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Attitudes Toward Violence and Reasons for Living in Adolescents With High,
Moderate, and Low Self-Esteem

A Thesis

Presented to

The Faculty of the Department of Psychology

East Tennessee State University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Arts in Psychology

by

Rhonda M. Blevins

May 2001

Dr. Jon Ellis, Chair

Dr. Roger Bailey

Dr. Peggy Cantrell

Keywords: violence, suicide, self-esteem, reasons for living, adolescents

ABSTRACT

Attitudes Toward Violence and Reasons for Living in Adolescents with High,
Moderate, and Low Self-esteem

By

RHONDA M. BLEVINS

The purpose of this study was to examine attitudes toward violence and reasons for living in adolescents with high, moderate, and low self-esteem. An attitudes toward violence scale was devised for the purposes of this study. Self-Esteem was assessed using the shortened version of Rosenberg's Self-Esteem Scale (SES). The Brief Reasons for Living in Adolescents (BRFL-A) was utilized to assess adaptive characteristics. The independent variables were gender and self-esteem. The dependent variables were total reasons for living score and attitudes toward violence score.

Participants included 138 males and 95 females, ages 11 to 15 years ($M = 13.3$) from a Kingsport City Middle School. A packet containing a short demographic questionnaire, Self-Esteem Scale, attitudes Toward Violence Questionnaire, and the Brief Reasons for Living Inventory was administered.

A 2 (gender) X 3 (level of self-esteem) Analysis of Variance with unequal cell sizes was used to test for main and interaction effects. The significance level was set at the .05 level. For the dependent variable attitudes toward violence, main effects were found for both gender and self-esteem. For the dependent variable reasons for living, a main effect was found for self-esteem but not for gender. No interaction effects were found. An inverse relationship was found between violence and reasons for living. Significant relationships between some of the subscales of the RFL and the dependent variables were non-hypothesized findings of interest. Maleness and low self-esteem emerged as predictors of more accepting attitudes toward violence. Low self-esteem was significantly related to fewer reasons for living. Implication of findings, limitations of the study, and suggestions for future research were discussed.

INSTITUTIONAL REVIEW BOARD APPROVAL

This is to certify that the following study has been filed and approved by the Institutional Review Board of East Tennessee State University.

Title of Grant or Project Attitudes Toward Violence and Reasons for Living in.
Adolescents with High, Moderate and Low Self-Esteem

Principal Investigator Rhonda M. Blevins

Department Psychology

Date Submitted May 2, 2001.

Institutional Review Board Chairman _____

DEDICATION

I dedicate this thesis to the most influential person in my life. I have acquired the most important things in life from her— the ability to give and receive love, the desire to learn and grow, motivation to work hard and make a positive impact, and the realization that happiness does not come from material items, a degree, or a high paying job, rather it is born out of the internal gifts we give to those we care about and the nurturing connections we establish with others. Thank you, mom, for giving me the world. I love you, dearly.

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I would like to take a moment to acknowledge those instrumental in my personal and professional development. First I would like to thank Dr. Jon Ellis without whom I would not be where I am. He believed in my abilities and helped me do the same. I am curious as to whether he realizes the tremendous impact he has on aspiring psychologists. His kindness, wisdom, patience, and positivity are unmatched. I would also like to thank Dr. Peggy Cantrell, who unknowingly provided me with a compelling female role model. She was inspirational. Thank you to Dr. Otto Zinser and Dr. Roger Bailey who helped integrate me into the psychology department and provided me with invaluable guidance.

I extend the greatest thanks to my family for all their support and love. Words are inadequate to describe how important they are to me. Even the smallest change in the dynamics or structure would change who I am dramatically. To mom—What you have given to me is immeasurable. To my brothers and sisters--Rene', Ramona, Nicholas, Anastasia, and Benjamin—I feel so blessed to have you guys. When we go out into the world we always know to hold hands and stick together. That will never change.

To Danny, I extend my love forever. The acceptance, understanding, balance, and love you've given have made all the difference. Thank you for coming into my life and letting me see the world from another perspective. Tony, Aubrey, Lisa, and any others who have had a positive impact on my life, you know who you are, and I thank you.

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CHAPTER 1
INTRODUCTION

Violence

Violence among young people is increasing at an alarming rate. Statistics reveal the number of arrests of individuals under the age of 18 for murder and non-negligent manslaughter increased 60% between 1981 and 1990. During the same time period, the number of adolescents arrested for aggravated assault rose 57% (Federal Bureau of Investigation, 1991). Perhaps more disturbing, youth violence continues to escalate without evidence of stabilization. In 1994, juveniles took the lives of 2,300 individuals and 2.7 million young people were arrested (U.S. Office of Juvenile Justice and Delinquency Prevention, 1994). In 1995, the Federal Bureau of Investigation reported a 249% increase in gun-related murders committed by juveniles.

Furthermore, this trend is beginning to encompass younger children who are being arrested more frequently on serious charges. From 1988 to 1992 the homicide rates for adolescents between the ages of 10 to 14 increased 64% (Lacayo, 1994). The U.S. Office of Juvenile Justice and Delinquency Prevention (1994) reports 500 youth under the age of 12 were arrested for rape in 1991, 81 of whom were less than 10 years old. In contrast, the rate of violent crime among other age groups has remained relatively constant (Pietrzak, Petersen, & Speaker, 1998).

Suicide

Young people are not just hurting others, rather, much of this aggression appears to be directed toward the self. Suicide is typically defined as the intentional taking of one's life—an act seen as the best or only solution to a problem or situation (Shneidman, 1985). Suicidal thoughts and threats are relatively common in adolescents and suicide has remained one of the chief causes of death among young people. In 1998, an average of one young person in the United States took his or her life every 1 hour and 57 minutes. During the same year, suicide was the second leading cause of death for individuals ages 15 to 24 (Children's Defense Fund, 1999).

Despite the relatively large number of reported suicides, it is often argued suicide is grossly underreported due to the social stigma associated with taking one's life (Ellis & Range, 1989). It is thought the shame and embarrassment felt by the surviving family members results in their unwillingness to reveal a suicide has occurred. It is also believed many suicides are mistakenly reported as homicides or accidents by coroners (Jobes, Berman, & Josselson, 1986).

Maladaptive Characteristics

Individuals prone to other-self violence exhibit a number of common characteristics. Schotte and Clum (1982) assert individuals who engage in these types of behaviors are emotionally and cognitively unable to cope effectively, especially when higher levels of stress are involved. Suicide, in particular, has been conceptualized as a coping mechanism, in which suicidal or self-destructive thoughts result from interplay between an individual's maladaptive processes as he or she interacts and reacts to

situations and environmental conditions (Mikawa, 1973). It is proposed by the interaction model of suicidal behavior (Clum, Patsiokas, & Luscomb, 1979) that life stressors are not enough to produce such violent behavior, rather, other variables must be operating for these individuals to view suicide as a viable option. It is therefore asserted individuals who engage in violence against others or self are inherently different from individuals who are not prone to such behavior.

Affect and Emotionality

In terms of affect, both violent and suicidal individuals have been described as excitable, arousable, and irritable (Aluja-Fabregat & Torrubia-Beltri, 1998; Bonner & Rich, 1988; Ellis & Range, 1989; Plutchik, Van Praag, & Conte, 1988). Excitability was found to accurately describe aggressive individuals in a study that examined preference for violent television programs, a number of personality characteristics, and aggression (Aluja-Fabregat & Torrubia-Beltri, 1998). Excitability has also effectively differentiated suicidal and non-suicidal individuals (Mehrabian & Weinstein, 1985).

Additional research on suicide has found suicide ideators tend to be anxious and neurotic (Mehrabian & Weinstein, 1985). The neurotic individual is typically characterized by arousability, unpleasantness, and submissiveness. A positive correlation between lethality of previous attempts and arousability has been found. Bonner and Rich (1987) assert suicidal individuals have a negative affective state as a result of a number of combined cognitive and emotional disturbances such as loneliness, perceived ineffectiveness, and hopelessness. This negative affective state results in withdrawal from others and self, resulting in social and emotional isolation.

Interpersonal Variables

Violent and suicidal individuals have been found to have difficulty with social interaction. Self-reports, retrospective investigations, and empirical evidence have supported this assertion. The relationship between preference for and interest in violent programs, personality (as measured by the Eysenck Personality Questionnaire, Sensation Seeking Scale, Sensitivity to Punishment and Sensitivity to Reward Scales) and academic achievement has been examined (Aluja-Fabregat & Torrubia-Beltri, 1998). It was found teens that were reported as more aggressive by their teachers scored as more excitable, sensation seeking, impulsive, and “poorly socialized.” Poor socialization, indicated by higher scores on Psychoticism, Sensation Seeking, and Impulsiveness Scales was distinguished from being disinhibited or the other extreme, antisocial. Further, studies exploring social isolation and violence have found social isolation to be related to child maltreatment and wife abuse (Hamilton, 1989; Ponzetti, Cate, & Koval, 1982).

Social isolation has been found related to suicide ideation and completions in several studies (Breed, 1972; Ellis & Range, 1989; Trout, 1980). Bonner and Rich (1987) investigated the relationship between various emotional, cognitive, and interpersonal variables and self-harm. Self-report measures of the following variables were completed: life stress, cognitive distortions, loneliness, depression, hopelessness, family cohesion, adaptive reasons for living, and suicidal ideation and behavior. Quantity and quality of social support was assessed. Results revealed social/emotional alienation, cognitive distortions and deficient maladaptive resources formed a predictive equation for suicidal behavior.

