly of words such as "sterlino," "papier," or "department of health," with no meaning for categorization that the coders could comprehend. This meant that approximately 87 percent of the Mental Hospital data was codable.

Only one protocol of a sample of fifty-six was discarded from the prison, and this was done because it consisted of such statements as, "I am a choo-choo train," "I am a door," and "I am a puppy dog," etc. This meant that 98 percent of the prison TST's were codable.

Seven of a sample of sixty-two nondeviant hospital patients were discarded; four because the patients commenced to write the statements and then discovered that they were too illiterate to continue or else they became overtired or ill and a nurse assumed the task of writing. Rather than embarrass either patient or nurse, this substitution was permitted, but the data were invalid since the responses to the question "Who am I?" were not given to oneself but rather to somebody else. Three more were discarded because, for some reason or other which cannot even be recalled now (perhaps treatments were being given), the data were not collected after the specified time, and it was necessary to carry on research in some other area of the hospital. What happened in the meantime to influence answers on the TST's which had been left behind is not certain. Since this uncertainty existed, they were not used. This meant that of the sixty-two collected approximately 89 percent were codable.

Five out of a sample of sixty-one university student protocols were rejected because it was agreed by the coders that these particular students were merely playing games; e.g., "I am an Indian," "I am a cowboy," "It's amazing what students are asked to do," or, "What I do is none of your interest." There was no way of accurately categorizing such responses. Approximately 92 percent of all data was codable.

It was not necessary to discard any of the religious data since they were all codable.

Table 6 illustrates the approximate percentage of agreement by coders on total statements made by respondents from each group of subjects.

Table 6.

Subjects	Total Number of Statements	Approximate Percentage of Agreement by Coders
Mental Patients	777	81
Prisoners	936	85
Nondeviant Hospital Patients	973	86
University Students	975	92
Religious Fundamentalists	519	95

Whenever disagreement with regard to categorization of statements arose among the coders, a consultation was held, and statements were placed in a category agreed upon by all coders. This, hopefully, improved the reliability of coding procedures.

The total number of consensual statements, preferences, beliefs, aspirations, self-evaluations, and statements about objects were calculated as well as the total number and mean number of runs for each. Self-demeaning, self-enhancing, and neutral self-evaluations were calculated as well as self-demeaning and "other" consensual statements.

The number who began with consensual statements, the number who did not begin with consensual statements, and the number who gave no consensual statements whatsoever were also determined. The number making direct and indirect references to the institution was determined. Con-

sensual statements in which the self was considered a physical entity were compiled as well as consensual statements which depicted the self in a status-like form, such as occupation, religion, etc.. Percentages were also compiled for the various findings.

No explanatory statistics were employed in the study because of its exploratory nature. Our interest is in new theoretical and conceptual insight; therefore, the question of the degree of certainty of the findings is not an issue. Any differences found among the groups will be worth further investigation at this stage of knowledge.

CHAPTER III

INSTITUTIONALIZED AND NONINSTITUTIONALIZED DEVIANTS AND NONDEVIANTS-- EXPECTED AND VERIFIED DIFFERENCES

A detailed discussion of the methodology used in the present study may be found in Chapter II. The data from the Twenty Statements Test were used to refute or verify the hypotheses and the results of the study, together with an explanation thereof, will now be presented.

Institutionalized Deviants Versus Noninstitutionalized Deviants

Hypothesis I; The self-concepts of the institutionalized deviants will differ from those of the noninstitutionalized deviants due to the influence of institutionalization; that is, the former will tend to identify themselves with one particular institution more often than the latter.

The reasons why the institutionalized deviant refers to himself in institutionally related ways were discussed at length in Chapter I. In brief, such reference is connected with the stripping process experienced by the inmates. Table 7 compares the degree of identification with the institution of institutionalized and noninstitutionalized deviants.

Degree of Self-Identification
in Institutionally Related Ways
Table 7. of Institutionalized and Noninstitutionalized Deviants

References Made by Respondents	Number and Percentage of References		
	Institutionalized Deviants		Noninstitutionalized Deviants
	Mental Patients	Prisoners	Religious Fundamentalists
Direct References	18 (23.4%)	22 (30.1%)	21 (100.0%)
Indirect References	59 (76.6%)	51 (69.9%)	0 (0.0%)
Total References	77 (100.0%)	73 (100.0%)	21 (100.0%)
Mean Number of References	1.42	1.33	0.72

Examples of direct references are as follows:

"I am on Ward _____ at the Mental Hospital."

"I have been in jail four months."

"I attend Church regularly."

"I work in the kitchen in prison."

"I am lonely in this hospital."

"I know this is the one and only true Church."

The following are examples of indirect references:

"I am sick of being couped up in this place."

"I was all right until I came in here."

"I find the week-ends here longest of all."

"I don't like this place where I'm at."

"If I had my way of life I would be out of here."

"I don't have seizures since they changed medication here."

From Table 7, it is clear that the degree of reference to the institution made by institutionalized deviants is much higher than for noninstitutionalized deviants, and, in view of the results presented, Hypothesis I may be said to be verified.

Not only does the degree of identification with the institution differ but the very nature of the identification is different. The self-identification with the institution which the institutionalized deviants have is, for the most part, of a negative nature. They express a desire to be free, to resume life on the outside, or, for mental patients, to be moved from a closed to an open ward, thus raising their status somewhat. As one respondent in the present study stated: "I am not satisfied with my present status."

The self-identification with the institution displayed by the non-institutionalized deviants is the reverse of the above case. That they are proud of their identification with the sect is obvious from their statements; for example, "I am proud to be a member of the _____ Church," and, "I love to attend Church services." No indirect references to the sect were made in this sample.

Institutionalized Nondeviants Versus Noninstitutionalized Nondeviants

Hypothesis II: The self-concepts of the institutionalized nondeviants will differ from those of the noninstitutionalized nondeviants due to the influence of institutionalization; that is, the former will tend to identify themselves with one particular institution more often than the latter.

Table 8 illustrates the extent of self-identification of institutionalized and noninstitutionalized nondeviants with the institution. References to the institution are almost twice the number for institutionalized normals as for noninstitutionalized normals, thus verifying Hypothesis II.

Degree of Self-Identification
in Institutionally Related Ways of
Table 8. Institutionalized and Noninstitutionalized Nondeviants

References Made by Respondents	Number and Percentage of References	
	Institutionalized Nondeviants	Noninstitutionalized Nondeviants
	Hospital Patients	University Students
Direct References	43 (37.4%)	48 (80.0%)
Indirect References	72 (62.6%)	12 (20.0%)
Total References	115 (100.0%)	60 (100.0%)
Mean Number of References	2.1	1.1

In comparing Table 7 with Table 8, it is most interesting to note the high number of references to the institution made by the institutionalized nondeviants in contrast to the number made by the institutionalized deviants. One would expect the reverse to be verified since the institutionalized deviant is, on the whole, incarcerated for longer periods of time. Perhaps the fact that nondeviant hospitalized patients are physically ill, are awaiting the results of X-rays and

reports, or are awaiting surgical procedures causes an acute anxiety which is manifested on the TST, the responses providing a form of catharsis for pent-up emotions and fears. Examples of such responses made by patients are as follows:

"I am in hospital and waiting anxiously for reports."

