IDENTITY FORMATION IN PREGNANT ADOLESCENTS

by

Patricia Kieley Adkins

Thesis submitted to the Graduate Faculty of the Virginia Polytechnic Institute and State University in partial fulfillment of the requirements for the degree of MASTER OF SCIENCE in Management, Housing, and Family Development

APPROVED:

Howard O. Protinsky, Ph.D., Chairman

Jessica L. Cohen

Victoria R. Fu

Michael J. Sporakowski

June, 1979

Blacksburg, Virginia
ACKNOWLEDGEMENTS

The writer wishes to express her sincere appreciation to the director and students of the Program for Pregnant Teens in Roanoke, Virginia, for their participation in this study. Appreciation is also expressed to the Montgomery County Public School system and Christiansburg High School, Virginia, for their participation and cooperation.

Special appreciation is extended to , Chairman of the writer's Graduate Advisory Committee, for his continuing guidance, encouragement, and advice during the period of this study.

The author wishes to express his thanks for guidance rendered by other members of the Graduate Advisory Committee:

, , and . In addition appreciation is extended for the assistance and statistical advice provided by .
DEDICATED TO

My father, without whose encouragement, support, sacrifice, confidence and love this study and the related degree could not have been completed.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I INTRODUCTION.</td>
<td>1</td>
</tr>
<tr>
<td>Purpose</td>
<td>3</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>3</td>
</tr>
<tr>
<td>Assumptions</td>
<td>4</td>
</tr>
<tr>
<td>Rationale and Hypotheses.</td>
<td>4</td>
</tr>
<tr>
<td>II REVIEW OF LITERATURE.</td>
<td>6</td>
</tr>
<tr>
<td>Pregnant Adolescents.</td>
<td>6</td>
</tr>
<tr>
<td>Erikson's Ego Identity Theory</td>
<td>10</td>
</tr>
<tr>
<td>Studies Related to Erikson's Theory of Ego Identity</td>
<td>17</td>
</tr>
<tr>
<td>Summary of Relevant Literature.</td>
<td>21</td>
</tr>
<tr>
<td>III PROCEDURE</td>
<td>23</td>
</tr>
<tr>
<td>Subjects.</td>
<td>23</td>
</tr>
<tr>
<td>Method.</td>
<td>24</td>
</tr>
<tr>
<td>Instrument Description.</td>
<td>24</td>
</tr>
<tr>
<td>Validity and Reliability.</td>
<td>25</td>
</tr>
<tr>
<td>Analysis of Data.</td>
<td>26</td>
</tr>
<tr>
<td>IV RESULTS AND DISCUSSION.</td>
<td>27</td>
</tr>
<tr>
<td>Description of Sample</td>
<td>27</td>
</tr>
<tr>
<td>Results</td>
<td>32</td>
</tr>
<tr>
<td>Discussion.</td>
<td>44</td>
</tr>
<tr>
<td>V SUMMARY AND RECOMMENDATIONS</td>
<td>46</td>
</tr>
<tr>
<td>Limitations</td>
<td>48</td>
</tr>
<tr>
<td>Recommendations</td>
<td>49</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>Page</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>54</td>
</tr>
<tr>
<td>A. Epigenetic Chart.</td>
<td>55</td>
</tr>
<tr>
<td>B. Letter of Authority</td>
<td>57</td>
</tr>
<tr>
<td>C. Letters of Transmittal</td>
<td>60</td>
</tr>
<tr>
<td>D. Ego Identity Scale.</td>
<td>63</td>
</tr>
<tr>
<td>E. Statements and Derivatives for the Ego Identity Scale</td>
<td>68</td>
</tr>
<tr>
<td>F. Ego Identity Scale Key.</td>
<td>76</td>
</tr>
<tr>
<td>VITA.</td>
<td>77</td>
</tr>
<tr>
<td>Tables</td>
<td>Page</td>
</tr>
<tr>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>1</td>
<td>Summary of Selected Demographic Characteristics of Subjects</td>
</tr>
<tr>
<td>2</td>
<td>Total Ego Identity Score Means</td>
</tr>
<tr>
<td>3</td>
<td>ANOVA Test for Hypothesis 1</td>
</tr>
<tr>
<td>4</td>
<td>Means for Subscale 1</td>
</tr>
<tr>
<td>5</td>
<td>ANOVA Test for Hypothesis 2</td>
</tr>
<tr>
<td>6</td>
<td>Means for Subscale 2</td>
</tr>
<tr>
<td>7</td>
<td>ANOVA Test for Hypothesis 3</td>
</tr>
<tr>
<td>8</td>
<td>Means for Subscale 3</td>
</tr>
<tr>
<td>9</td>
<td>ANOVA Test for Hypothesis 4</td>
</tr>
<tr>
<td>10</td>
<td>Means for Subscale 4</td>
</tr>
<tr>
<td>11</td>
<td>ANOVA Test for Hypothesis 5</td>
</tr>
<tr>
<td>12</td>
<td>Means for Subscale 5</td>
</tr>
<tr>
<td>13</td>
<td>ANOVA Test for Hypothesis 6</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