Cognitive Characteristics

Suicidal individuals also share similar cognitive characteristics. That is, the mechanisms by which they perceive, interpret, and react to their environment are alike. Suicidal individuals have been found to possess more cognitive distortions than their non-suicidal peers (Bonner & Rich, 1988). Furthermore, research comparing non-suicidal individuals and suicidal individuals has revealed the latter tend to have a rigid cognitive style, which prevents them from discovering alternative solutions to their problems (Levenson, 1974; Neuringer, 1974; Schotte & Clum, 1982).

Instrumental in their inability to discover alternative solutions is the cognitive attribute, field dependence (Levenson, 1974). The component of field dependence thought to be common in suicidal individuals is the absence of the ability to organize a complex visual configuration into figure and ground, separating a point of focus from what is extraneous or distracting. This deficit makes concentrating on a problem and its possible solutions difficult if not impossible. Self-report measures of problem-solving ability indicate adolescents who engage in self-harm rate their efforts as ineffective (Hawton, Kingsbury, Steinhardt, James, & Fagg, 1999). No research was found regarding cognitive rigidity or field dependence and violence. However, one would anticipate violent individuals would possess these traits as well given their similar use of aggression as a method of problem solving.

Impulsivity

Much of the research investigating the relationship between impulsivity and violence has used incarcerated or previously incarcerated populations. Studies that have

compared violent offenders with nonviolent offenders using both behavioral and psychometric measures of impulsivity have found impulsivity positively correlated with violent offenders in the behavioral measure (Cherek & Lane, 1999; Cherek, Moeller, Gerard, Donald, & Rhoades, 1997). Wang and Diamond (1999) examined predictive factors for aggression among 385 mentally ill male offenders. Impulsivity was found one of the strongest predictors of aggression. A study of 280 10-19 year olds revealed impulsivity to be significantly correlated with school-based violence (Dykeman, Daehlin, Doyle, & Flamer, 1996).

Some researchers have investigated a number of predictive factors for violence and suicide risk, including impulsivity. They suggest impulsivity acts as an amplifier while social support acts as an attenuator. Kotler et al. (1993) used a sample that consisted of suicidal and non-suicidal psychiatric inpatients. Impulsivity was measured using the Impulse Control Scale (ICS), which consists of 15 items rated on a 3-point frequency scale. The tendency to engage in impulsive behaviors and lack of patience are assessed by the items. Impulsivity was significantly correlated with both violence and suicide risk. It is speculated how an aggressive impulse is expressed is the result of an interaction of different variables in which some variables act to amplify and others act to diminish it (Plutchik & Van Praag, 1990).

Impulsivity has been found to be particularly descriptive of suicidal children and adolescents (Patsiokas, Clum, & Luscomb, 1979). Observations and self-reports have provided the bulk of support for impulsivity characterizing suicidal individuals. (Kotler et al., 1993; Plutchik et al., 1989). Impulsivity has been found more related to violence than

to a variety of other behaviors typically described as impulsive, such as binge eating or alcohol use (Getler, 1997).

Self-Esteem

Research has revealed that both violent and suicidal individuals often exhibit lower self-esteem. Rubinetti (1997) investigated the relationship between exposure to aggression among urban youths and the following variables: empathy, hopelessness, self-esteem, and belief in the legitimacy of aggression. Two types of exposure to community violence were examined. Indirect exposure was defined as an individual witnessing another's victimization while direct exposure mandated the youth participating had been a victim him or herself. All participants were adolescents in a juvenile justice program. Rubinetti found combinations of these factors predicted a significant proportion of the variance in the other factors, supporting the relationship between self-esteem and violence. O'Keefe (1998) investigated protective and vulnerability factors for adolescents who had been exposed to inter-parental violence. Results revealed low self-esteem differentiated those who experienced and/or inflicted dating violence from those who had not.

Lower self-esteem is associated with deliberate self-harm and suicide attempts (Borthick, 1999; Hirschfeld & Blumenthal, 1986). A study investigating ego functions including self-esteem, reality testing, and ego-strength and measures of suicide and/or violence risk found negative correlations between suicide risk and both ego-strength and self-esteem (Plutchik, Botsis, & Van Pragg, 1995). Hawton et al. (1999) examined the relationship between repeated self-harm and a number of psychological variables. The

sample consisted of adolescents between the ages of 13 to 18 who were admitted to a hospital for deliberate overdoses. Repeaters scored significantly lower on the self-esteem measure. Esposito and Clum (1999) found low self-esteem was a more powerful predictor of suicidal ideation than full-scale scores on the Children's Depression Inventory

(CDI). Roberts, Roberts, and Chen (1998) examined the relationships among suicidal thinking and plans, depression, self-esteem, loneliness, fatalism, and pessimism in a school-based survey of 5,423 adolescents. Suicidal thinking was related to less self-esteem.

A study of inhalant use among youth revealed low self-esteem, family social support, suicidality, and delinquent behavior were related to inhalant use (Howard & Jenson, 1999). An investigation of the bonding style of incarcerated adolescents found significant relationships existed between low self-esteem, hopelessness, and suicidal behavior and their bonding style (McGarvey, Kryzhanovskaya, Koopman, Waite, & Canterbury, 1999). Fehon, Grilo, and Martino (2000) found self-critical patients exhibited hopelessness, suicidality, and low self-esteem. Studies investigating exposure to violence have found an inverse relationship between violence exposure and self-esteem (Mcgauley, 1999). The fact that low self-esteem and violence often coincide provides additional support for the relationship between self-concept and violence against self and others. However, such studies do not provide information regarding the capacity in which these factors are related.

The combination of low self-esteem and an inability to cope effectively has been found particularly important as these factors together have been found to accurately

predict being a child molester (Marshall, Cripps, Anderson, & Cortoni, 1999), engaging in violent acts (O'Keefe, 1998) and attempting suicide (Beastrais, Joyce, & Muider, 1999; Borthick, 1998).

Depression

Some have suggested the correlation between adolescent suicide and self-esteem is a result of an associated condition of depression (Beautrais et al., 1999; De Wilde, Ineke, Keinhorst, Diekstra, & Wolters, 1993). However, results have been inconclusive and in some cases contradictory. A study designed to address this concern used a sample that consisted of 66 depressed adolescents, 48 adolescent suicide attempters (equally depressed), and 43 "normal" adolescents. It was found suicide attempters shared many similarities with the depressed group and both the suicidal and depressed adolescents could be separated from the "normal" group. Based on these results, De Wilde et al. concluded that lower self-esteem is more specifically related to the depression rather than the suicidality.

A similar study (Hawton, et al., 1999) examined the relationship between repetition of deliberate self-harm and the psychological variables of hopelessness, trait anger, self-esteem, problem solving, impulsivity, and depression. Adolescents who had a history of repeated self-harm were found to have higher scores for depression, hopelessness, and trait anger and lower scores for self-esteem and effective problem-solving. These differences disappeared when depression was controlled for. As a result depression was determined to be the key factor associated with repeated self-harm.

Other research has supported the notion specific depressive factors are more predictive than full-scale depression scores (Esposito & Clum, 1999; Robbins & Alessi, 1985). Robbins and Alessi were the first to publish a study of this nature. Their finding that specific symptoms of major depressive disorder may be more strongly related to suicidal behavior than others provided a rationale for future studies that examined the predictability of specific factors rather than depression itself.

Esposito and Clum (1999) used a sample of 200 incarcerated juvenile delinquents. The predictability of the Children's Depression Inventory (CDI) and an inventory derived from the delinquent population were compared. Results revealed hopelessness and low self-esteem to be more predictive of suicidal ideation than the full-scale depression scores. These results suggest specific factors such as hopelessness and low self-esteem may be responsible for the relationship between suicidal ideation and depression.

Hopelessness

Hopelessness continues to be supported by empirical evidence as a differentiating factor between suicidal and non-suicidal individuals (Beautrais, et al., 1999; Cole, 1989; Connell & Meyer, 1991; Ellis & Jones, 1996; Linehan & Nielsen, 1981). Hawton et al. (1999) found adolescents who engaged in repeated self-harm exhibited significantly higher levels of hopelessness as measured by the Beck Hopelessness Inventory. Plutchik, Van Praag, and Conte (1989) found hopelessness correlated significantly with both violence and suicide risk in a sample of adult psychiatric inpatients. Hopelessness has also been found to differ significantly among various levels of suicide ideators. Individuals with a high intent to commit suicide report greater levels of hopelessness

(Schotte & Clum, 1982). It is asserted the belief that there is no solution to a major life problem causes an individual to view suicide as an escape from an intolerable situation (Beck, Kovacs, & Weissman, 1975; Minkoff, Bergman, Beck, & Beck, 1973).

Most research investigating the relationship between hopelessness and violence against others has focused on victimization. Hopelessness has been found positively correlated with both direct and indirect exposure to violence (Langhinrichsen, Monson, Meyer, Caster, & Sanders, 1998; Mcgauley, 1999; Rubinetti, 1997). Ashen (1997) examined feelings during acts of violence and exposure to violence. It was concluded that engaging in violent acts lessened feelings of hopelessness by making the former victims feel powerful. Such studies also provide support for the role of self-esteem in that hopelessness and low self-esteem often concur (Mcgauley, 1999; Rubinetti, 1997).