"I am in hospital because of a heart ailment."

"I am waiting to see Dr. _____ about my tests."

"I am tired of living like this. I wish I was well enough to leave."

"I am going to the operating room this week."

"I am fed up with disappointments since I came in here."

At best, however, one can only speculate as to the reasons accounting for this strong institutional identification. One fact is certain: The patient is poignantly aware of himself as an individual who is physically ill.

The identification which the university student makes with the institution takes the following form:

"I am a student at Memorial University."

"I received a BA (ED) degree from here in 1964."

"I am attending summer school at Memorial University."

"I have to walk to university from my boarding house."

"I think lectures here are boring."

"I am an undergraduate at the University."

Institutionalized Versus Noninstitutionalized Subjects

Hypothesis III: The self-concepts of the institutionalized subjects (deviant and nondeviant) will differ from those of the non-institutionalized subjects (deviant and nondeviant) due to the influence of institutionalization upon the self-concepts of the former.

Tables 9, 10, and 11 will be presented consecutively in order to give an overall view of the results of the study. A further examination of Tables 10 and 11 will follow.

Table 9. Range of Responses and Mean Number of Responses
for Each Group

Group	Range of Responses	Mean Number of Responses
Mental Patients	1 - 20	13.9
Prisoners	1 - 20	17.0
Nondeviant Patients	3 - 20	17.7
University Students	5 - 20	17.3
Religious Fundamentalists	7 - 20	17.9

- Frequency of Types of Statements
Table 10. made by Institutionalized and Noninstitutionalized Deviants and Nondeviants

Groups of Subjects and Frequency of Statements					
Types of Statements	Mental Patients	Prisoners	Nondeviant Hospital Patients	M.U.N. Students	Religious Fundamentalists
Consensual Statements	162 (20.9%)	246 (26.3%)	177 (18.2%)	317 (32.8%)	87 (16.8%)
Preferences	147 (18.9%)	208 (22.2%)	262 (26.9%)	182 (18.9%)	79 (15.2%)
Beliefs	12 (1.5%)	14 (1.5%)	11 (1.1%)	27 (2.8%)	161 (31.0%)
Aspirations	22 (2.8%)	40 (4.3%)	16 (1.7%)	22 (2.3%)	15 (2.9%)
References to Social Objects	110 (14.2%)	59 (6.3%)	108 (11.1%)	21 (2.2%)	31 (6.0%)
Self-Evaluations	324 (41.7%)	369 (39.4%)	399 (41.0%)	396 (41.0%)	146 (28.1%)
	100.0%	100.0%	100.0%	100.0%	100.0%
Total Number of Non-consensual Statements	615 (79.1%)	690 (73.7%)	796 (81.8%)	648 (67.2%)	432 (83.2%)
Total Number of Statements	777 (100.0%)	936 (100.0%)	973 (100.0%)	965 (100.0%)	519 (100.0%)
Number of Respondents in Each Group	54	55	55	56	29

Table 11. Mean Number of Consensual, Subconsensual and Total Statements;
Mean Number and Total Number of Runs¹
for Deviant and Nondeviant Subjects

Statements and Runs	Mental Patients	Prisoners	Normal Hospital Patients	M.U.N. Students	Religious Fundamentalists
Mean Number of Consensual Statements	2.9	4.5	3.2	5.7	3.0
Mean Number of Subconsensual Statements	10.9	12.5	14.5	11.6	14.9
Mean Number of Total State- ments	13.9	17.0	17.7	17.3	17.9
Total Number of Runs	185	298	219	250	104
Mean Number of Runs	3.3	5.4	3.96	4.5	3.6

Table 10 indicates that respondents from all groups gave statements which could be placed in each of the categories, although with some variation. The total number of subconsensual statements was greater than the total number of consensual statements for all groups of respondents, the lowest number of subconsensual statements being classified under beliefs and aspirations. The religious fundamentalist group is the only one scoring high in this categorization. It should be stated that, while

¹A run is several statements of one type, either consensual or nonconsensual, which follow one another consecutively. The term was introduced by Manford Kuhn.

one would expect religious deviants to be high in expressing beliefs, six respondents from the sample gave twenty statements which could be classified solely under this heading. One, then, must question whether those particular respondents were using the TST for the sole purpose of impressing upon the researcher the idea that they possess the true means of salvation, the end result of which might be an additional parishoner to their flock. Therefore, the reliability of our instrument is doubtful here.

Table 11 indicates that the mean number of total statements varies only slightly for four of the groups. The only really significant difference is found in the sample of mental patients. This particular group is also lowest in regard to the mean number of consensual statements. This result may be partly related to mental illness itself which presumably would have some influence upon the mode of thinking of this group. Since the mental patient is confined to a total institution, he is unable to enact various social roles in the wider community. It is impossible for him to identify with social groups and organizations, so that there are few self-identifications available to him. The reverse is true for university students. This group is neither institutionalized nor deviant, its members being capable of carrying out various roles within the community at large, e.g., those of father, husband, son, student, teacher, etc., and the mean number of consensual statements for this group is high as would be expected. The mean number of consensual statements is also high for the prison sample, but the nature of the statements is of a more concrete type.² Nondeviant institutionalized

²A further analysis of the nature of the statements will be presented later in the chapter.

patients together with religious deviants vary slightly with respect to mean number of consensual statements.

From the figures given in Table 10, it is obvious that all respondents rank high with regard to self-evaluations. Since the TST requires the individual to engage in a great deal of introspection, it is only logical that a high degree of self-assessment will be given by respondents. Within the question "Who am I?" is implicit the question "What kind of person am I?"

The mean number of runs is very high for all groups but especially so for prisoners and university students, in that order. The number of runs from one respondent taken from the prison sample reached a grand total of twelve. For example, statements were given as follows:

1. "I am 5 ft. 8 in."
2. "I am very stooped."
3. "I have been in hear before."
4. "I have brown hair."
5. "I am very easy to learn something."
6. "I am eighteen years old."
7. "I am very easy lead to do something."
8. "I am very easy to get sick."
9. "I am single."
10. "I don't like trouble."
11. "I am a male."
12. "I have lots of tatoos."
13. "I have brown eyes."
14. "I have a small nose."
15. "I have long fingers."

16. "I am in here twenty-six days."
17. "I have a cut on my hand."
18. "I have bad teeth."
19. "I am very light fingered."
20. "I have a nice while to serve yet."

This particular individual is also high with respect to giving identification of self as a physical organism.