Preganant adolescents are of major concern today. Statistically, the incidence of teenage pregnancy is increasing, and the percentage of births to young mothers, married and unmarried, is growing in comparison to other age groups (Population Report, 1976). A large amount of data on these girls show that they are definitely high-risk individuals. Medical and physical complications including toxemia, anemia, and excessive weight gain are usually much more common among these young mothers than in the general population (Howard, 1978; Stickle, 1975). Such medical complications are usually accompanied by social and educational problems. These girls are often one to two years below their normal grade level (Buchinal, 1960). Not only are they behind, but very often the pregnancy causes them to drop out of school completely. Furstenberg (1976) found that, among the 400 girls he studied, high school completion was 50 percent lower for pregnant girls than for those who did not become pregnant until after graduation. This low rate of completion may be one reason for many of these girls having to face a life of poverty and welfare. In 1975, households with teenage mothers represented half of the overall cost of the welfare program for families with dependent children (Moore and Caldwell, 1976). All of these medical, educational and social problems place these pregnant girls in a high-risk situation. In addition to such stresses, they are also in a developmental stage of change, adolescence.
Adolescence has been studied as a distinct phase in human development since 1916, when the father of the "psychology of adolescence", G. Stanley Hall, published his famous two volume Adolescence (Muss, 1970). Since that time, many theories have been proposed to explain the nature of adolescence. Most of these theorists characterize this developmental stage as a period of storm and stress (Gallatin, 1975). It is seen as a time of turmoil for various reasons. For example, there is an accelerated growth rate, new and perplexing challenges, the onset of novel inner feelings, and sexual development.

Among adolescent theorists is E. H. Erikson whose theory of human development has bridged the gap between psychological, sociological, and psychoanalytic theories (Protinsky, 1975). As Maier (1965) has written, Erikson's theory is extensive in that it combines psychoanalytic psychology with the knowledge of allied fields of child development, sociology, biology, cultural anthropology, and history. It is Erikson's theory which provided the theoretical framework for this study.

Erikson sees childhood as a formation of personality through phase-specific psychosocial crises. Erikson claims that there are eight stages a person must move through to fully develop. During each of these stages, a particular crisis must be resolved before the individual can master the next phase. The crisis that is specific to the adolescent's phase of development is identity formation versus identity confusion.

In addition to this identity formation, pregnancy, for the adolescent girl, brings on changes that only add to the general turmoil of adolescence. Two of the main crises in the sex lives of females, puberty
and pregnancy, are occurring simultaneously for these girls (Strockasch, 1975). What affect does this imposed role of motherhood have on the identity formation of an adolescent girl? Is motherhood the identity she is in fact choosing; or, does it result in premature closure of this crisis stage? Possibly, the pregnancy may even be a result of unsuccessful resolutions of previous crises in the life cycle.

**Purpose**

The purpose of this study was to investigate the ego identity formation in pregnant adolescents as compared to a group of non-pregnant adolescents. Secondly, each of the first five Eriksonian psychosocial stages were examined to see what their contributions were to the total ego identity. It could then be seen if the two groups of girls differed on each contributing component.

**Definition of Terms**

The following definitions were used in this study:

**Pregnant adolescent**: a female between the ages of fifteen and nineteen who is currently pregnant.

**Non-pregnant adolescent**: a female who is between the ages of fifteen and nineteen who is not observably pregnant at the current time. The school system would not allow the researcher to ask the subjects if they had ever been pregnant before; therefore, that fact was assumed.

**Ego Identity formation**: a sense of coherence, relatedness, and integration which serves as an anchor point from which a person experiences continuity in social relationships; an awareness that there is continuity to one's style of individuality. This was measured by the Ego Identity Scale.
Assumptions

The following assumptions were made for this study:

1. That the control and experimental groups were somewhat matched in socioeconomic status.
2. That the month of pregnancy did not make a significant difference in results among the pregnant subject.
3. That none of the subjects in the non-pregnant sample were pregnant at the time of testing.

Rationale and Hypotheses

Adolescents, especially during a pregnancy, need encouragement and support. However, the pregnancy often means an estrangement from one's peer-group relationships which are seen as essential for the development of self-identity (Davis and Grace, 1971). In addition to the loss of peer support often comes a loss of support from the adolescent's school. When these pregnant adolescents are trying to function as school girls, mothers, and wives, plus solve the normal conflicts of adolescent growth and development, they need the consistency of these support systems (Howard, 1973). Floyd and Viney (1974), in their study on ego identity in unwed mothers, found that the sample of unwed mothers demonstrated less feminine identification and more ambivalence about their ego identities.

These studies seem to support the idea that both out-of-wedlock pregnancy and pregnancy during adolescence have a negative effect on ego identity formation. Therefore, the following hypotheses were tested:
H₁ The pregnant group of adolescents will score significantly lower on the Ego Identity Scale than the non-pregnant group.

Also, since the Ego Identity Scale deals with each of the four previous psychosocial crises, the following hypotheses were tested:

H₂ There will be no significant difference in the Stage I (Trust vs. Mistrust) ego identity component between the pregnant and non-pregnant groups of adolescents.

H₃ There will be no significant difference in the Stage II (Autonomy vs. Shame/Doubt) ego identity component between the pregnant and non-pregnant groups of adolescents.

H₄ There will be no significant difference in the Stage III (Initiative vs. Guilt) ego identity component between the pregnant and non-pregnant groups of adolescents.

H₅ There will be no significant difference in the Stage IV (Industry vs. Inferiority) ego identity component between the pregnant and non-pregnant groups of adolescents.

H₆ There will be no significant difference in the Stage V (Identity vs. Identity Confusion) ego identity component between the pregnant and non-pregnant groups of adolescents.
CHAPTER II

REVIEW OF LITERATURE

The review of literature shall be presented in three sections: 1) pregnant adolescents, 2) Erikson's ego identity theory, and 3) studies related to Erikson's theory of identity.