Coping

Currently, only a minimal amount of research has examined both violence against others and violence against self in a single study. The few studies that exist have focused on the coping styles of such individuals (Botsis, Soldatos, Lioffi, Kokkevi, & Stefanis, 1994; Kotler et al., 1993).

Coping has been defined as efforts, cognitive or behavioral, used to overcome, tolerate, and/or reduce demands that exceed our personal resources (Cohen & Lazarus, 1979). An individual's coping style is his or her preferred and/or common method of dealing with problems or situations. The relationship between coping styles and other-self violence has been supported. Kotler et al. (1993) found coping styles to be a predictive of

violence risk. Schotte and Clum (1982) report an individual's inability to cope effectively with a stressor on a cognitive level is an important risk factor for suicide.

Aggression

Environmental factors such as home, parenting style, neighborhood, and school, have been cited as factors that contribute to a child's risk for becoming violent (Singer, Singer, & Rapaczynski, 1984). This suggests early childhood experiences are in part responsible for the development of such a maladaptive coping style. A recent survey by Goldstein and Conoley (1997) revealed 80% of youth identified as "chronic fighters" report their parents support and utilize aggression in conflict situations. The notion that aggression is primarily a behavior learned through observation, direct experience, and rehearsal began in 1969 with Bandura (1973) and an abundance of research has continued to support this assertion (Eron & Huesmann, 1984; Montagu, 1978).

Studies investigating the perpetuation of violence have shown aggression to be a pervasive pattern of interacting that typically continues throughout adulthood. Research indicates adolescents who have been exposed to violence at an early age are more likely to display violent behavior (O'Keefe, 1998; Rubinetti, 1997) and problematic behavior in childhood often predicts which individuals will exhibit deviant behavior in adolescence and young adulthood (Brook, Whiteman, & Cohen, 1995). Richters and Martinez (1993) report exposure to violence has a negative impact on a child's future emotional and behavioral functioning. This stability of violence suggests aggression may be accurately conceptualized as a maladaptive coping style. Literature has previously described self-

inflicted violence as an aggressive form of coping utilized particularly when an individual has endured years of trauma or abuse (Vesper, 1996).

Several studies have found suicide risk and violence risk to be correlated ($r = 0.45-0.62$). Furthermore, variables found to influence violence risk also influence suicide risk. Such findings support the psychoanalytic notion that suicide and violence originate from the same underlying aggressive impulse. These studies assert that how the aggressive impulse manifests is dependent on the individual's coping style (Botsis et al., 1994; Kotler et al., 1993). Instinctively, this appears to be a contradiction of the previously cited studies; however, both bodies of literature indicate a relationship exists between aggression and coping that is individualized in accordance with personal characteristics and/or experiences.

Botsis et al. (1994) used a sample of 60 psychiatric patients: 30 suicidal individuals and 30 who reported no ideation or attempts. All participants were matched in terms of age and sex. Botsis et al. found all individuals at risk for suicide or violence used adaptive coping styles significantly less. Furthermore, the coping style of blame was found negatively correlated with suicide risk and positively correlated with violence, indicating that when an individual blames others for his or her difficulties, he or she is more likely to aggress against others than against self as a means of coping.

Kotler et al. (1993) compared 46 suicidal psychiatric inpatients with 44 non-suicidal inpatients. Suicide risk (Suicide Risk Scale, SRS), violence risk (Past Feelings and Acts of Violence Scale, PFAV), impulsivity (Impulse Control Scale, ICS), feelings of anger (Multidimensional Anger Inventory, MAI), social support (19 item socialization scale), and eight coping styles (Albert Einstein College of Medicine Coping Styles

Questionnaire, AECOM) were measured. All test measures were correlated with violence and suicide risk via Pearson product-moment coefficients and a series of multiple regression analyses were computed. Suicide risk was positively correlated with violence risk, impulsivity, and feelings of anger. Violence risk was significantly related to impulsivity and feelings of anger. Coping styles were found more predictive of violence risk than suicide risk. Coping styles overall were found to be less predictive of other-self violence than the other factors measured. Other-self violence was not conceptualized as a coping mechanism in and of itself in this study.

Self-Esteem as a Protective Factor

Funk and Buchman (1996) assert an adolescent's self-concept is a key indicator of his or her coping abilities. A multitude of research supports self-esteem as a "protective factor" (i.e., higher self-esteem protects against the continuation of violence). Such studies have investigated factors contributing and prohibiting the perpetuation of violence among adolescents who are considered "at-risk" due to their exposure to violence. This body of research supports the notion that self-esteem is an influential factor in whether an adolescent will continue to use the maladaptive coping style he or she has been exposed to.

Shillinglaw (1999) examined factors associated with less violent behavior among 226, at-risk adolescents. Youth considered at-risk were defined as those who have been a victim and/or witness of familial violence. All participants were male juvenile delinquents. Both self-report and file review methods were employed and a number of protective factors were identified. An analysis of covariance revealed high self-esteem,

withdraw-oriented temperament, empathy, and religious beliefs were significantly associated with lower levels of violence.

Mason (1998) looked at violent offenders from an impression management perspective, viewing violent offenders as active agents who aggress to achieve social (i.e., prestige, praise and acknowledgement) and material goals. Mason, asserting most violence among juveniles is driven by self-presentational processes, emphasized the importance of identity development and peer group acceptance for adolescents. This idea is closely related to the construct and perceived role of an individual's self-concept that has been identified in supporting literature. Findings indicated involvement in aggression led to decreased self-esteem. Particularly, the stability of the individual's self-esteem was the characteristic that had a significant negative effect on aggression. In addition, it was found overly positive self-appraisals were not associated with aggression.

Although literature tends to support self-esteem as a protective factor, some conflicting results have been found regarding its role. Hutcherson (1997) found that individuals with higher self-esteem used more effective coping methods. However, self-esteem emerged as a dominant main effect on stress and coping rather than a moderator. Rubinetti (1997) investigated the relationship between levels of exposure to pervasive community violence and the perpetration of violence. Participants were at-risk adolescents from a juvenile justice diversion program that were identified as having had personal experiences with violence or having had witnessed the victimization of another person within the last year. Exposure to community violence, belief in the legitimacy of aggression, hopelessness, and empathy together predicted a significant proportion of the perpetuation of aggression. While self-esteem together with exposure to community

violence and the perpetuation of aggression predicted a significant proportion of the variance in hopelessness. A direct relationship between self-esteem and the perpetuation of violence was not found. However, it appears an indirect relationship was identified. Additional research is needed to clarify this association.

Several other studies of this nature have been conducted resulting in similar findings. However, the typical use of an all male population in these studies makes generalizability to a coed population difficult and further clarification of the exact role self-esteem plays is needed. The failure to include populations not identified at-risk maintains a gap that exists in much of the research investigating the role of self-esteem in violence and suicide.

Reasons for Living

Individuals who used aggression, particularly self-harm, as a means of coping have been found to possess fewer positive life-maintaining characteristics or adaptive beliefs (Bonner & Rich, 1987). A scale to assess life-maintaining beliefs and suicidal predispositions in adults was developed in 1983 by Linehan, Goodstein, Neilsen, and Chiles. Two independent studies provide the theoretical foundation for the Reasons for Living Inventory (RFL). Des Prez (1976) and Frankl (1959) examined the characteristics of survivors of the Nazi concentration camps. These studies identified the adaptive characteristics that kept these individuals alive despite their exposure to an abundance of physical and emotional stress. The survivors reported that having hope for the future, a sense of meaning and purpose in life, and the belief that life is worth living despite hardships were instrumental in their perseverance.

The original Reasons for Living Inventory consists of 48 items that are rated in terms of importance from 1 (not at all important) to 6 (very important) as reasons for not committing suicide. A factor analysis of the inventory revealed six primary reasons for living: Child Related Concerns, Fear of Social Disapproval, Religious and Moral Objections, Survival and Coping, Responsibility to Family, and Fear of Suicide. Research on diverse populations has demonstrated the usefulness of distinguishing between these different kinds of reasons for living as patterns often emerge (Linehan et al., 1983). Several studies have demonstrated a negative correlation between suicidality and reasons for living. It has been shown repeatedly that individuals who possess few reasons for living are likely to be ideators (Connell & Meyer, 1991; Linehan et al., 1983; Osman, Gifford, et al., 1993).

The RFL has been modified so that it may be easily administered to adolescents. The Brief Reasons for Living in Adolescents (BRFL-A) is comprised of 14 items that represent five of the six primary reasons for living. Child related concerns are excluded due to their inapplicability to most adolescents. The BRFL-A has been shown to be a reliable and valid adaptation of the original RFL as well as effective in identifying suicidal adolescents (Osman, Kopper, et al., 1996).

Many similarities exist between the domains addressed in the RFL and factors identified as instrumental in the perpetuation of aggression or the use of violence as a method of coping. Further, suicidal and violent individuals share a number of common characteristics. However, the possible relationship between life-maintaining characteristics and violence against others has yet to be explored. Similarities also exist between the five primary reasons for living of adolescents and the factors influential in

the development of an adolescent's self-concept. Yet, the literature review revealed no research investigating reasons for living and self-esteem.