The high number of runs found in the present study is in contrast to the findings of Manfred Kuhn and Thomas McPartland.³ In their study, the respondents tended to exhaust all consensual statements first, so that any additional statements were of a subconsensual nature. One respondent in the present study made nineteen subconsensual statements followed by the consensual statement, "I am a man."

This leads one to doubt the validity of the Kuhn and McPartland categorization scheme, since the blanks remaining in an uncompleted TGI were coded as subconsensual statements, the investigators concluding that these blanks, if completed, would have consisted of subconsensual responses. In our present study, indications are that, if further statements had been made by respondents, there would be a possibility that they would be of a consensual rather than subconsensual nature. For this reason, it was advisable to omit blanks in the coding.

It is now appropriate to examine Table 12, which presents the frequency and percentage of respondents who began with consensual statements, those who began with subconsensual statements but who also gave

³Manfred H. Kuhn and Thomas S. McPartland; "An Empirical Investigation of Self-Attitudes," American Sociological Review, XIX (February, 1964), 21.

consensual statements as well, and those who gave no consensual statements.

Table 12. Number and Percentage of Respondents Giving Initial Consensual, Initial Nonconsensual and No Consensual Statements

Statements	Groups of Subjects				
	Mental Patients	Prisoners	Nondeviant Hospital Patients	M.U.N. Students	Religious Fundamentalists
Initial Consensual Statement	33 (61.1%)	43 (78.1%)	41 (74.6%)	43 (76.8%)	17 (58.6%)
Initial Sub-consensual Statement	10 (18.5%)	9 (16.4%)	9 (16.4%)	10 (17.9%)	7 (24.1%)
No Consensual Statements	11 (20.4%)	3 (5.5%)	5 (9.0%)	3 (5.3%)	5 (17.3%)
Totals	54 (100.0%)	55 (100.0%)	55 (100.0%)	56 (100.0%)	29 (100.0%)

It can be seen from Table 12 that religious deviants and mental patients score lowest with regard to giving an initial consensual statement. There is a difference of 17 per cent between the two institutionalized deviant groups, which is relatively high. Mental patients and religious deviants also score highest among those giving no consensual statements. One would expect, for reasons already discussed, a low number of consensual statements to be given by mental patients due to institutionalization and mental illness. One would also expect a

relatively large number of philosophical and ideological statements from religious deviants since their sects are small, just beginning to grow, and the members are strongly aware of them (however, not to the extent of the six respondents previously mentioned). This factor would tend to reduce the number of consensual statements made.

Prisoners and university students are similar to each other with regard to the percentages presented in Table 12, although, when the nature of self-evaluations is compared with the nature of consensual statements for these two groups, a rather different picture emerges. In general, Table 12 allows us to draw the conclusion that consensual statements are not always the most salient aspects of self. Tables 13 and 14 are presented together since they clarify the relationship of self-evaluative statements to consensual statements. These two tables provide evidence related to Hypothesis III of the present study.

Table 13. Types of Self-Evaluation Statements Made by the Subjects (Nonconsensual)

Nature of Statement	Numbers and Percentages of Statements				
	Groups of Subjects				
	Mental Patients	Prisoners	Nondeviant Hospital Patients	M.U.N. Students	Religious Fundamentalists
Self-demeaning	146 (45.1%)	133 (36.0%)	128 (32.1%)	107 (27.0%)	10 (6.9%)
Self-enhancing	143 (44.1%)	159 (43.1%)	159 (39.8%)	226 (57.1%)	95 (65.1%)
Neutral	35 (10.8%)	77 (20.9%)	112 (28.1%)	63 (15.9%)	41 (28.0%)
Totals	324 (100.0%)	369 (100.0%)	399 (100.0%)	396 (100.0%)	146 (100.0%)

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Table 14. Types of Consensual Statements Made by the Subjects (Self-Evaluation)

Nature of Statement	Numbers and Percentages of Statements				
	Groups of Subjects				
	Mental Patients	Prisoners	Nondeviant Hospital Patients	M.U.N. Students	Religious Fundamentalists
Self-demeaning	19 (11.7%)	30 (12.2%)	4 (2.3%)	2 (0.5%)	0 (0.0%)
Other	143 (88.3%)	216 (87.8%)	173 (97.7%)	315 (99.5%)	87 (100.0%)
Totals	162 (100.0%)	246 (100.0%)	177 (100.0%)	317 (100.0%)	87 (100.0%)

Self-evaluation in the Form of Nonconsensual Statements

In reference to Table 13, one can see that institutionalized deviants rank highest in terms of self-demeaning self-evaluations. These took the form of the following:

"I am not reliable or trustworthy."

"I am a fool to be in here."

"I am nothing but a torment to my family."

"I am a fellow who don't think much, if I did I wouldn't be in jail."

"I am just plain stupid."

"I figure myself a failure."

Institutionalized nondeviants rank next, with university students and religious sects scoring lowest of all groups. The mental patients made 9.1 per cent more self-demeaning statements than the criminals, while the nondeviant hospital patients made 3.9 per cent fewer such statements.

Self-enhancing statements were highest for the noninstitutionalized groups, although again, with variations, the religious groups scored highest in this category. Mental patients made one per cent more self-enhancing statements than prisoners, prisoners having a slightly higher proportion than nondeviant hospital patients. With reference to the two noninstitutionalized groups, the religious sects made eight per cent more self-enhancing statements than university students. The following exemplify the self-enhancing statements recorded by the subjects:

"I am an energetic person."

"I am a person who always enjoys helping others."

"I am a hard worker."

"I think I am handsome."

"I am very ambitious."

"I am a good speaker."

Neutral statements may be considered as follows:

"I am one among many."

"I am average looking."

"I am as good as anyone."

"I have average intelligence."

"I have a certain amount of responsibility."

"I am a natural person."

"I am a fair athlete."

Neutral statements rank highest among the nondeviant institutionalized and the deviant noninstitutionalized groups. They rank lowest among mental patients.

On the whole, then, institutionalized deviants possess a much less desirable self-concept than do noninstitutionalized deviants. This may well be due to the effect of total institutionalization on the concept of self, the inmate having experienced personal failure, degradation, and humiliation, all of which are detrimental to self-esteem.

Although they have a self-concept which is more desirable than that of the institutionalized deviant, nondeviant hospital patients do, nevertheless, possess a view of self which is somewhat lower than the noninstitutionalized groups. This may be partly explained by Talcott Parsons' observation that the "sick role" is a deviant role.⁴

⁴Cf. Talcott Parsons, The Social System (New York: The Free Press, 1951), p. 285.

This mild form of deviance may be partly due to the fact of institutionalization. Upon confinement, the individual is placed in a subordinate position to physicians, nurses, and anyone else at the institution who may be caring for him. He is forced to rely upon them for his very existence. Regardless of his outside status, he is subjected to the rules and regulations of the institution, and these factors tend to reduce the individual to a status somewhat similar to that of a child rather than to that of an independent adult. Some of the statements from the present study illustrate this fact.