Pregnant Adolescents

Statistics show that the incidence of pregnancy among adolescents is increasing, and the percentage of births to young mothers, married and unmarried, is growing in comparison to other age groups (Population Report, 1976). Between 1960 and 1973, the number of mothers ages 16 and 17 rose by one quarter, and the births to mothers under 16 years of age climbed by 80 percent. Many of these older teenagers are having their second or subsequent births (Stickle, 1975). In fact, 60 percent of girls who are under 16 at the time of their first child have another baby while they are still of school age (Howard and Eddinger, 1973). In the five years from 1970 to 1974, births for 14 year-olds climbed 9 percent; 3 percent for 15 year-olds; dropped 3 percent for 16 year-olds; and for 17, 18, and 19 year-olds the rates dropped 11 percent. 18 percent, and 24 percent respectively (Baldwin, 1976). Presently, one in every ten 17 year old girls in the United States is a mother (Ogg, 1975).

Strockasch (1975) believes that there are three main crises in the sex lives of females: puberty, pregnancy, and menopause. With each of these comes a new developmental task to confront. For the young pregnant teenager, two of these occur simultaneously. In addition, there is
present the factor of "unreadiness" for the imposed role of motherhood. Over the years, the physical age for menarche seems to be decreasing. However, there has not necessarily been shown a similar decrease in the age for emotional and intellectual maturity.

The amount of stress that pregnancy will induce in the teenager will depend somewhat on the culture and its expectations and norms (Population Report, 1976). Also, unwed pregnancy or abortion is a different experience for girls in early, middle, or late adolescence and these different developmental levels, to some extent, dictate how she will deal with her situation (Connolly, 1975).

When pregnancy occurs during adolescence, tasks are multiplied. Thus, the work for the teenager is intensified. She must, now, also be concerned with tasks related to a successful pregnancy and outcome, re-orienting relationships to insure a place for her child, and learning the task of becoming a mother (Duvall, 1966; Rubin, 1975). Pregnancy seems to bring a need to be dependent on the adult world; however, this is in conflict with an adolescent's efforts to be independent (Adams, 1976).

Another problem area for the pregnant adolescent is re-orienting of relationships resulting from the pregnancy. For the adolescent, there are relationships with the parents or with the perspective father that are often in conflict or not yet stabilized (Adams, 1976). Erikson (1968) states that psychosocial intimacy in relationships with these people is dependent on and follows identity formation. The pregnant adolescent's impending motherhood brings the task of giving
of self at a time when she has not yet learned the involvement of a meaningful relationship and has not yet resolved her feelings about her own mother as a role model (Adams, 1976).

The availability of peer support is important for pregnant adolescents. However, according to Davis and Grace (1971), pregnancy estranges the girl from her peer group relationships which are seen as essential for identity development. Smith (1970) points out that the pregnant adolescent is inclined to be very inactive, and Curtis (1974) agrees that they tend to be loners with few hobbies or recreational interests. Similar findings are also evident in deLissovoy's study (1975) of rural adolescent parents. He found that the young mothers revealed feelings of loneliness, a lack of social life, and an unavailability of former friends.

Pregnancy is the major cause of school dropouts for girls in the United States. It accounts for two-thirds of female high school dropouts and 50 percent of them never finish (Strockasch, 1975). A three-year study in Pennsylvania revealed that 79 percent of the adolescent parents had dropped out of school without finishing (Ogg, 1975). The reactions of the school systems with respect to these girls is often hostile and punitive. The student is often defined as an adult who is too mature to attend school with her peers. Sometimes her pregnancy is viewed as a behavior problem, and she is classified as socially maladjusted. These mothers are discouraged from returning, are often excluded from extracurricular activities, and are not allowed to hold offices or receive honors.
Ambition, academic performance, and family expectations are highly predictive of whether the young mother remains in school until graduation. For girls who find child care and do go back to school, success is more probable. Those girls who marry the father, restrict their childbearing, go back to school and graduate are better able to minimize the disruptive effects of the unexpected pregnancy (Furstenberg, 1976).

One of the biggest differences between adolescents and older mothers lies in the teenager's need for blocks of time away from the baby to continue working toward her own personal development (Ogg, 1975). The policy of the United States that every pregnant girl has the right to continue her education has not yet led to the creation of facilities and supportive services everywhere to insure that right. Opportunities vary according to location. In 1972, there were 225 of these special educational programs, but they were serving only 1 out of 5 pregnant students (Furstenburg, 1976).

Motherhood itself is a stress on these young girls who know very little about normative child behavior and often hold unrealistic expectations. Resentment is often held toward the child because they are swamped with responsibilities that they are not ready for and feel they cannot handle. This is a damaging situation for both the mother and the child. Child abuse is high among these mothers and suicide rates are seven times the national rate for teenage girls without children (Ogg, 1975).
Erikson's Ego Identity Theory

According to Erikson, an additional task which faces this pregnant adolescent, as it does all adolescents, is the resolution of the identity crisis. This section deals with Erikson's theory of ego identity, and it is followed by a discussion of the studies related to this theory.

E. H. Erikson was first to apply the epigenetic principle to the study of ego development (Erikson, 1950). The following is Erikson's (1959) definition of epigenesis:

Whenever we try to understand growth, it is well to remember the epigenetic principle which is derived from the growth of organisms in utero. Somewhat generalized this principle states that anything that grows has a ground plan and that out of this ground plan the parts arise, each part having its time of special ascendancy, until all parts have arisen to form a functioning whole. (p. 52)

According to Erikson, childhood is seen as "a gradual unfolding of the personality through phase-specific psychosocial crises" (1956, p. 74). Each one of these developmental phases is characterized by a phase-specific developmental task or crisis which must be resolved during its period of ascendancy (Erikson, 1968).