Violence in the Public Schools

Much of the increase in violence is occurring in the public schools; the very place tolerance and problem solving should be taught. It is estimated 100,000 youths are taking guns to school everyday (Center to Prevent Handgun Violence, 1990 as cited in Pietrzak et al., 1998). Schools are reporting dramatic increases in violent behavior (Astor, 1998) and school is often cited as a key factor in adolescent delinquent behavior including violence (Garnefski & Okma, 1996; Johnson & Johnson, 1995). The National School Safety Center reported 3 million crimes occurred in or near a school in 1993 (as cited in Kum & Dawn, 1997). Kasen, Johnson, and Cohen (1990) have found school conflict was related to increases in childhood psychopathology in their study of 300 students and the schools they attended.

This has led to the implementation of programs to combat this trend. Policy and curriculum initiatives have included codes of student conduct, strict discipline policies, structured consequences for offenders, as well as communication and cognitive skills training (Artz & Riecken, 1997; Shoffner & Vacc, 1999). Explicit explanation or analysis of the involvement of young people in delinquent or violent behavior is noticeably missing from such programs (Shoffner & Vacc). In addition, very few empirically based studies have examined the effectiveness of these prevention efforts and the few studies that have evaluated these programs reveal an increase in violence in the schools in which the programs were implemented. It is speculated that this reported increase is the result of

school personnel becoming more aware, after program implementation, of the violence that was always occurring (Artz & Riecken).

Other research has attempted to determine school and community characteristics that may contribute to an environment favorable to violence (Kasen et al., 1990; Shoffner & Vacc, 1999) and/or a climate of intolerance (Nichols, 1999). Such studies have attempted to formulate assessment tools to be used in an individual school to assess school climate and safety. However, most have provided little information regarding prevention and intervention.

The most successful efforts to combat violence include programs designed to encourage pro-social peer support. This is consistent with the findings that social support, peer relationships, and a positive self-concept are important protective factors and that school climate has an effect on violence. These peer-based programs are relatively new and focus on prevention. A needs assessment conducted for one such program revealed 1 in every 5 (21.4% of 6,478) students “often” want help with self-esteem. More than 1 in 10 report wanting help with feelings of suicide (Hicks, Hicks, & Bodle, 1992).

Many educational professionals maintain violence in the schools is merely a reflection of societal changes occurring outside the realm of education (Pietrzak et al., 1998). However, the question arises whether it may be more accurately attributed to some inherent characteristic of the school setting that may have a role in the development of such a maladaptive coping style.

Self-Esteem and the School Setting

School is a primary source of information for children concerning their competencies, both academically and socially. It is in this educational and social setting children will discover their strengths and weaknesses, for in no other place is performance stressed so consistently in so many domains (Bornstein & Lamb, 1992). Therefore, it is logical to assume that school will play a major role in the development of an individual's self-concept. An individual's self-concept is comprised of specific beliefs, or self-schemas, by which one defines him or herself. These specific beliefs influence how an individual perceives him or herself, other people, situations, and events (Meyers, 1999).

Many assert the summation of an individual's self-schemas and what an individual dreams of or dreads becoming comprises one's self esteem. Self-esteem is typically defined as one's overall self-evaluation or sense of self worth (Myers, 1999). Rosenberg (1965), who developed the frequently used Self-Esteem Scale (SES), described self-esteem as how an individual presently perceives him or herself, in accordance with how he or she believes others perceive him or her. Rosenberg also asserted self-esteem includes all an individual plans to become and how an individual feels he or she should be.

Stanwyck (1983) indicates school, peer relations, emotional well-being, and physical self-perception are the primary content categories for adolescent self-esteem. Additional research has tended to support this relationship between school and self-esteem (Howard, & Jensen, 1999; Thompson, Barnsley, Roger, & Dyck, 1999). Studies that have examined the "relative age effect" have shown that children who are in age-

disadvantaged positions with regard to the other children in their grade are less likely to perform well in school and are more likely to commit suicide. It is asserted this inability to perform as well as their peer counterparts impacted their confidence and self-esteem resulting in feelings such as apathy, hopelessness and depression (Thompson et al., 1999).

Aggression has been linked with low achievement (Aluja-Fabregat & Torrubia-Beltri, 1998) and Gilbert (1995) asserts an association exists between success in school, development of self-esteem, and tendency toward nonviolence. Kasen et al. (1998) found academic aspirations and achievement were significantly related to lower levels of deviant behavior despite low intelligence or socioeconomic status. O'Keefe (1998) found exposure to school violence and poor school performance were factors that increased the likelihood that an adolescent would be violent. Further, the relationship between school characteristics, school conflict, and future deviant behavior has been substantiated (Kasen, Cohen, & Brook, 1998). Such findings suggest a relationship exists between success in school, an adolescent's self-esteem, and violent behavior.

Several studies report self-esteem, along with academic achievement, is influenced by the climate of a school setting (Goodenow, 1993; Hagborg, 1994). It is asserted a climate of tolerance fosters self-esteem due to its acceptance of difference and promotion of social interaction. A plethora of support exists for the importance of social interaction and competence in the development of an adolescent's self-concept, both in theory and research.

Poor social support (Kotler et al., 1993) and social isolation (Botsis et al., 1994) have been found significantly related to violence and suicide risk. Further, studies that

have investigated the causes of delinquent behavior, particularly dropping out of school, indicate peer group alienation is often cited as a causal factor (Egyed, McIntosh, and Bull, 1998). Dropping out of school has been found predictive of violence (Kasen et al., 1998). Social and academic competence has been reported to have a protective effect against violent or problem behavior (Rae-Grant, Thomas, Offord, & Boyle, 1989). Trout (1980) indicates social isolation is related to suicidal behavior in a fundamental way. These identified relationships support the notion that school, as an environment where competencies in social interactions are frequently tested and social norms are established, inevitably plays a primary role in the development of self-esteem and as a result in violence and suicide risk.

Development of Self-Concept in Adolescents

The development of a sense of self is a central developmental activity for adolescents. A direct relationship exists between core attitudes and coping abilities and an adolescents self-concept (Funk & Buchman, 1996). Many assert adolescent's behavior is greatly influenced by the way they view themselves and their environment (Purkey & Novac, 1984). A multitude of research exists that has investigated this perceived relationship between an individual's environment and behavior with supportive results (Shoffner & Vacc, 1999).

Self-Perception Theory

Harter's theory of self-concept asserts the evolution of an individual's self-concept coincides with his or her developmental phase. Harter's theory termed self-

perception states that as different areas or domains in an individual's life take precedence developmentally, more emphasis is placed on the mastery or competence in that area. Therefore, how an individual assesses or judges his or her performance in specifically age defining areas, determines his or her self-concept. The nine identified key domains for adolescents include the following: Scholastic Competence, Social Acceptance, Athletic Competence, Physical Appearance, Job Competence, Romantic Appeal, Behavioral Conduct, Close Friendship, and Self-Worth (Funk & Buchman, 1996).

Self-Esteem as Motivating of Behavior

As previously noted, research maintains adolescents' behavior is largely influenced by the way they view themselves and their environment whether it be positively or negatively (Purkey & Novak, 1984). Theorists such as Abraham Maslow and Alfred Adler have addressed this idea of self-esteem as motivating of behavior.

Maslow's Hierarchy of Needs

Maslow's humanistic theory asserts human needs are organized in a hierarchy of relative potency. Maslow theorized individuals must first be concerned with physiological needs, followed by safety needs, need for belongingness and love, the esteem needs, and self-actualization. According to his theory, when an individual is deprived of a certain need, the gratification of it serves as the almost exclusive organizer of the individual's behavior. Furthermore, all the individual's capacities are mobilized in the pursuit of the fulfillment of this need.

The esteem needs is the group of needs that requires recognition from other people to result in feelings status, prestige, acceptance, and self-esteem. Maslow asserts when the esteem needs are met one experiences feelings of competence, adequacy, and confidence. In contrast, the lack of satisfaction of the esteem needs results in feelings of discouragement and inferiority. Of interest, is the manner in which this discouragement or feelings of incompetence will manifest. According to this theory, one would speculate an individual who has low self-esteem is a person who has not had their esteem needs met and will go to great lengths to do so, mobilizing all their capacities in the pursuit of these feelings of adequacy. Further, Maslow theorized the esteem needs are usually met as a result of engaging in behaviors considered socially useful. With this taken into consideration, one would anticipate an individual who aggresses would be incapable of fulfilling the esteem needs, as aggression is not usually considered socially useful (Friedman & Schustack, 1999).

Adler's Theory of Inferiority

Adler took a slightly different approach, emphasizing self-concept and focusing on feelings of inferiority, which he defined as a lack of confidence or competence. According to his theory all humans begin life with feelings of inferiority due to human's inevitable dependence on adults for survival. These feelings of being weak, according to Adler, stimulate in a child an intense desire to seek power. Adler stressed aggression as a means of overcoming such de-habilitating feelings of inferiority. He asserted that aggression is a common reaction of perceived helplessness or inferiority. One would speculate, given Adler's theory, an individual who feels inadequate, as evidenced by low

self-esteem, would likely strive to overcome such feelings by engaging in aggressive acts to gain power and lash out against the inability to achieve (Friedman & Schustack, 1999).