"I am dependent on others while I am here."

"I am in bed at night at ten o'clock."

"I am allowed out of bed."

"I get good treatment here."

"I am happy when it's time for visitors."

"I am in bed number fifteen."

Implicit in these responses is the subordinate position of the patient in comparison to those who enforce the rules and regulations; for example, there is a specific time for visiting hours, a certain placement of patients within the hospital, etc.

With reference to Table 14, one can see that the two groups of institutionalized deviants are almost equal with respect to percentage of self-demeaning consensual statements. The institutionalized non-deviants made roughly 9.7 per cent fewer statements of this sort than the above mentioned subjects. University students scored extremely low in this category, and the religious deviants' score was zero.

Self-demeaning, consensual statements took the form of:

"I am a thief."

"I am a bastard."

"I am a hypochondriac."

"I am a prisoner in H.M.P."

"I am an alcoholic."

"I am a juvenile delinquent."

"Other" statements took the form of:

"I am a husband."

"I am a father."

"I am an accountant."

"I am a student."

"I am a man."

"I am a Roman Catholic."

Again institutionalized groups recorded noticeably larger numbers of self-demeaning statements than did noninstitutionalized groups. In view of these results, it can be said that institutionalization influences the self-concept of the individual. This confirms Hypothesis III.

Other Self-Characteristics of the Subjects

Use of the TST also made possible the examination of the consensual statements made by respondents to determine to what extent the individual makes physical identifications which imply no "generalized other" and social identifications which imply a "generalized other." The findings are presented in Table 15.

Consensual Statements of Concept of Self
Table 15. (a) Implying NO Generalized Other and (b) Implying a Generalized Other

	Numbers and Percentages				
	Groups of Subjects				
	Mental Patients	Prisoners	Nondeviant Hospital Patients	M.U.N. Students	Religious Fundamentalists
Physical Identification which implies no "Generalized Other"	55 (33.9%)	103 (41.9%)	55 (31.1%)	51 (16.1%)	20 (23.0%)
Social Identification which implies a "Generalized Other"	107 (66.1%)	143 (58.1%)	122 (68.9%)	266 (83.9%)	67 (77.0%)
Totals	162 (100.0%)	246 (100.0%)	177 (100.0%)	317 (100.0%)	87 (100.0%)

From examining Table 15, it can be seen that incarcerated criminals, although capable of giving a relatively large number of consensual statements, appear to possess a concept of self which is largely that of a physical object.⁵ They rank high on such statements as:

"I have blue eyes."

"I am 5 ft. 8 inches tall."

"I weigh 180 lbs."

"I am 35 years old."

"I have black hair."

"I am a man."

The other two institutionalized groups rank relatively high with respect to this self-identification as well. The conception of the self as a physical organism moving in time and space does not require a relationship with different social institutions and other human beings. Perhaps the factor of institutionalization relates to this aspect also, and this would be especially true when the institution is highly stigmatizing as in the case of a prison or mental hospital.⁶ Being isolated from the outside world, there is little apart from the institution itself with which the individual can identify. One cannot enact social roles such as those of husband, father, provider for a family, etc., while

⁵ A more detailed account of self-identification as implying or not implying a "generalized other" may be found in the article by Thomas S. McPartland, John H. Cumming and Wynona S. Carretson entitled, "Self-Conception and Ward Behavior in Two Psychiatric Hospitals," *Sociometry*, XXIV (June, 1961), 111-124.

⁶ A further discussion of stigmatization will be found in Chapter IV.

confined within the institution. Consequently, the individual concentrates upon his physical characteristics, thereby classifying himself as a physical object. The two noninstitutionalized groups rank lower in this respect and considerably higher in identifying the self in a way that implies a "generalized other." They are free to engage in various social roles within the community at large, roles which involve the self in various interpersonal relationships governed by rights and duties as related to others through internalized norms. For example, the statement, "I am a husband," implies both rights and duties.

Conclusions

In summation, then, we can conclude that the results of the present study have satisfactorily supported our hypotheses. Further analysis and discussion relating hypotheses and results to the theoretical background will be presented in the final chapter.

CHAPTER IV

THE SIGNIFICANCE OF INSTITUTIONALIZATION FOR THE SELF-CONCEPT

In Chapter III, the findings of the comparative study of self-concept were presented in detail, the three hypotheses verified, and an explanation thereof was attempted. It is appropriate at this time to present a more detailed examination of the significance of the findings with reference to the theoretical framework on which the present investigation rests. A recapitulation, together with suggestions for further research, will also be offered.

A Final Consideration of Procedures

The comparative design of the present investigation has already been discussed in some detail. Three hypotheses were derived from the theoretical framework, and the instrument employed for the collection of data was the Twenty Statements Test. Six groups of subjects were tested--two groups of institutionalized deviants (prisoners and mental patients), two groups of noninstitutionalized deviants (members of two minority religious sects), one group of institutionalized nondeviants (hospital patients), and one group of noninstitutionalized nondeviants (university students)--the main purpose of the study being to determine the differences in self-concept of institutionalized and noninstitutionalized groups which could be attributed to institutionalization.

In an attempt to increase the reliability of the data collected, coding procedures were carried out by two coders in addition to the investigator. Moreover, any data whose reliability was obviously questionable were discarded. The nature of the study, which was exploratory, suggested that few controls should be instituted other than enforcing a time limit applicable to all groups and giving consistent instructions. The majority of respondents were male; the only females were selected from the religious groups and totalled eleven in all. Results confirmed our hypotheses, and since the exploratory nature of the study indicated little need for statistical analysis, none was utilized.

Research Findings--Their Theoretical Significance

In order to analyze and determine the theoretical implications of the results of this study, it will be necessary to examine each proposition separately together with the relevant findings.

The data concerning the first two hypotheses will be examined mainly with reference to the effect of institutionalization upon the self-concept. The third hypothesis will be examined in the light of a much broader theoretical background. For the sake of clarification, a certain amount of repetition will be necessary from time to time.

Major Findings from the Hypotheses

The problem of the present comparative study was that of determining the differences, the nature of the differences, and the factors accounting for these differences between institutionalized and non-institutionalized deviants and nondeviants. Three hypotheses have been

formulated. They will be stated separately and the findings related to theory.

Hypothesis I: The self-concepts of the institutionalized deviants will differ from those of the noninstitutionalized deviants due to the influence of institutionalization; that is, the former will tend to identify themselves with one particular institution more often than the latter.

This hypothesis, based on Goffman's stripping process, as we already know, has been verified. Let us consider it further in the light of the theoretical background.