For an individual to move onto the next developmental stage in the life cycle, the crisis or task of the previous stage needs to be resolved or accomplished. Perfect and absolute resolution is not a necessity. However, for a healthy personality to result the resolution must be predominantly positive (Erikson, 1956). The personality component of the crisis then becomes a fairly permanent personality characteristic. With the successful resolution of all eight psycho-
social crises throughout the life cycle, a healthy adult personality results (Erikson, 1956).

Erikson refers to these psychosocial stages as the "Eight Stages of Man." To further clarify these stages and to show their interrelationships through the developmental life cycle, Erikson provides an epi-genetic chart (see Appendix A). He has explained the chart in the following way:

The sequence of stages thus represents a successive development of the component parts of the psychosocial personality. Each part exists in some form (verticals) before the time when it becomes phase-specific, i.e., when its psychosocial crisis is precipitated both by the individual's readiness and by society's pressure. But each component comes to ascendance and finds its, more or less, lasting solution at the conclusion of its stage. It is thus systematically related to all others, and all depend on the proper development at the proper time of each. (1959, p. 119)

The use of the word "crisis" in this case is not meant to connote "impending catastrophe." Rather, it designates a crucial moment when development comes to a necessary turning point one way or another. It leads to growth, recovery, and further differentiation (1968, p. 96).

Crisis Stages

Below is an explanation of each of the first five psychosocial stages and its relation to ego identity:

**Infancy: Trust vs. Mistrust.** This stage involves the development of a sense of trust versus a sense of basic mistrust. This trust is learned as the infant perceives the dependent and pleasant quality of his environment and experiences a nurturing relationship with the caretaker (Erikson, 1964). By the word "trust" Erikson means "an essential trustfulness of others as well as a fundamental sense of one's own trustworthiness" (1968, p. 96).

However, as the infant matures and becomes more vulnerable to separation anxiety, crisis is inevitable. One primary outgrowth of this crisis period concerns acquiring a sense of time perspective. If the infant develops trust, he will later have enough trust in the world about him so that he can postpone immediate gratification of desires in order to obtain a future goal (Erikson, 1964). A failure in developing this sense of basic trust and mutuality is seen by Erikson as a major and far-reaching failure. This sense of trust and mutuality underlies all development. The identity gain from this stage may be stated, "I am what I hope to have and give" (Erikson, 1968, p. 107).

**Early Childhood: Autonomy vs. Shame/Doubt.** During this stage the child learns to "show his will" and defines himself as a separate individual. However, the child encounters parental restrictions and prohibitions which could lead to doubt and shame. It is important, here, for the parents to be firm and set limits but also allow enough freedom for autonomy development.
Willpower is the virtue that emerges from this stage. The ego identity is further strengthened by the ability to feel "I am what I can will freely" (Erikson, 1968, p. 114).

**Play Age: Initiative vs. Guilt.** During this time, the individual desires to discover what he can become. Play is important and provides the child with a channel for learning to handle dependency needs, exhibiting aggression in socially acceptable ways, and developing present capabilities while contemplating future possibilities. Initiative develops if the child can act without being overcome by guilt feelings. The virtue of this stage is purpose, and the identity gained is "I am what I can imagine I will be" (Erikson, 1968, p. 122).

**School Age: Industry vs. Inferiority.** The child's main concern in this stage is to develop skills and master certain tasks. He compares his skills and mastery with others around him. If the child is faced with numerous failures and continues to attempt things beyond his capabilities, a sense of inferiority will develop. However, if the child experiences success, he develops a sense of industry and a virtue of competence. Identity is developed by recognizing "I am what I can learn to make work" (Erikson, 1968, p. 127).

**Adolescence: Identity vs. Identity Confusion.** To understand this stage and particular crisis more fully, the concept of identity needs defining. Erikson has stated:

What I have called ego identity...concerns more than the mere fact of existence; it is, as it were, the ego quality of this existence. Ego identity then, in its subjective aspect, is the awareness of the fact that there is a sameness and continuity to the ego's synthesizing methods,
the style of one's individuality, and that this style coincides with the sameness and the continuity of one's meaning for significant others in the immediate community. (1968, p. 50)

Therefore, identity is seen as a sense of coherence, relatedness, and integration. It serves as an anchor point from which the person can experience continuity in social relationships (Newman and Newman, 1978).

Identity confusion is a conscious and unconscious state of awareness that one lacks these feelings of self-sameness and continuity (Erikson, 1959). This identity confusion may exist because of unsuccessful resolutions of previous identity-related crises or it may be a current struggle of not being able to synthesize different roles into a coherent self-definition (Newman and Newman, 1978; Erikson, 1968).

Erikson also speaks of the formation of a negative identity (1959). This is when a person has a clearly defined self-image which is contrary to community values. The individual is then "labelled" by society. He or she may accept these negative labels as self-definition and strengthen it with his or her behavior (Newman and Newman, 1978). There is also the possibility that adolescents may too easily slip into roles which are expected of them without taking into account their own personal goals (Newman and Newman, 1978). These premature decisions about one's identity are a situation called identity foreclosure (Marcia, 1966).

The process of evolving a personal identity is difficult and time consuming. Therefore, Erikson suggests that an opportunity for role experimentation and a release from the continuity of social expectations on the adolescent would facilitate a healthy identity formation.
Erikson uses the term "psychosocial moratorium" to describe this desirable period of free experimentation before final identity is achieved (Newman and Newman, 1978).

The following seven areas represent a partial resolution toward identity formation. Each of these crises must be resolved during the moratorium period (Maier, 1978).