Adler expanded this idea by describing how feelings of inferiority act as either a primary motivating force behind personal accomplishments or create neuroses. If feelings of inferiority motivate an individual to accomplish something, he or she will do so which will result in feelings of adequacy. However, when this feeling of competence fades, the individual is then motivated to accomplish more to regain these feelings. This begins a cycle that perpetuates accomplishment. In contrast, an individual who finds his or her feelings of inferiority overwhelming will develop neurosis, making accomplishment impossible. The neurotic individual may attempt to compensate for feelings of inadequacy and inability to achieve in maladaptive ways, which may include engaging in aggressive or violent acts (Hergenhahn, 1994).

Later, Adler included the idea of a superiority complex in his theory. He asserted individuals strive for superiority to mask true feelings of inferiority. A person who concentrates exclusively on his or her superiority, according to Adler, fails to take into account others or society. Adler called the process by which superiority is sought an individual's "lifestyle." He asserted an individual's lifestyle determines how problems are solved, what is perceived, what is ignored, an individual's identity, and specifies how specific goals will be attained. One would hypothesize, therefore, an individual with a superiority complex would engage in a variety of negative behaviors, adopting a violent or aggressive lifestyle (Hergenhahn, 1994). Empirical evidence tends not to support overly high appraisals of self associated with violence, however (Mason, 1998).

Delinquent Behavior in Adolescents

Social Control Theory

Social control theory, the leading explanation of adolescent delinquent behavior in the United States, conceptualizes antisocial behavior including violence, in terms of the quality and strength of the social bond. This orientation maintains an individual's natural tendencies toward deviant behavior are inhibited by the strength of the social bond, which acts as a control mechanism (Junger & Marshall, 1997). Hirschi's (1969) *Causes of Delinquency* is the most prominent social control theory. In Hirschi's operationalization of social control theory the social bond is divided into the following components: (a) the emotional or affective element represented by the attachment to significant others (b) the "rational component" as seen in the commitment to conventional subsystems—investing in the future in a conforming way, or conformity produced by ambition rooted in the expectation of reaping benefits (c) involvement in conventional activities (d) belief in the moral validity of social norms (Junger & Marshall, 1997).

Empirical evidence tends to support social control theory. A positive and significant relationship has been found between adolescent delinquent behavior and such variables as attachment, belief, commitment, and involvement (Siegal, 1995). Research supports the relationship between an adolescent's concept of self and his or her relationships with others and with their environment (Purkey & Novac, 1984). Therefore, based on this theory one would predict adolescents who lack a strong social bond, as

evidenced by the absence of several of the above components, would readily engage in violent or criminal behavior. One would also predict an individual who has a strong bond with others and society, indirectly indicated by the BRFL-A, would not engage in violent behavior.

Social Learning Theory

Offering a different perspective on the influences and development of behavior is Bandura's social learning theory. This theory asserts behavior is a result of learning that takes place as one observes the outcomes of others' actions. Behaviors that are rewarded are more likely to be repeated while behaviors that are punished are less likely to be repeated. Bandura also stated behaviors that are considered transgressions and are observed to have no consequences are more likely to be treated as if they had been rewarded (Bandura, 1973). According to this theory, aggressive behavior that receives no adverse consequences is likely to occur again. The perpetuation of violence noted in a previous section provides support for this assertion. One would anticipate the use and condolence of aggressive behavior is likely to create or take place in an environment in which self-esteem would not be fostered. The identified relationship between self-esteem, violence, and interpersonal factors substantiates this claim.

Gender Differences

O'Keefe (1998) addressed possible gender differences in a study that investigated violence in dating relationships. Using an at-risk sample of adolescents, O'Keefe evaluated males and females who had witnessed high levels of interpersonal violence

separately. The study focused on increasing the understanding of the mechanisms by which the transmission of violence occurs, examining a number of protective as well as vulnerability factors. Interestingly, self-esteem was identified as a significant protective factor for males but not for females. Rather, success in school emerged as a significant protective factor for females. Furthermore, consistent with similar studies, low self-esteem differentiated males who inflicted violence in dating relationships from those who did not.

A study by Artz and Riecken (1997) further highlights the importance of examining both genders as well as populations that are not at-risk. The purpose of the study, however, was to examine attitudes toward violence rather than contributing factors or possible causation. Therefore, self-esteem was not assessed. Surveys were administered in a number of different middle schools across the United States representing a variety of geographic locations and populations. The project was geared at examining attitudes toward violence in order to prevent violence in schools. A gender-based split was revealed not only in attitudes toward violence but also the frequency and means by which they experience it. Boys were found to be more likely to endorse violence as a solution

to a problem. For example, twice as many boys agreed with statements such as “It is okay to hit someone if you are having an argument” (35% vs. 14.1%) and “Fighting is a good way to defend friends” (48% vs. 20.3%). Furthermore, significant gender-based differences existed in school records of on-ground assaults; boys accountable for 689 assaults as opposed to girls being responsible for 101.

Aluja-Fabregat and Torrubia-Beltri (1998) found boys consistently score higher on violence measures than girls in a study of the viewing of television violence. Funk and Buchman (1996) report boys are more likely to prefer violent video games. A study of school-based violence revealed gender was significantly related to violent behavior (Dykeman et al., 1996). Males are arrested significantly more frequently than females for violent crime, even when rape is excluded due to bias in statistical reporting (Crime in the U. S., 1992). Marquis (1998) found males prefer higher levels of risk and sensation. Garnefski and Okma (1996) found problems at school were a stronger predictor of behavioral problems for boys than for girls.

Gender differences exist in suicide beliefs and behavior. Female gender is a correlate of suicide attempts (Wagner, Cole, & Schwartzman, 1995). However, men are more successful in committing suicide than women with men succeeding 1 time for every 3 attempts and women succeeding 1 time for every 8 attempts (Ellis & Range, 1989). In a study of gender differences in attitudes toward suicide, men were more likely to have harsher attitudes toward suicide victims, attribute less importance to warning signs for suicide, and be more likely to deny an increase in adolescent suicide attributing it to media exaggeration (Wellman & Wellman, 1986). In terms of adaptive characteristics, femininity has been found positively correlated with reasons for living (Ellis & Range, 1988).

Males and females often exhibit differences in self-esteem. A Natural Helpers' needs assessment revealed females in the high-risk group were more likely to want help with self-esteem than males. Further, females were more likely to want help with interpersonal concerns (e.g., put-downs) while males who wanted help with self-esteem

were more likely to also want help with achievement related concerns. (Hicks et al., 1992) In addition, as previously detailed, females tend to place more importance on success in school in their development of self-concept and self-esteem has been found to play different roles for males and females.

Statement of Problem

Given the rise in youth violence and the apparent inability of prevention programs to curb such, any information leading to the better understanding of this phenomenon is essential. Of special interest is the violence among young people that increasingly continues to threaten the safety of the public schools. Identification and further clarification of contributing factors may aid in the development of prevention programs as well as other effective prevention and intervention strategies.

The literature review revealed an existing gap in research regarding the precise role of self-esteem in youth violence. Research supports gender differences in regards to attitudes toward and experience with other-self violence; however, this knowledge is not incorporated into studies investigating self-esteem and violence. Rather, most studies use all male populations. Furthermore, generalizability of previous studies is limited, as little violence research exists on populations not considered at-risk. The relationships among suicide, violence, and self-esteem have not previously been addressed in a single study. The relationship between reasons for living and violence has yet to be explored and the role of self-esteem in regards to these life-maintaining beliefs has not previously been investigated.

The purpose of the current study is to investigate adolescent attitudes regarding other-self violence and reasons for living by gender and levels of self-esteem. Violence will be defined as an act carried out with the intention or perceived intention of causing physical pain, which may range from a slight pain, such as a slap, to murder. Self-esteem will be defined, as Rosenberg's Self-Esteem Scale dictates, as positive or negative feelings about the self, including capabilities, competencies, and confidence. Based on the literature review, the following hypotheses are proposed:

H1: Boys will report more accepting attitudes toward violence against others than girls.

H2: Boys and girls with low self-esteem will report more accepting attitudes toward violence against others than boys and girls with medium or high self-esteem.

H3: Boys with low self-esteem will report more accepting attitudes toward violence against others than all other groups while girls with low self-esteem will report more accepting attitudes toward violence against others than girls with medium or high self-esteem.

H4: Boys will report fewer reasons for living than girls.

H5: Boys and girls with low self-esteem will report fewer reasons for living than boys and girls with medium or high self-esteem.

H6: Boys with low self-esteem will report the fewest reasons for living while girls with low self-esteem will report fewer reasons for living than girls with medium or high self-esteem.

H7: A negative relationship will be found between attitudes toward violence against others and reasons for living.

CHAPTER 2

METHOD

Participants

Participants in this study were 138 boys and 95 girls attending a Kingsport City Middle School. They ranged in age from 11 to 15 years with a mean age of 13.3.

Approval was obtained from the Kingsport City Schools Board of Education according to the JRE guidelines that allow a survey to be conducted without parental consent as part of an approved program of the school system. Parents and/or guardians were notified regarding the conduction of the survey and given the opportunity to refuse their child's participation. All participants, therefore, were student volunteers obtained from wellness classes whose parents and/or guardians do not refuse to allow their participation.