We have found that prisoners and mental patients refer either directly or indirectly to the institution more often than do the religious fundamentalists. This finding may be explained in the following way: According to Erving Goffman, upon incarceration within a total institution, the individual, cut off from the outside world, lives, sleeps, eats, and works among others who are like himself. "The barrier that total institutions place between the inmate and the wider world marks the first curtailment of self."¹ As one prisoner in the present study so accurately expressed, "I am an outcast from society." Membership in these "social establishments" disrupts role scheduling, so that role dis- possession occurs; the inmate realizes that, by being separated from the outside world, roles are lost to him. Spheres of life are desegregated so that, if the individual's conduct in one sphere of activity is

¹Erving Goffman, Asylums (New York: Doubleday and Company, Inc., 1961), p. 14.

unsatisfactory, he may be reminded of its effects on activities in another area. In this narrow world to which the inmate is confined, Mead's "generalized other" (society at large), from which the individual receives his concept of self, no longer exists in the broad sense. His "orientational others" are also confined to a much narrower world, that of the institution itself, consisting of inmates and staff. In these cases, it is the task of the "orientational others" to transform the former self-concept to that of an institutionalized deviant rather than maintain or lend support to the previous self-concept of the person as a free member of society.

Since individuals in any interactive situation attempt to present themselves by means of self-designating statements considered valid by others, the only valid self-designating statements which the prisoner and the mental patient can present are those in which the self is portrayed as an institutionalized deviant. He is constantly reminded of what and where he is, living in an atmosphere which is highly conducive to institutional self-identification. To be "in character," so to speak, the individual must perform his role as an incarcerated human being. Otherwise his performance will be refused by the audience, the result of which may be further ridicule or humiliation.

C. H. Cooley's social self (any idea or system of ideas drawn from communicative life which the mind cherishes as its own) has become, for the inmate of the total institution, an institutionalized self instead since communicative life is almost wholly confined to the institution.

Self-identification with the institution may also be related to Mead's theory. Mead has said that, in societies based on caste, only a narrow life is pursued, the result being a narrow self. Can not a parallel be drawn between the caste system and a total institution, with those in charge being equal in status to the Brahman while the inmate is equal in status to the Untouchable? How then can the inmate of such an institution possibly hold anything other than a narrow conception of self which is manifested through institutional self-identification? The findings illustrate this point. For example, the mean number of self-identifications in institutionally related ways made by institutionalized deviants (mental patients and prisoners) is 1.42 and 1.33, respectively, while for noninstitutionalized deviants it is only 0.72.

We may now consider possible reasons for the contrast between the institutionalized and the noninstitutionalized deviants with regard to the effects of institutional life on the self-concept.

For the noninstitutionalized deviant, the stripping process has played no part in his life. He is in possession of his identity, maintenance equipment, and society at large remains accessible to him. He possesses a wide variety of role identities and is capable of enacting various roles within the community which he knows will be largely accepted by others. Mead's "generalized other," Kuhn's "orientational other," and Sullivan's "significant other"² all exist for the religious

²Although this concept has not been dealt with in any detail in this study, it will be recalled that the concept refers to the other whose evaluation of the individual's behavior and whose attitudes the individual regards highly and who plays a major role in the concept of self.

fundamentalist in the broadest sense, and therefore a variety of self-references other than those to institution can be made.

Mead has stated that "selves" can only exist in definite relationship to other selves. For the noninstitutionalized deviant, a wider variety of social identities are available with which he can establish his own self and from which he can interact with the selves of others. The reverse is true for the institutionalized deviant since he is confined to a specific location which has become his very life. This explains the large number of references to the hospital or prison made by the institutionalized deviants.

Let us now proceed to Hypothesis II. The self-concepts of the institutionalized nondeviants will differ from those of the noninstitutionalized nondeviants due to the influence of institutionalization; that is, the former will tend to identify themselves with one particular institution more often than the latter.

This hypothesis was supported. We found once again a much higher identification with the institution by the nondeviant institutionalized subjects in comparison to the nondeviant noninstitutionalized. The mean number of self-identifications with the institution which hospital patients made was 2.1, while for university students it was only 1.1. What is surprising here is the fact that institutionalized nondeviants make more references to the institution than do the institutionalized deviants. One would expect the reverse to be true since confinement for the nondeviant hospital patient is, in most cases, relatively short. Parsons and Fox offer a reasonable explanation:

... as a role the status of illness is partially and conditionally legitimized. That is, if a person is defined as sick, his

failure to perform his normal functions is "not his fault" and he is accorded the right to exemption and care.³

The "sick role," then, becomes the patient's major role, albeit a minor deviant role. This deviance may be said to be due to the fact of institutionalization. Prior to his confinement, the individual lived the life of an independent responsible human being, but, upon being hospitalized, the situation changed somewhat. Since, according to our theoretical background, the individual's perception of self is based upon how others are responding to him, since his perception of the responses of others toward him reflects the actual responses of others toward him, and since his self-concept functions to direct his behavior (c.f., Kinch's theory), one would expect the "sick role" to come to the forefront, which is, in fact, what happened in our study. The "others" within the hospital setting from whom he receives his conception of self are, for the most part, physicians, nurses, assistants, technicians, and patients; here, then, our patient is situated, enveloped by activities involving X-rays, surgery, medications, and other physically ill people. Everything and everyone appears to be communicating to him, "You are ill." His illness itself, in many cases, is the cause of a great deal of anxiety and tension. Cut off temporarily from the outside world and outside identities, receiving constant support for his "sick role," it is not surprising that he identifies with the institution and concentrates on his illnesses. The following statements illustrate this point, for example:

³ Talcott Parsons and Renee C. Fox, "Illness, Therapy, and the Modern Urban American Family," in The Family, ed. by Norman W. Bell and Ezra A. Vogel (Toronto: Macmillan Company of Canada Limited, 1960), pp. 348-349.

"I am on diet number 3."

"I feel sick."

"I am not in good health."

"I get good treatment from the staff here."

"I feel all in."

"I have had several operations here."

In contrast to the above case is the noninstitutionalized non-deviant's concept of the self. He has undergone no self-transformation whatsoever. He is an independent, responsible member of society, healthy and very much a master of his own fate. He can and does enact various roles within society at large, and many self-identifications are available to him. From the data collected this fact is quite evident, for self-identification is not confined to the institution but is rather made with reference to various areas of community life. The university student was found to identify with family, political and social organizations, work, play, etc., as his statements indicate: for example:

"I am married."

"I am a member of several academic societies."

"I am P.C."

"I am a pharmacist."

"I am a soccer player."

"I am a father."

No curtailment of active participation in life or in role enactment on the part of the noninstitutionalized nondeviant is necessary, for his "orientational other," "significant other," and "generalized other" are present to lend support to and to maintain and influence his self-

concept. Consequently, no narrowing of the self occurs even temporarily, and, for the most part, his performances are accepted by his audiences.

It is now in order to consider Hypothesis III. The self-concepts of the institutionalized subjects (deviant and nondeviant) will differ from those of the noninstitutionalized subjects (deviant and nondeviant) due to the influence of institutionalization upon the self-concepts of the former.