Temporal Perspective vs. Time Confusion. Time perspective is related to the stage of trust vs. mistrust and is seen as a conflict in maintaining perspective and expectancy. If there is a sense of time confusion, the individual does not trust time and does not believe that satisfaction is sufficiently predictable to make waiting and working worthwhile.

Self-Certainty vs. Self-Consciousness. The stage of autonomy vs. doubt and shame is the precedent of this conflict. The unsuccessful resolution of this crisis can result in self-consciousness which Erikson defines as the sensation of being exposed. On the other hand, self-certainty derives from the successful resolution of autonomy, a sense of independence from one's family (Erikson, 1968).

Role Experimentation vs. Role Fixation. The forerunner of this conflict is the stage of initiative versus guilt. Here, it is necessary that the adolescent freely experiment with various role possibilities to avoid becoming prematurely fixed on one. Role fixation can be seen as a refusal of roles offered as appropriate to the adolescent by family and community. Therefore, it can be seen that Erikson's concept of negative identity is a realistic danger of this crisis (Erikson, 1968).
In adopting role identifications that have been presented to the adolescent as least desirable, the adolescent is saying, in essence, that he or she would rather be someone bad than to not have any identity at all (Erikson, 1968).

**Apprenticeship vs. Work Paralysis.** This conflict is related to the psychosocial crisis of industry vs. inferiority. Apprenticeship offers the adolescent a type of moratorium in learning about his relationship to work and the tools and skills required. Work paralysis results from a sense of inadequacy about oneself and one's abilities (Erikson, 1968). Friendenberg has expressed this conflict well when he states, "in a world as empirical as ours, a youngster who does not know what he is good at will not be sure what he is good for; he must know what he can do in order to know who he is" (1959, p. 17).

**Sexual Polarization vs. Bisexual Confusion.** This crisis deals with the adolescent's establishment of himself as a member of one sex and is able to meet and fulfill the appropriate sex roles. When an adolescent is bisexually confused, he or she is preoccupied with the question of what kind of man or woman one might become. The presence of any remnant of the other sex in one's personality makeup is perceived as threatening and may become intolerable. The establishment of a sexual identity is important in that it is the precursor of the capacity for psychosocial intimacy (Erikson, 1968).

**Leadership and Followership vs. Authority Confusion.** To be able to assume responsibilities in giving and obeying orders in adulthood, it is necessary that the adolescent learns to assume leadership and
followership roles among one's peers. The adolescent who can be neither leader nor follower ends up in a state of isolation (Erikson, 1968).

Ideological Commitment vs. Confusion of Values. A confusion of values endangers both the individual and society. Therefore, it is necessary that the adolescent establish some commitment to a system of ideals or an ideology (Erikson, 1968).

Identity formation, as seen by Erikson, is a lifelong process. It is always changing, developing, and differentiating as the individual becomes aware of a widening circle of significant others to him. This process, however, has its normative crisis in adolescence. The resolution of the identity crisis is dependent on what has occurred in previous developmental crises and to some extent will determine much that follows (Erikson, 1968).

Studies Related to Erikson's Theory of Ego Identity

Howard (1960), in her study, dealt with ego identity in adolescent girls. She used a sample of "normal" girls drawn from two large high schools. A questionnaire was designed to explore awareness of five component conflict areas of the ego identity crisis described by Erikson. The population was found to experience conscious and definable identity conflicts, and a predictability factor was also indicated in that diffusion in one conflict area would be concurrent with diffusion in all other areas. Through self-report, Howard also looked at these girls' relationships with their parents. She found a higher incidence of identity diffusion among those girls who felt isolated and estranged in this relationship.
Another study which dealt with ego identity and females, unwed mothers in particular, was conducted by Floyd and Viney (1974). Their findings revealed that the sample of unwed mothers demonstrated less feminine identification and more ambivalence about their ego identities. Unwed mothers were also found to exhibit greater dependency needs than the non-pregnant group. However, the group of married mothers also had high dependency needs; therefore, the vulnerability of the ego state may be generated by any pregnancy, in or out of wedlock (Floyd and Viney, 1974).

In looking at disturbed adolescent males, Jones (1968) found that 34 percent of 41 adolescent boys who were in counseling at the time were struggling with some aspect of identity conflict. Brown (1969), also using Jones' instrument to measure ego identity and identity confusion, compared a group of male adolescents under psychotherapy with a group not in therapy. Those boys who scored in the range of sound ego identity were from the group not in treatment. These results support Erikson's concept of identity confusion being more pronounced in adolescents with social emotional difficulties (Protinsky, 1975).

College females were the subjects of age progression studies of Erikson's identity stage conducted by Howard and Kubis (1964) and Digman (1965). Comparing female college freshman and sophomores, it was found that sophomores achieved a better ego identity score than freshman.

The above findings were further substantiated when Constantinople (1969) found that, across female subjects, there was a consistent increase in successful resolution of identity from freshman to senior
year in college. Also, from year to year within the same subject, there was further resolution.

Concerning ego identity attainment in general, Stark and Traxler (1974) looked at sex differences and age differences, using two different age groups: 17 to 20 year-olds and 21 to 24 year-olds. It was found that the younger age group reported significantly more ego confusion than the subjects in the older age group. Also, for both of the age groups, females reported less ego confusion than males. This study, then, supports the developmental and sociocultural aspects of Erikson's theory of ego identity development. Chronological age and sex differences are important variables in ego identity crystallization.