Measures

Parents and/or guardians of the participants were notified and given the opportunity to decline their child's participation via the refusal to consent form (Appendix A). Participants received a packet containing the following: an instruction sheet (Appendix B) and a booklet comprised of Rosenberg's Self-Esteem Scale which also requests some basic demographic items (Appendix C), an experimental violence questionnaire (Appendix D), and the Brief Reasons for Living Inventory for Adolescents (Appendix E).

Rosenberg's Self-Esteem Scale (Appendix C), modified from its original version to optimize ease of administration and increase face validity, consists of 10 items scored on a four-point response format (strongly agree, agree, disagree, strongly disagree). The

responses result in a scale range of 10-40 with higher scores representing lower self-esteem. A unidimensional factor structure has been found to underlie the Rosenberg by a number of studies (Hensley, 1977; Simpson & Boyal, 1975). Self-esteem groups were created for this study by dividing the respondents of the larger represented gender (boys) into three groups: lower 33%, middle 33%, and upper 33% and assigned the girls according to these groups.

The Rosenberg has a high internal consistency and test-retest reliability. Internal consistency of the scale has been assessed by the Cronbach coefficient alpha. The coefficient for the Rosenberg ranged from 0.77 to 0.88 (Fleming & Courtney, 1984). Test-retest reliability for the Rosenberg ranged from 0.82 to 0.85 (Fleming & Courtney, Silber & Tippett, 1965). The Rosenberg has been shown by several studies to be a valid measure of how an individual views him or herself (Lorr & Wunderlich, 1986) and is associated with a number of self-esteem-related constructs. Investigators report correlations from 0.27 to 0.65 between the Rosenberg and popularity, confidence, and peer ratings (Reynolds, 1988; Savin-Williams, & Janquish, 1981).

An experimental violence questionnaire (Appendix D) was devised to assess attitudes toward violence against others. The questionnaire consisted of 11 statements on a four-point response format (strongly agree, agree, disagree, strongly disagree) resulting in a scale range of 11 to 44 with higher scores representing less accepting attitudes toward violence against others. Examples of statements include “Watching fights is a lot of fun,” “Sometimes people deserve to get hit,” and “It is okay to walk away from a fight, whether or not you think you’d win.”

The Brief Reasons for Living in Adolescents (BRFL-A) (Appendix E) is an adapted version of the Reasons for Living Inventory (RFL). The original RFL was designed to assess life-maintaining beliefs and suicidal predispositions in adults (Linehan, Goodstein et al., 1983) and has been shown to be a reliable and valid measure of an individual's suicidality (Osman, Gifford, et al, 1993). The original RFL consists of 48 items that the participant rates on a Likert scale from one (Not at all Important) to six (Very Important). The 48 items comprise six distinct subscales: Survival and Coping, Responsibility to Family, Child Related Concerns, Fear of Suicide, Fear of Social Disapproval, and Moral Objections (Linehan, Goodstein, et al.). Internal consistency has been analyzed using the Cronbach coefficient alpha. The coefficients for each subscale ranged from 0.79 to 0.90. The coefficient for the entire inventory was 0.70 (Osman, Gifford, et al.).

The BRFL-A has a high intercorrelation ($r = 0.92$) with the original RFL as well as good internal consistency and construct, convergent, predictive, and discriminative validity (Cole, 1989). It has been shown to be effective in identifying suicidal and previously suicidal adolescents (Osman, Kopper, et al., 1996). The BRFL-A consists of 14 items that participants rate on a Likert scale from one (Not at all Important) to 6 (Extremely Important). The scale yields a total score between 14 and 84 with higher scores indicating nonsuicidality. Five distinct subscales emerge. Child related concerns are excluded in the BRFL-A.

Procedure

Approval was obtained by both the Kingsport City Schools Board of Education and the Institutional Review Board. An exemption status was awarded, which eliminated

the need for a formal consent procedure. However, at the request of the Kingsport City Middle School, parents/guardians were notified two weeks before the conduction of the study and given the opportunity to decline their child's participation. In adherence to the Board of Education's policies, a copy of the materials used in the study were made available for review in the counseling office. Permission was obtained from instructors to conduct the survey during related arts, particularly wellness classes. All data collection took place during the course of one day.

The general purpose of the study, to assess young people's attitudes about themselves and violence, was explained. Students were allowed the opportunity to decline participation. All students wishing to participate received verbal instructions prior to receiving materials. Basic guidelines were given regarding how to properly complete the packet and students were asked to raise their hand if they did not understand an item or had any questions regarding proper completion of the packet.

Upon completion and collection of the materials, the researcher debriefed the participants further, stating "You have just participated in a study conducted by East Tennessee State University. The purpose of the study was to look at factors that contribute to youth violence and suicide. We hope that the information gathered will lead to successful prevention and intervention programs in the schools. Does anyone have any further questions at this time?" All questions were answered. Information was given to the participants regarding how to contact the researcher after data analysis to obtain a summary of the results of the study. A summary of the results was also provided for the Kingsport City Schools.

Experimental Design

The research design was a 2 (sex of subject) X 3 (levels of self-esteem) factorial design with unequal cell sizes. The dependent variables were the BRFL-A scores and the attitude toward violence score. Results were analyzed using separate two-way analysis of variances (ANOVA) procedures to test for significant differences. The alpha level was set at equal to or less than .05 for each separate hypothesis. A pair-wise multiple comparison, specifically the Tukey and Kramer (Jaccard, Becker, & Wood, 1964), was computed to identify any significant pair-wise mean differences that may be found. A correlation matrix was run separately for boys and girls among all continuous variables to generate hypotheses for future research. A Pearson Product Moment Coefficient was computed for the dependent variables to determine whether they were inversely related.

CHAPTER 3

RESULTS

Data were analyzed in a variety of ways. RFL total score, total Rosenberg Self-esteem score, and total Attitude Toward Violence score were analyzed with separate analyses of variance (ANOVAs). RFL scores were analyzed using a 2 (Gender) X 2 (Pro, Anti Violence Group) X 3 (Self-Esteem Group) ANOVA. Self-esteem scores were analyzed using a 2 (Gender) X 2 (Pro, Anti Violence Group) X 2 (Hi, Lo RFL Scores) ANOVA. Violence scores were analyzed using a 2 (Gender) X 3 (Self-esteem Group) X 2 (Hi, Lo RFL Scores) ANOVA.

Hypothesis 1, which stated that boys would report more accepting attitudes toward violence against others than girls, was confirmed, $F(1, 221) = 54.32, p < .0001$ (See Table 3; See Table 1 for Violence Scale mean scores for boys and girls).

Hypothesis 2, which predicted that boys and girls with low self-esteem would report more accepting attitudes toward violence against others than boys and girls with moderate and high self-esteem, was confirmed, $F(2, 221) = 6.06, p < .01$ (See Table 3; See Table 2 for Violence Scale mean scores for the three Self-esteem groups).

Hypothesis 3, which purported that boys with low self-esteem would report more accepting attitudes toward violence against others than all other groups while girls with low self-esteem would report more accepting attitudes toward violence against others than girls with moderate or high self-esteem, was not confirmed (See Table 3).

Hypothesis 4, which stated that boys would report fewer RFL than girls, was not confirmed (See Table 4).

Hypothesis 5, which predicted that boys and girls with low self-esteem would report fewer reasons for living than boys and girls with moderate or high self-esteem, was confirmed, $F(2, 221) = 7.15, p < .001$ (See Table 4; See Table 5 for RFL mean scores for Self-Esteem groups).

Hypothesis 6, which stated that boys with low self-esteem would report the fewest reasons for living while girls with low self-esteem would report fewer reasons for living than girls with moderate or high self-esteem, was not confirmed (See Table 4).

Hypothesis 7, which stated that a negative relationship would be found between attitudes toward violence against others and reasons for living was confirmed, $r^2 = 0.24, p < .0001$.

There were significant findings that were not hypothesized. The following subscales of the RFL were found significantly related to less accepting attitudes toward violence: Religious and Moral Beliefs, $F(1, 221) = 12.00, p < .05$, Survival and Coping Beliefs, $F(1, 221) = 9.11, p < .05$, and Responsibility to Family, $F(1, 221) = 10.43, p < .05$ (See Table 6). In addition, the following subscales were found significantly related to high levels of self-esteem: Survival and Coping Beliefs, $F(2, 221) = 8.38, p < .05$, Responsibility to Family, $F(2, 221) = 7.36, p < .05$ (See Table 7).

TABLE 1
 MEAN AND SD SCORES FOR THE ATTITUDES TOWARD VIOLENCE
 SCALE FOR BOYS AND GIRLS

BOYS	(\underline{n} = 138)	2.75 (.70)*
GIRLS	(\underline{n} = 95)	3.40 (.48)

* $p < .0001$

Note: Scores range from 1.00 to 4.00.
 Higher violence scores indicate less acceptance.

TABLE 2
 MEAN AND SD SCORES FOR THE ATTITUDES TOWARD VIOLENCE
 SCALE FOR SELF-ESTEEM GROUPS

HIGH SELF-ESTEEM	(\underline{n} = 85)	3.14 (.69)
MODERATE SELF-ESTEEM	(\underline{n} = 82)	3.07 (.62)
LOW SELF-ESTEEM	(\underline{n} = 66)	2.81 (.75)*

* $p < .01$

Note: Scores range from 1.00 to 4.00.
 Higher scores indicate less acceptance.