That the self-concepts of the institutionalized subjects differed from those of the noninstitutionalized subjects has been demonstrated in the present investigation. Self-reference to the institution has already been discussed fully, and there is no need to repeat the findings and analyses with regard to this aspect of the study. We shall, however, attempt to examine other ways in which the institutionalized and non-institutionalized subjects differed and to relate these differences to theory.

Favorable and Unfavorable Self-Concepts

Religious fundamentalists and university students in the present study were found to possess a more favorable concept of self than the institutionalized groups (prisoners, mental patients, and nondeviant hospital patients). Mental patients made 45.1 per cent self-demeaning subconsensual statements; prisoners, 36.0 per cent; nondeviant hospital patients, 32.1 per cent; M.U.N. students, 27.0 per cent, and religious fundamentalists, 6.9 per cent. With regard to self-demeaning consensual statements, mental patients made 11.7 per cent; prisoners, 12.2 per cent; nondeviant hospital patients, 2.3 per cent; M.U.N. students, 0.5 per cent, and religious fundamentalists, 0.0 per cent.

The stripping of the self has been proposed to account for this phenomenon, especially in the case of mental patients and prisoners. We shall consider the findings in the light of what Erving Goffman has said.

When an individual enters a total institution, his self is systematically, although sometimes unintentionally, degraded and mortified, explains Goffman. He becomes an inmate of low status, who, upon displaying defiance, is liable to negative sanctions. His identity-maintenance equipment is taken from him, and facts and feelings about the self are exposed to new kinds of audiences, especially discreditable facts which ordinarily are concealed. Furthermore, "Prisoners and mental patients cannot prevent their visitors from seeing them in humiliating circumstances." This, too, is damaging to the self-concept.

In the processes of mortification several issues arise. Total institutions disrupt actions which, in society at large, give support to the autonomy of the actor in relation to his audience. When the individual is stripped of his autonomy and self-determination, he feels inferior and demoted. For example, he may be permitted to write letters home only once a week, or he may be placed in a locked ward or cell. In many institutions, mortifications are often rationalized (e.g., forced-feeding) as being for the welfare of the institutionalized individual, but, nevertheless, damage to the self does result.

The process of entrance into an institution in itself, such as taking a life history, weighing, searching, and finger-printing the individual, so that he is labelled to fit smoothly into the social establishment, are all demeaning activities for the individual self, and the

⁴ Goffman, op.cit., p. 24.

stripping of one's identity kit causes personal defacement. At times inmates may be forced to associate with people whom they consider to be inferior, and this can result in a feeling of contamination. The symbolic meaning of these events does not corroborate the individual's prior conception of the self, e.g., the inmate, subjected to discipline and regimentation, is often considered too insignificant to be acknowledged by means of a greeting. Examples of statements which illustrate these feelings are: "I'm not as bad as they think I am," and, "I wasn't such a bad guy before I came to this place."

While still a member of the wider community, the individual experiences expressive idiom, so that certain regulations, looks, or commands can cause indignities and mortify the self. For example, a mental patient may consider being forced to use a spoon for eating purposes as an indignity to the self. It is nearly impossible under such conditions for any individual to maintain a completely favorable self-concept.

As far as the nondeviant institutionalized patient is concerned, self-demeaning evaluations were found to be lower than for institutionalized deviants, but higher than for the noninstitutionalized groups. The status of the nondeviant hospital patient is higher than that of either prisoners or mental patients, yet a certain degree of self-transformation does occur. Upon confinement, all outside role identities are temporarily taken from the patient. He too has lost his autonomy and is now a member of an institution subjected to rules, regulations, and schedules. There is a schedule for visiting hours, meals, and medications, and to a certain extent the patient must act in the capacity of an obedient child rather than as an adult who is free to come and go as he pleases and to enact

various roles. This condition does have a somewhat demeaning effect on the self.

The self-concepts of the two noninstitutionalized groups, religious fundamentalists and university students, were, on the whole, very favorable. Their status as individuals is relatively high, and, although the religious groups are considered deviant, their deviance, for them, is of a self-enhancing nature. Both groups are independent human beings, and no mortification of self has occurred through institutionalization, so that no possibility of inferior feelings from this source has developed. These individuals, through introspection, find very little reason to identify the self in ways which are demeaning or derogatory.

It should be mentioned that all of the nonconsensual self-demeaning and self-enhancing statements were interspersed throughout the TST's, but roughly 90 per cent of the consensual self-demeaning statements occurred within the first six statements, indicating the fact that they were salient for the respondents. This was the case for all groups who made such statements.

In order to gain a further understanding of why institutionalized subjects possess a somewhat unfavorable self-concept, it is necessary to view the results from the perspectives offered by Charles Horton Cooley, George Herbert Mead, and Manford Kuhn.

Charles Horton Cooley's Theory--Its Relationship to Self-Evaluation

Firstly, let us consider the concept of the "ideal self." This, for Cooley, is constituted mainly of ideas about oneself attributed to other people. One tries to live up to his image, but the mental patient

and the prisoner have failed to do so, the end result of which is a feeling of ugliness, shame, and utter defeat. The total institution is a constant reminder of this failure, since he is placed among others who are also considered to be failures and a staff who view them as such. For these people, the imagination of their appearance to others and the imagination of the judgment of that appearance results in humiliation and debasement. In the present investigation, respondents have illustrated these feelings of remorse, failure and hopelessness through such statements as:

"I wouldn't be in here if I had my time back."

"I wish I had never got into trouble."

"I would like to be respectable."

"I wish I had listened to my father."

"I want to be trusted but I can't."

"Sometime I wish I was dead."

A human being, according to Cooley, loves approval and resents censure, but one would imagine that the amount of approval which the incarcerated criminal or mental patient receives in comparison to the amount of censure is small, indeed.

We must also consider the nondeviant hospital patient in the light of what Cooley says. The status of the institutionalized hospital patient, as we already stated, has been lowered somewhat. He is placed in a dependent role and views himself through others' eyes as a physically ill individual subject to hospital regimentation. Sometimes information concerning his own physical condition is concealed from him lest it prove upsetting for him. To a certain extent he has failed to live up

to his ideal self as head and provider for his family, or simply as an independent self-supporting individual (at least temporarily). He has been relieved of family and other responsibilities because he is no longer capable of handling them. They have, instead, been assigned to others. This may account for the somewhat less favorable self-concept held by hospital patients. Some of the statements made by them are illustrative of the fact that these people yearn to resume the life they lead before entering hospital and to maintain once again their independent status. The following are examples of such statements:

"I am anxious to get well and back to work."

"I worry about my family while I am here."

"I wish I was well enough to get back to my wife and kids."

"I have a lot of things to do when I get home."

"I hope I will be well enough to take care of my family soon."

"I hope I can go back to work in a couple of weeks."