The results of Boyd's (1964) study also indicated that ego states do progress over time as postulated by Erikson. His study dealt with both adults and children. For adults, he used a semi-structured interview schedule and a coding system based on Erikson's concepts which evaluated the ego state status of the response. For children, he used six projective pictures which represented the first six stages of ego development. Boyd discovered that adults tended to deal with only one ego state at a time, whereas, children may be involved with several simultaneously (1964).

Using Boyd's projective pictures, Ciaccio (1971) developed a coding system for use with children. Each child made up a story about the pictures, and his responses were classified according to the ego state they described. As the children progressed in age, they became concerned with crises that were advanced on the psychosocial development continuum. Thus, Erikson's epigenetic sequence was supported.
It is interesting to note that Ciaccio suggested a theoretical revision of Erikson's model. He asserted that the stage of autonomy vs. doubt and shame is the important crisis period because it appeared as the major concern of the children in each stage of development.

Bronson (1959) was one of the first to attempt empirical evaluation of Erikson's stage of the identity vs. identity confusion crisis. His hypothesis stated that those who were in the state of identity confusion would exhibit four characteristics: 1) they would be less sure about the relationship between the past and current notions of self; 2) they would exhibit a higher degree of anxiety; 3) they would be less certain about dominant personal characteristics; and 4) they would fluctuate more in their feelings of self. All the hypotheses were supported significantly. Therefore, since these relationships were predicted based upon Erikson's theory, these four characteristics of identity confusion were operationalized and found to be a measurable parameter of identity formation.

Gruen (1966) also discovered an additional characteristic of those experiencing identity confusion, the tendancy to accept false personality sketches of themselves. In his study, subjects with a sound ego identity were less likely to accept such false personality sketches.

James Marcia (1966, 1967) also attempted to look at the components of the identity vs. identity confusion stage. He has described four progressive categories of ego identity attainment: identity, achievement moratorium, foreclosure, and identity diffusion or confusion. Marcia found that subjects who were high in ego identity performed better
on a stressful concept attainment task and their self-esteem was less vulnerable to negative information than others of a lesser degree of ego identity.

Using Marcia's categories, Podd (1972) found that subjects who had achieved an ego identity were characterized by the most mature level of moral judgement. Those subjects undergoing an identity crisis were unstable and inconsistent in their moral reasoning.

An instrument which has been developed to measure this crisis stage is the Ego Identity Scale (Rasmussen, 1964). Rasmussen's research supported Erikson's concepts in that individuals who demonstrated adequate psychosocial adjustment had a greater ego identity than the poorly adjusted person, among Naval recruits. Also, subjects who had a good ego identity demonstrated a greater advance in the solution of the psychosocial crisis of early adulthood, intimacy vs. isolation.

Summary of Relevant Literature

Many studies have supported the epigenetic principle or sequence of Erikson's developmental theory. It seems that both age and sex affect the crystallization of ego identity, the psychosocial crisis for adolescents. Less identity confusion is found as age increases and also among females as compared to males.

A large number of studies have looked at the characteristics of those individuals experiencing identity confusion. Results seem to show that they have poor self-perceptions and high levels of anxiety. In females, specifically, poor parental relationships were also found among those with identity confusion.
Studies dealing with various samples of adolescents have been done in relation to ego identity. It was found that unwed mothers exhibit more ambivalence about their identities. Also, adolescents with social-emotional difficulties seem to have a greater proportion of identity confusion.

Authors seem to agree that pregnancy adds to the physical and psychological crisis of adolescence. Suddenly, the developmental tasks of adolescence are multiplied by those tasks necessary for motherhood. Also, pregnant adolescents are found to be more isolated from peers. lonely, and to have higher suicide rates. They lose the support of their schools and often dropout. Studies agree, however, that the amount of stress pregnancy presents may depend somewhat on the surrounding cultural expectations and norms.
CHAPTER III

PROCEDURE

Subjects

The subjects for the study were obtained from the Program for Pregnant Teens in Roanoke, Virginia. This program is an alternative education program for pregnant adolescents who do not want to stay in the regular public school during their pregnancy.

The researcher, in addition, sought subjects from the Birthright Association in Blacksburg, Virginia. The director of the program was given questionnaires to distribute; however, none of them were ever completed by the pregnant adolescents. Therefore, the entire sample of thirty pregnant girls came from the program in Roanoke.

The subjects in the control group (non-pregnant adolescents) were obtained from Christiansburg High School located in Montgomery County, Virginia. Permission was obtained from the Superintendent of Montgomery County Public Schools to enter the school and distribute the questionnaires to thirty girls between the ages of fifteen and nineteen years (see Appendix B).

The thirty subjects in the pregnant sample ranged in age from 15 to 19 with a mean of 16.17 years. A majority of these subjects were Black (63.33%). The control group of non-pregnant adolescents ranged in age from 15 to 16 with a mean age of 15.60 years. The majority of these subjects were Caucasian (90.00%). A complete description of the sample is in Chapter IV.
Method

The sixty-item questionnaire was accompanied by a cover letter of directions and general background information (see Appendix C). This cover letter, however, differed for the two samples because certain background questions were not allowed on the cover letter for the non-pregnant group. This elimination of certain questions was a result of the school superintendent's request. However, all of the original questions remained in the cover letter for the pregnant sample.

The questionnaire was distributed in person by the researcher to the pregnant sample. On three different occasions, the questionnaire was distributed to pregnant girls in the Family Life Education class at the program in Roanoke, Virginia. The directions were read aloud to the girls, and the researcher stayed in the classroom to collect the completed questionnaires.