TABLE 3

ANOVA

VIOLENCE AS A FUNCTION OF SEX SELF-ESTEEM AND RFL FOR BOYS
AND GIRLS

	SS	df	MS	F	Sig of F
Main Effects	34.64	4	8.66	26.01	.00
SEX	18.03	1	18.03	54.31	.000
S-E Group	4.03	2	2.01	6.06	.003
RFL Group	3.80	1	3.80	11.45	.001
2-Way Interactions					
Sex S-E Group	.20	2	.10	.30	.745
Sex RFL Group	1.49	1	1.49	4.48	.035
S-E RFL	.83	2	.41	1.25	.290
3-Way Interactions					
Sex S-E RFL	.03	2	.01	.04	.959
Explained	38.57	11	3.51	10.56	.00
Residual	73.36	221	.33		

TABLE 4

ANOVA

RFL AS A FUNCTION OF SEX VIOLENCE AND SELF-ESTEEM FOR BOYS
AND GIRLS

	SS	df	MS	F	Sig of F
Main Effects	37.94	4	9.49	11.63	.000
SEX	1.00	1	1.00	1.23	.269
VIOLENCE Group	7.31	1	7.31	8.97	.003
S-E Group	11.67	2	5.84	7.15	.001
2-Way Interactions	4.74	5	.95	1.16	.329
Sex Violence Group	1.83	1	1.83	2.25	.135
Sex S-E Group	2.50	2	1.25	1.53	.218
Violence S-E Group	3.67	2	1.84	2.25	.108
3-Way Interactions					
Sex Violence S-E	.25	2	.12	.15	.860
Explained	53.16	11	4.83	5.92	
Residual	180.27	221	.82		

TABLE 5
RFL MEAN RESPONSE AND SD FOR SELF-ESTEEM GROUPS

HIGH SELF-ESTEEM GROUP	($n = 85$)	4.49 (.81)
MODERATE SELF-ESTEEM GROUP	($n = 82$)	4.53 (.76)
LOW SELF-ESTEEM GROUP	($n = 66$)	3.72 (1.25)*

* $p < .001$

TABLE 6
RFL MEAN AND SD SCORES FOR VIOLENCE GROUPS

	Pro-violence ($n = 130$)	Antiviolence ($n = 103$)
RFLT	4.00 (1.13)	4.65 (.66)
Social Concerns	3.57 (1.33)	3.67 (1.20)
Religious and Moral Beliefs	4.21 (1.53)	5.23 (1.07)*
Survival and Coping Beliefs	4.41 (1.47)	5.19 (.91)*
Responsibility to Family	4.32 (1.61)	5.36 (.87)*
Fear of Suicide	3.23 (1.78)	3.39 (1.72)

* $p < .05$

TABLE 7

RFL MEAN AND SD SCORES FOR SELF-ESTEEM GROUPS

	Low S-E (<u>n</u> = 66)	Moderate S-E (<u>n</u> = 82)	High S-E (<u>n</u> = 85)
RFL Total	3.72 (1.25)	4.53 (.76)	4.49 (.81)*
Social Concerns	3.38 (1.36)	3.87 (1.10)	3.55 (1.33)
Religious and Moral Beliefs	4.12 (1.72)	4.80 (1.23)	4.95 (1.27)
Survival and Coping Beliefs	3.93 (1.57)	4.97 (1.06)	5.18 (.99)*
Responsibility to Family	4.05 (1.75)	5.02 (1.08)	5.11 (1.25)*
Fear of Suicide	2.83 (1.83)	3.70 (1.70)	3.29 (1.67)

* $p < .05$

CHAPTER 4

DISCUSSION

The purpose of this study was to examine attitudes toward violence and reasons for living in adolescents with high, moderate, and low self-esteem. These variables have yet to be examined in a single study. All main effect hypotheses were confirmed with the exception of hypothesis four. Interaction effect hypotheses were not confirmed. Some of the RFL subscales were found significantly related to less accepting attitudes toward violence and higher levels of self-esteem. These were non-hypothesized findings.

Hypothesis one, which stated that boys would report more accepting attitudes toward violence than girls, was confirmed. This is consistent with findings that males experience and demonstrate violence more frequently than females (Artz & Riecken, 1997, *Crime in the U.S.*, 1992), that boys prefer higher levels of risk and sensation than girls (Aluja-Fabregat & Torrubia-Beltri, 1998; Funk & Buchman, 1996; Marquis, 1998), and that a gender based split exists in attitudes toward violence (Artz & Riecken 1997). Most studies, which have examined gender differences in the experience and perpetuation of violence, use populations identified as at-risk. It is interesting to note that the use of a sample of young people not considered at-risk did not alter the finding of gender differences in violence.

Hypothesis two, which predicted that individuals with low self-esteem would report more accepting attitudes toward violence than those with moderate and high self-esteem, was confirmed. This finding is consistent with literature that identifies a relationship between low self-esteem and violence (Howard & Jenson, 1999; O'Keefe, 1998; Rubinetti, 1997). It is also consistent with defined self-esteem concepts and theories

that establish self-esteem as motivating of behavior. According to Maslow's Hierarchy of Needs individuals with low self-esteem will mobilize all their capacities in pursuit of feelings of adequacy. The significant relationship found between low self-esteem and violence supports the notion that these individuals may aggress to overcome feelings of incompetence. Adler's Theory of Inferiority would conceptualize the association between violence and low self-esteem as an individual using aggression to overcome feelings of inadequacy and gain power.

With the steady increase of violence in the public schools, this finding becomes of particular importance. If a relationship exists between violence and low self-esteem and school is the primary source of information for children concerning their competencies, it stands to reason that it may be an inherent characteristic of the school setting that is creating and/or perpetuating the surge of violence threatening our schools.

Hypothesis three, which purported that boys with low self-esteem would report more accepting attitudes toward violence than all other groups while girls with low self-esteem will report more accepting attitudes toward violence than girls with moderate or high self-esteem, was not confirmed. This appears counterintuitive to the findings of the previously discussed hypotheses. One would anticipate that if both gender and self-esteem are significantly related to attitudes toward violence, the interaction of these variables would also be significant. However, previous research demonstrates these relationships are much more convoluted, with gender-based splits at times becoming less definitive and self-esteem being found more as a protective factor (O'Keefe, 1998).

Hypothesis four, which stated that boys would report fewer RFL than girls, was not confirmed. Previous literature identifies femininity as positively correlated with

adaptive characteristics (e.g., Ellis & Range, 1988) and although femininity was not assessed, this finding appears to contrast with past studies. This suggests the gap between the adaptive characteristics of boys and girls is closing. However, it is unclear whether this is due to girls decreasing in these characteristics or boys increasing.

Hypothesis five, which predicted that adolescents with low self-esteem would report fewer reasons for living than those with moderate or high self-esteem, was confirmed. This is consistent with previous research that identifies a relationship between low self-esteem and suicidal ideation, suicide attempts and/or self-harm (Borthick, 1999; Hawton, 1999; Hirschfeld & Blumenthal, 1986; Plutchik et al., 1995). Furthermore, this finding supports the notion that suicide and violence originate from the same underlying aggressive impulse, which manifests according to one's coping style and is influenced by personal characteristics such as one's self-concept. The trend of school violence to include the suicide of the assailant intensifies the importance of this finding and further supports the idea that the characteristic of the school setting, which fosters or diminishes self-esteem, is crucial.

Hypothesis six, which stated that boys with low self-esteem would report the fewest reasons for living while girls with low self-esteem would report fewer reasons for living than the other girl groups, was not confirmed. The non-significance of this interaction is likely due to the lack of gender differences in reasons for living. This suggests an individual's self-esteem is more influential on his or her adaptive characteristics, and consequently, his or her suicidality, than gender. This is interesting given substantiated gender differences in the frequency and successfulness of suicide attempts.

It is worth noting that this was not the case for attitudes toward violence. Low self-esteem as well as maleness emerged as predictors of more accepting attitudes toward violence. With this in mind, one would anticipate a similar relationship would emerge with adaptive characteristics. Boys, with their more accepting attitudes toward violence, would be expected to have significantly fewer adaptive characteristics than girls. This is given the fact that it is generally accepted that violence is non-adaptive and an individual that engages in such behavior is lacking of coping skills. Of interest, is what accounts for this discrepancy. Social learning theory, would assert this is likely attributable to social norms, or preconceived notions of what a person of each gender is supposed to believe and how he or she should behave, and the need to appear consistent with these established roles.

Hypothesis seven, which stated a negative relationship would be found between attitudes toward violence and reasons for living, was confirmed. Until the current study, no research had investigated the possible relationship between these two variables. The fact that an inverse relationship was found has a number of implications. First, it gives information regarding the characteristics of violent individuals, suggesting individuals who hold positive attitudes toward violence possess fewer adaptive characteristics and/or reasons to live.

Second, it suggests particular factors can be identified via the RFL subscales that are important in mediating violence. This is discussed in more depth in the section detailing non-hypothesized findings.