Noninstitutionalized subjects made a low number of self-demeaning statements; they held a more favorable concept of self. The ideal self has not been violated to any significant extent by institutionalization, and, according to the results of the investigation, these individuals perceive themselves through the eyes of others as more or less worthwhile, responsible people taking an active part in community life.

Having considered Cooley's theory, we shall proceed to G. H. Mead. What has been stated concerning the self-concepts of the institutionalized subjects in contrast to those who were noninstitutionalized may also be considered in the light of Mead's theory.

George Herbert Mead's Theory--Its Relationship to Self-Evaluation

The individual experiences himself as such, not directly but only indirectly, from the particular standpoints of other individual members of the same social group or from the generalized standpoint of the social group as a whole to which he belongs. For he enters his own experience as a self or individual, not directly or immediately, not by becoming a subject to himself but only insofar as he first becomes an object to himself just as other individuals are objects to him or are in his experience; and he becomes an object to himself only by taking the attitudes of other individuals toward himself within a social environment or context of experience and behavior in which both he and they are involved.⁵

Taking into account what Mead has stated in the above quotation, and also taking into account that the statements made on the TST are given by the respondent as if to himself, thereby viewing himself as an object, it is presumed that the attitudes about him which he feels that others possess, and which he in turn possesses, will be expressed through the statements made. Since the self-evaluative statements made by the institutionalized subjects depict a less desirable self-concept than those subjects who are noninstitutionalized, it is presumed that the institutionalized subjects believe the attitudes of others toward them are unfavorable. This phenomenon is not surprising in view of what has already been stated. For the institutionalized subjects, the attitudes of other individuals which they take are largely those of staff and other institutionalized inmates. For the most part, especially for prisoners and mental patients, these attitudes have a negative quality, and so they view themselves in a negative manner. The nondeviant hospital patient internalizes attitudes which lead him to perceive of himself as not

⁵ Anselm Strauss, ed., George Herbert Mead on Social Psychology (Chicago and London: University of Chicago Press, 1964), pp. 202-203.

wholly responsible but dependent upon others stronger and more qualified than he. This, too, lowers self-esteem. For the noninstitutionalized the reverse of this fact is found. Having acquired favorable self-attitudes from others, they tend to view themselves in a positive manner. Hence a contrast between the groups exists.

Because the present study has employed for the collection of data Kuhn's Twenty Statements Test, it is considered appropriate to close the discussion on self-evaluations by viewing the results with reference to a portion of his theory.

Manford Kuhn's Theory--Its Relationship to Self-Evaluation

Manford Kuhn, who has conducted various investigations by means of the TST, believes that minority groups are made aware of their status because of restrictions placed upon their behavior. One can also interpret the findings of the present study in this fashion. Self-evaluative statements elicited by institutionalized individuals were found to be of a more demeaning nature than those elicited by the noninstitutionalized groups. If what Kuhn says holds true, then the institutionalized, having had restrictions placed on their behavior and being confined to a specific social establishment are more acutely aware of their lower status.

The findings can also be related to the theory of Kuhn's "orientational other." Insofar as the "orientational other" is a group of persons or a single other capable of sustaining or basically changing the individual concept of self, and since, in the case of the institutionalized groups, this consists of staff and other inmates, the "orientational others" transform the self-conception of the individual from a more to a less desirable one. The individual who receives his own

attitudes toward himself from the "orientational other" is capable of viewing himself as an object (this is similar to Mead's theory); his own attitudes are the plans of action of the individual. In viewing himself as an object, the object he perceives possesses unfavorable characteristics, and these, presumably, are what he expresses in words on the TST.

For the noninstitutionalized, no restriction is placed on behavior or physical movement in the wider community, he is free to use face-saving devices, and his "orientational other" consists of a much larger group related to various aspects of life. The individual's self-concept is typically sustained rather than changed, and attitudes toward him are, on the whole, relatively favorable. Therefore, his own attitudes toward himself viewed as an object are likewise favorable. This fact accounts for the differences in the self-concepts of the groups under study.

Having discussed the aspects of the negative self-evaluations, we are not stating that institutionalized individuals are incapable of identifying the self in any way other than through self-demeaning statements, for, if we examine our tables in Chapter III, we will see that this is not so. What we are stating is that there is a difference between institutionalized and non-institutionalized groups with respect to how the individual perceives the self, that the self-concept is less favorable for the former than for the latter. We have set out to explain this situation, the primary factor offered to account for this difference being institutionalization itself.

Self-Concept--Generalized Other Versus No Generalized Other

Let us examine the nature of the statements which respondents made depicting the self as either a physical organism which does not imply a "generalized other" or as a social organism which does imply a "generalized other." Several explanations as to why individuals identify in the above ways will be offered. (1) The three institutionalized groups recorded a relatively large number of self-statements which could be placed within the former category while noninstitutionalized groups recorded a relatively large number of self-statements which could be placed in the latter.

Self-statements at the concrete level, which include height, weight, age, hair color, eye color, etc., at best imply only an indirect reference to interpersonal relations and do not require an association with other human beings and social institutions to the same degree that "I am a university student" or "I am a Protestant" would require. Such statements as the latter imply a "generalized other" or an institutional pattern.

For the incarcerated person, the "generalized other" of the wider community is, for a time at least, nonexistent for him. He is unable to relate to other human beings, organizations, and institutions, so, apart from the institution to which he is confined, little exists with which to identify the self; therefore, the person must view himself as a physical entity and concentrate on physical characteristics.

(2) When Cooley spoke of "my" and "mine," he stated that these concepts implied others; for what is "mine" is not belonging to "other." Since personal effects of the institutionalized have, for the most part, been removed, and since little privacy is permitted, the one entity which

he possesses and can legitimately claim as "my" and "mine" is his own physical identity.

(3) Incarcerated criminals were especially inclined to take self-identifications as a physical entity. Perhaps stigmatization may bear on this factor. For example, if one does not wish to elicit statements depicting oneself as an institutionalized deviant, and if one's status is so painful that he wishes to dissociate himself from it, an escape may be found through such statements as the aforementioned. This explanation could be especially true for certain individuals. A person's psychological make-up would presumably influence how the deviance is perceived, for some individuals are more sensitive than others. If the person is experiencing institutionalization for the first time as in the case of an initial offender, it is probable that he will be self-conscious of the fact to a higher degree than the person who is a long-time criminal. Several factors, therefore, may account for physical self-identification.

The two noninstitutionalized groups identified the self as a social organism to a greater extent than the above mentioned groups. These individuals (the noninstitutionalized) have a broader scope of living, enact roles within the larger society, have a more favorable self-concept, and hold possessions which can be classified as "my" and "mine" and therefore they are not restricted to identifying the self as a physical entity to any great extent.

Other Findings

Upon analyzing our data, we found that all groups under investigation made responses which were suited to each of our coding categories.