The researcher did not distribute the questionnaires in person to the non-pregnant sample. This was in response to the principal's request. Therefore, they were distributed by the principal of the school to two different female health classes. The principal was present to collect the completed questionnaires. He, then, returned them to the researcher.

Instrument Description

The instrument used in this study was the Ego Identity Scale (see Appendix D). The scale was originally designed to use with Naval recruits (Rasmussen, 1961), and it was intended to evaluate the degree to which Eriksonian psychosocial conflicts had been resolved by the subjects.
The questionnaire originally consisted of statements which reflected Erikson's criteria of psychosocial health for each of the first six psychosocial crisis periods. Evaluation is obtained by the subject's giving either a positive or negative response to these statements. The scale contains statements at a sixth grade reading level (Coxwell, 1972).

For the purposes of this study, only the statements reflecting the first five psychosocial crises were used. Three derivatives of the criteria of health and ill-health were selected for each of these crisis periods. In addition, each derivative was sampled by four statements. Thus, there are sixty items on the scale. A score for each of the first five crisis stages in addition to a total identity score was obtained. The subjects responded to each item in terms of general agreement or disagreement. To avoid response set, half the items were stated so as to require a negative response and half the items were stated so as to require a positive response (see Appendix E).

Validity and Reliability

The statements of this scale were subjected to the evaluations of two psychologists who served as judges. All of the final statements used in the scale were unanimously agreed upon by the judges as meeting the criteria of the psychosocial stage and the criteria for which they were written.

In addition to content validity, construct validity was obtained by the results of Rasmussen's study (1964) of the relationship of ego identity to psychosocial functioning. In agreement with Erikson's
theoretical framework, Rasmussen found a significant (.01) association between high ego identity scores and good psychosocial adjustment.

Test-retest reliability on the Ego Identity Scale was recorded on two different samples of male, Navy recruits. Correlation coefficients of .849 and .851 were obtained (Rasmussen, 1964).

Analysis of Data

The Ego Identity Scale was scored for each subject according to the Ego Identity Scale Key (see Appendix F). There were six scores recorded for each subject in the two samples: one total identity score and five subscale scores. One point was given for each correct response resulting in a possible score of sixty. A half-point was given for those items left unanswered and also for those items which were answered with both the agree and disagree responses.

Each hypothesis was tested by a one-way analysis of variance statistical test. The significance level was originally set at .05 for all tests.
The purpose of this study was to investigate the ego identity formation in pregnant adolescents as compared to a group of non-pregnant adolescents. The instrument used was the Ego Identity Scale developed by Rasmussen in 1961. This scale gave a total ego identity score and five subscale scores for each subject. These five subscale scores reflected Erikson's first five psychosocial crises and their contribution to identity formation.

**Description of Sample**

A complete description of the characteristics of both the pregnant and non-pregnant groups is found in Table 1. The 30 subjects in the pregnant sample ranged in age from 15 to 19 with a mean of 16.17 years. Most of these subjects were Black (63.33%) and currently in the tenth grade (46.67%). Many of them were in their fifth or sixth month of pregnancy (46.66%) and had never been pregnant before (86.67%). Many subjects lived with parents who were married (43.33%); however, a substantial number were from broken homes, i.e., parents separated (13.33%), parents divorced (6.67%), or parents widowed (20.00%). The parents' occupations were classified by prestige scores which range from 9, for the lowest skilled occupation, to 82 for the highest prestige occupation (NORC, 1976). The purpose of prestige scores is to replace a socioeconomic status breakdown. A large percent of the subjects left this question unanswered (father's job - 36.67%; mother's job - 40.00%).
TABLE 1
SUMMARY OF SELECTED DEMOGRAPHIC CHARACTERISTICS
OF SUBJECTS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pregnant</th>
<th></th>
<th>Non-Pregnant</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Percent</td>
<td>No.</td>
<td>Percent</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fifteen</td>
<td>12</td>
<td>40.00</td>
<td>12</td>
<td>40.00</td>
</tr>
<tr>
<td>Sixteen</td>
<td>8</td>
<td>26.66</td>
<td>18</td>
<td>60.00</td>
</tr>
<tr>
<td>Seventeen</td>
<td>5</td>
<td>16.67</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Eighteen</td>
<td>3</td>
<td>10.00</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nineteen</td>
<td>2</td>
<td>6.67</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>8</td>
<td>26.67</td>
<td>27</td>
<td>90.00</td>
</tr>
<tr>
<td>Black</td>
<td>19</td>
<td>63.33</td>
<td>2</td>
<td>6.67</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No Answer</td>
<td>3</td>
<td>10.00</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td><strong>Grade</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ninth</td>
<td>7</td>
<td>23.33</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Tenth</td>
<td>14</td>
<td>46.67</td>
<td>30</td>
<td>100.00</td>
</tr>
<tr>
<td>Eleventh</td>
<td>3</td>
<td>10.00</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Twelfth</td>
<td>6</td>
<td>20.00</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Variable</th>
<th>Pregnant</th>
<th>Non-Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Precent</td>
</tr>
<tr>
<td><strong>Ever Pregnant Before?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>6.67</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>86.67</td>
</tr>
<tr>
<td>No Answer</td>
<td>2</td>
<td>6.67</td>
</tr>
<tr>
<td><strong>Month of Pregnancy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td>Fourth</td>
<td>3</td>
<td>10.00</td>
</tr>
<tr>
<td>Fifth</td>
<td>7</td>
<td>23.33</td>
</tr>
<tr>
<td>Sixth</td>
<td>7</td>
<td>23.33</td>
</tr>
<tr>
<td>Seventh</td>
<td>4</td>
<td>13.33</td>
</tr>
<tr>
<td>Eighth</td>
<td>5</td>
<td>16.67</td>
</tr>
<tr>
<td>Ninth</td>
<td>2</td>
<td>6.67</td>
</tr>
<tr>
<td><strong>Lives with this number of adults</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>14</td>
<td>46.67</td>
</tr>
<tr>
<td>Two</td>
<td>15</td>
<td>50.00</td>
</tr>
<tr>
<td>More than two</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No Answer</td>
<td>1</td>
<td>3.33</td>
</tr>
</tbody>
</table>
TABLE 1 -- Continued