Third, this identified relationship provides support for the leading explanation of adolescent delinquent behavior, social control theory. Social control theory

conceptualizes violence in terms of the quality and strength of the social bond (Junger & Marshall, 1997). The concept of the social bond and its defined components are closely related to the characteristics assessed in the reasons for living. Therefore, according to this theory one would expect an individual who has a weak social bond, evidenced by fewer reasons for living, would be more likely to engage in violence.

Fourth, it provides additional validation of the assertion that suicide and violence are related. This is consistent with studies that have found suicide risk and violence risk to be correlated (Botsis et al., 1994; Kotler et al., 1993). Fewer reasons for living, shown to be a reliable indicator of suicidality, differentiate ideators from nonideators. Therefore, if individuals who have fewer reasons for living, or ideators, have more accepting attitudes toward violence it is logical to conclude that suicide and violence are related. It may indicate that suicide and violence are different manifestations of the same aggressive impulse or that an individual who endorses violence against self as a solution to life's problems, also believes in the legitimacy of violence against others.

Finally, the relationship found between adaptive characteristics and attitudes toward violence is of interest as it suggests violence itself is not currently being viewed as an adaptive means of solving life's problems. If this were the case one would expect individuals who have a high number of adaptive characteristics, particularly on the survival and coping subscale, would be more likely to have scores which place them in the pro-violence group.

There were significant findings that were not hypothesized. The following subscales of the RFL were found significantly related to less accepting attitudes toward violence: Religious and Moral Beliefs, Survival and Coping Beliefs, and Responsibility

to Family. The relationship found between the Religious and Moral Beliefs subscale and less accepting attitudes toward violence suggests spiritual beliefs and moral convictions act as buffers against violence. It is indiscernible whether it is the belief in the existence of an afterlife and behavior is therefore punishable or the notion that there are implicit rules of living that forbid such behavior that accounts for this relationship. Survival and Coping Beliefs positively correlated with anti-violent attitudes suggests that whether or not an individual believes he or she can overcome life's difficulties and whether he or she believes that life is valuable are important indicators of his or her endorsement of violence. The fact that Responsibility to Family was associated with anti-violent attitudes supports the importance of the family unit in building resiliency and positive coping skills.

The following subscales were found significantly related to high levels of self-esteem: Survival and Coping Beliefs, Responsibility to Family. The relationship between high self-esteem and Survival and Coping Beliefs suggests that the belief that one can overcome life's difficulties leads to feelings of competence and self-worth. Furthermore, the importance of family is reiterated as the Responsibility to Family subscale was positively correlated with higher levels of self-esteem. This suggests feeling part of a unit in which other's needs and feelings are valued is important in fostering self-esteem.

Limitations

Many significant and interesting findings resulted from this study however limitations still exist. Of the most concern is the use of an instrument created solely for the purposes of this study rather than an established scale that has been shown to be

reliable and valid. The violence scale was devised specifically to address adolescents' attitudes toward a number of statements regarding the use and legitimacy of violence. It appears to have face validity; however, other types of validity and reliability are unknown.

In addition, the manner of which the participants received instruction and completed the questionnaires was less than desirable. Individuals participated during scheduled wellness classes. Therefore, they had to complete the packet while sitting on the gymnasium floor which was likely uncomfortable. Many individuals were urged to "hurry up" by their anxious friends nearby as they were allowed to play games upon completion of the packet. This may have caused some of the adolescents to fill the materials out in haste, suggested by the fact that some packets had to be discarded due to incompleteness. Also, the classes were large with approximately 60 individuals participating at one time, making it difficult to convey instruction and answer inquiries with ease.

Finally, of concern is the generalizability of the results. There was a relatively small representation of minorities, approximately 5-6% as well as a disproportionate number of boys ($n = 138$) and girls ($n = 95$).

Future Research

Future research should include the replication of this study using a valid and reliable measure of violence that is appropriate for adolescents and concisely assesses the belief in the legitimacy of violence. The use of a scale devised for the purpose of this study represents its main limitation. It would also be interesting to include an instrument

that assesses suicidal ideation. This was excluded in the present study due to the difficulty of obtaining approval to collect the data in a public school.

The study revealed a possible closure of the gender gap in reasons for living. This trend should be explored further to determine whether this was the result of a confounding variable, possibly having to do with geographic location of the school at which the data were collected or this particular school's climate that may promote equally adaptive characteristics of boys and girls.

Previous studies as well as the current study have yet to examine self-esteem as truly predictive, rather, they continue to reveal the concurrence of low self-esteem with other factors, such as violence. It would be interesting to attempt to establish a direct connection between self-esteem and the use of violence. Although it seems it would be difficult if not impossible to determine whether low self-esteem preceded or followed the pro-violent attitudes. In addition, further exploration of the factors that comprise an adolescent's self-esteem would further differentiate the factors that are related to the belief in the legitimacy of the use of violence.

Theories regarding the development of an individual's self-concept specify a number of domains that are tested in the school setting. Of particular interest is the influence of peer group and acceptance. Empirical data on such may provide the missing link that when incorporated would yield far more successful intervention and prevention strategies. In addition, research to determine how we can increase an adolescent's reasons for living, how self-esteem can be fostered, particularly in the school setting, and research to identify the critical period for intervention would all be useful and meaningful pursuits.

The current study identified a number of important relationships that provide insight into the rise of youth violence. It should act as a catalyst for future research. The goal being to implement successful prevention and intervention strategies in our schools that may combat this trend of young people hurting others and hurting themselves.

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APPENDICES

APPENDIX A

Refusal to Consent Form

Dear Parents/ Guardians,

Robinson Middle School will be participating in a survey assessing adolescents' attitudes toward violence, self-esteem, and life-maintaining beliefs on the assumption that the availability of more information regarding violence among youth will yield more effective prevention programs. The questionnaire meets all guidelines set forth for a school-sanctioned survey as specified by the Board of Education. A copy of the survey will be made available in the Counseling Office for your review. All completed surveys will be confidential and anonymous with no identifying information on any part of the survey. Your child will have an opportunity to participate during a related arts period on May 17, 2000. If you DO NOT wish your child to participate please return this form by May 15, 2000.

Thank you,

Rhonda M. Blevins
Student Assistance Program Counselor
Robinson Middle School

I DO NOT wish my child, _____, to participate in the survey.
Student's name

Parent/Guardian's Signature

Date

APPENDIX B

Instruction Sheet

All surveys are confidential and anonymous, so DO NOT put your name on any of these sheets.

Read the instructions on EACH page CAREFULLY. Use the scale provided on each sheet to answer.

Take your time. Answer ALL questions.

Answer truthfully. There are no wrong answers.

APPENDIX D

Attitudes Toward Violence

Please circle the number that best corresponds with how you feel. Answer truthfully, there are no wrong answers.

	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly Disagree
1. Watching fights is a lot of fun.	1	2	3	4
2. Being in fights is a lot of fun.	1	2	3	4
3. It is okay to slap around boyfriends or girlfriends if they need it to keep them in line.	1	2	3	4
4. Sometimes people deserve to be hit.	1	2	3	4
5. It is okay for children to be hit if they have done something wrong.	1	2	3	4
6. It is okay for friends to encourage their friends to fight if they have been insulted	1	2	3	4
7. It is okay to walk away from a fight, whether or not you think you'd win.	1	2	3	4
8. If you want to protect yourself, you need to carry a gun.	1	2	3	4
9. People who are good fighters deserve a lot of respect.	1	2	3	4
10. Whatever the reason for the fight, it usually solves the problem.	1	2	3	4
11. Fighting is not cool.	1	2	3	4

APPENDIX E

Brief Reasons for Living in Adolescents

In each space put a number to indicate how important each of these reasons are in maintaining your life (prevents you from harming yourself/ committing suicide).

- 1 = Not at all important
- 2 = Quite unimportant
- 3 = Somewhat unimportant
- 4 = Somewhat important
- 5 = Quite important
- 6 = Extremely important

- ___1. I am concerned about what others would think of me.
- ___2. Other people would think I am weak and selfish.
- ___3. I would not want people to think I did not have control over my life.
- ___4. I believe only God has the right to end my life.
- ___5. My religious beliefs forbid it.
- ___6. I think it is morally wrong.
- ___7. I believe I can find other solutions to my problems.
- ___8. I believe everything has a way of working out for the best.
- ___9. I have the courage to face life.
- ___10. My family depends on me and needs me.
- ___11. I love and enjoy my family too much and could not leave them.
- ___12. It would hurt my family too much and I would not want them to suffer.
- ___13. I am afraid of death.
- ___14. I am afraid of the unknown.

VITA

RHONDA M. BLEVINS

Personal: Date of Birth: September 29, 1976
 Place of Birth: Baraboo, WI
 Marital Status: Single

Education: Sullivan South High School,
 Kingsport, Tennessee
 Diploma, 1995 Honors

 East Tennessee State University
 Johnson City, Tennessee
 B. S. Psychology, 1999

 East Tennessee State University
 Johnson City, Tennessee
 M. A. Clinical Psychology, 2001

Professional
Experience: Counselor, Robinson Middle School, Frontier Health, Holston
 Children and Youth Services, 1999-2001

 Psychology Technician, Frontier Health, Holston Point Division,
 1997-1999

Honors and
Awards: Psi Chi Honor Society
 Phi Kappa Phi Honor Society
 Gamma Beta Phi Honor Society
 Psi Chi Senior Honor Award
 Summa Cum Laude