Mental patients making the least number of total statements and consensual statements. This may be due to the duration of incarceration within the institution for, as Goffman says, it is the institution which is the most important factor in forming the mental patient. While prisoners were capable of responses which were consensual, many of the consensual statements were of a kind depicting the individual as a physical entity. The religious fundamentalists were relatively low on consensual statements, the reason for this being the high number of responses of a philosophical or ideological nature that were given. The number of references to the institution and to illness decreased the number of consensual statements of the nondeviant hospitalized group, while university students elicited a relatively high number of consensual statements linking them with many spheres of life.

In Table 12, Chapter III, it can be seen that a fair percentage of all groups began with a nonconsensual statement, religious fundamentalists and mental patients scoring highest. Manfred Kuhn and Thomas McPartland found that respondents tended to exhaust all consensual statements first. This phenomenon was not found to be the case in the present study, for the number of runs found in the TST's was high. Respondents did not record all of their consensual statements first but rather they were interspersed throughout the TST form, indicating that they are not always most salient for the individual.

The number of TST forms containing no consensual statements whatsoever was higher for mental patients and religious fundamentalists (see Table 12, Chapter III), institutionalization and religious deviance being the reasons offered for this fact. (Religious sects recorded

responses which could be categorized under beliefs, thereby lowering the number of consensual statements.) The range of statements was greater for the institutionalized groups, institutionalized deviants having the largest (1-20) followed by nondeviant hospital patients (3-20). The two noninstitutionalized groups showed slightly smaller ranges: (5-20) for university students and (7-20) for the religious groups.

Although noninstitutionalized hospital patients have made a large number of references to the institution, and although they express a desire to be discharged, the negative attitude toward the institution does not exist that is found among institutionalized deviants. The latter display an intense dislike for the institution and for certain individuals within it. This may be illustrated with such statements as, "I torment _____," "I hate _____," and, "I hate jail rats." The first statement related to another inmate, but it is not certain whether the second statement was made with reference to an inmate or member of the staff. The third may refer to actual vermin or to other persons. The reason offered for the attitude toward the institution is that prisons and mental hospitals are highly stigmatizing for those confined within them. The institution is not stigmatizing for the nondeviant hospital patient, and he has indicated a more positive attitude toward it through statements such as, "I like the patients on _____ ward," and, "I think the nurses here are very kind."

In view of what Goffman has said concerning the effect of the total institution upon the individual, the feelings toward these social establishments which mental patients and prisoners possess are neither surprising nor unjustifiable.

Recapitulation

The most important findings from the present investigation are as follows:

(a) Institutionalized individuals refer to themselves in institutionally related ways more often than noninstitutionalized individuals.

(b) Institutionalization does have a detrimental effect on the inmates' conception of the self, the institutionalized subjects having reported a larger number of self-demeaning statements which lend support to this notion.

(c) The institutionalized subjects refer to themselves in ways which do not imply "generalized others" more often than noninstitutionalized subjects.

(d) Respondents do not always make an initial consensual statement, nor are consensual statements always the most salient.

(e) Institutionalized deviants possess a negative attitude toward the institution to a higher degree than institutionalized nondeviants.

Reasons accounting for four of the aforementioned findings center in the fact of institutionalization. Isolated from the outside world and subjected to regimentation and loss of autonomy, the individual's self-concept undergoes, to a greater or a lesser degree, a certain amount of transformation, forcing him to identify with the institution, to possess a less desirable attitude toward the self, and to identify the self as a physical entity to a greater extent than the noninstitutionalized persons. Why consensual statements were not always most salient for the groups and why such a high number of runs was found is difficult to say. One fact is certain: The self-concepts of the institutionalized and noninstitutionalized subjects do differ.

Problems for Further Research

Although a great number of investigations of the self-concept and its relationship to various aspects of life have been conducted by social scientists from time to time, the present investigation is one of the first if not the first of its kind to investigate the influence of institutionalization upon the self-concepts of those who are incarcerated. It takes as its theoretical framework the ideas presented in Goffman's Asylums together with portions of the theories of Manford Kuhn, George H. Mead, Charles H. Cooley, Harry S. Sullivan, and John Kinch. The results turned out as anticipated.

The fact that the study has certain limitations is obvious, but unfortunately, under the circumstances, these limitations were unavoidable. For example, the exact length of time that each mental patient and prisoner had been confined at the time of the investigation was not determined. The length of confinement influences the self-concept, since the longer the duration of confinement, the greater the likelihood of self-transformation. It is believed, however, that mental patients had been confined for a longer period than prisoners, since over one-third of the respondents were long-term chronic patients and those in the rehabilitation unit would presumably have been institutionalized for a relatively long period (patients who will soon be ready to resume life on the outside). Some of the statements made by patients in referring to the hospital showed that they had been confined for several years. The criminals, on the other hand, were serving sentences of two years or less, and their terms, at the time of the investigation, were not completed. In conducting future research, therefore, it would be advisable to determine the specific length of confinement of each subject used in the sample.

In comparing groups of deviants, it is recommended that one would select subjects whose deviance would be considered self-derogatory, for example, prostitutes or members of Alcoholics Anonymous. This device would have the advantage over the procedure used in the present study in that it would provide a more accurate assessment of self-evaluations and therefore self-concepts of the two deviant groups (institutionalized and noninstitutionalized). Matched sampling could be used, subjects being matched according to sex and length of institutionalization or length of time as a member of A.A., for example.

A group of nondeviant hospital patients could be compared to a group of university students to determine if findings paralleled the present study or contradicted it.

One further suggestion for future investigation is to compare the self-concepts of institutionalized males and females, since females are purportedly, according to Goffman, more sensitive to the indignities of institutionalization than are males. Either groups of mental patients or prisoners could be studied. It would be desirable to obtain a fairly large and approximately equal sample of each to strengthen the validity and reliability of the findings now that a groundbreaking investigation has taken place. The present study falls somewhat short of this goal since religious fundamentalists were available in such small numbers.

In spite of its shortcomings, this project has proven fruitful in that a fair amount of information has been accumulated with respect to the influence of Newfoundland institutions upon their inmates. However, many fascinating aspects of this phenomenon are yet to be explored.

APPENDIX A

TWENTY STATEMENTS TEST

There are twenty numbered blanks on the page below. Please write up to twenty answers to the simple question "Who am I?" in the blanks. Make no more than twenty statements about yourself each beginning with "I". Please answer as if you were giving the answer to yourself, not to somebody else. Write the answers in the order that they occur to you. Don't worry about "importance." Go along fairly fast, for the time is limited.

"I"

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Please place a check mark by the correct answer.

Age.

Less than 25 years. _____

25 to 39 years. _____

40 to 60 years. _____

Over sixty years. _____

Marital Status.

Married. _____

Single. _____

Years of Schooling.

Less than 9. _____

9 to 12. _____

Some University or Trades School. _____

University Graduate. _____

University Post Graduate. _____

Religion.

Protestant. _____

Roman Catholic. _____

Thank you for your co-operation.

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