SUMMARY OF SELECTED DEMOGRAPHIC CHARACTERISTICS
OF SUBJECTS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pregnant</th>
<th></th>
<th>Non-Pregnant</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Precent</td>
<td>No.</td>
<td>Precent</td>
</tr>
<tr>
<td>Lives with this number of children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>3.33</td>
<td>11</td>
<td>36.67</td>
</tr>
<tr>
<td>One-Two</td>
<td>16</td>
<td>53.33</td>
<td>13</td>
<td>43.33</td>
</tr>
<tr>
<td>Two-Four</td>
<td>9</td>
<td>30.00</td>
<td>5</td>
<td>16.67</td>
</tr>
<tr>
<td>Four-Six</td>
<td>3</td>
<td>10.00</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td>No Answer</td>
<td>1</td>
<td>3.33</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>13</td>
<td>43.33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separated</td>
<td>4</td>
<td>13.33</td>
<td>Not allowed to ask</td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>2</td>
<td>6.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>6</td>
<td>20.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Answer</td>
<td>5</td>
<td>16.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>1</td>
<td>3.33</td>
<td>4</td>
<td>13.33</td>
</tr>
<tr>
<td>Small Town</td>
<td>-</td>
<td>-</td>
<td>26</td>
<td>86.67</td>
</tr>
<tr>
<td>City</td>
<td>29</td>
<td>96.67</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
TABLE 1 — Continued
SUMMARY OF SELECTED DEMOGRAPHIC CHARACTERISTICS
OF SUBJECTS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pregnant</th>
<th>Non-Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Precent</td>
</tr>
<tr>
<td><strong>Occupational Prestige Scores</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80 - 70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 - 60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 - 50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 - 40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 - 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 - 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 - 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deceased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Answer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
However, of those that did answer the question, the majority reported their parents' occupations as ones which fell into the 20 to 50 prestige score range (father's job - 43.33%; mother's job - 26.67%). Many of the mothers for this group did not work (30.00%) and a substantial number of fathers were deceased (20.00%). Finally, 97 percent of these subjects grew up in an urban environment.

The control of non-pregnant group of adolescents differed slightly from the pregnant sample. These thirty non-pregnant girls ranged in age from 15 to 16 with a mean age of 15.60 years. Most of these subjects were Caucasian (90.00%), and all of them were currently in the tenth grade of school. Most of the non-pregnant subjects lived in a household with two adults present (80.00%) and with one to two children (43.33%). Most of the parents' occupations for this group also fell into the 20 to 50 prestige score range (father's job - 63.27%; mother's job - 79.99%). Note that many more mothers in this group are working with only 10 percent reported as unemployed. This additional family employment most likely raises the socioeconomic status of these families above those of the pregnant adolescents. Finally, all of the subjects in this non-pregnant group came from a rural environment (small town: 86.67%; country: 13.33%).

Results

The following results were found for the six hypotheses.

Hypothesis 1: The pregnant group of adolescents will score significantly lower on the Ego Identity Scale than the non-pregnant group.
For study of the first hypothesis, it was necessary to look at the total ego identity scores. For the thirty subjects in the pregnant group, these scores ranged from 19 to 51 with a mean score of 34.13. For the thirty subjects in the non-pregnant group, the scores ranged from 34 to 53 with a mean score of 40.56 (see Table 2). A one-way ANOVA test was employed to determine the difference between the two samples, and the results are summarized in Table 3. At a significance point of .0001, the pregnant group was found to have significantly lower scores. Therefore, hypothesis 1 was accepted.

It was expected that pregnancy would be an interruption and hazard to identity formation in the adolescent girl. The added tasks imposed by motherhood only increases the turmoil of adolescence. The results of hypothesis 1 seem to agree with the Floyd and Viney study (1974) in which unwed mothers were found to demonstrate more ambivalence about their ego identities than non-pregnant or married women.

Adolescents who are "identity confused" feel a painful sense of isolation, a feeling of overall shame, and an inability to act. Howard, in her study (1960), found that girls who felt isolated and estranged in their parental relationships had a higher incidence of identity diffusion. Pregnancy could be adding to this estranged and ashamed feeling, resulting in more identity diffusion.

Hypothesis 2: There will be no significant difference in the stage 1 (Trust vs. Mistrust) ego identity component between the pregnant and non-pregnant groups of adolescents.
### TABLE 2

TOTAL EGO IDENTITY SCORE MEANS

<table>
<thead>
<tr>
<th>Sample</th>
<th>Mean Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>34.13</td>
<td>6.13</td>
</tr>
<tr>
<td>Non-Pregnant</td>
<td>40.57</td>
<td>4.98</td>
</tr>
</tbody>
</table>

### TABLE 3

ANOVA TEST FOR HYPOTHESIS 1

(Total Ego Identity Scores)

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>PR&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>1</td>
<td>620.8167</td>
<td>19.91</td>
<td>.0001</td>
</tr>
<tr>
<td>Within</td>
<td>58</td>
<td>31.1868</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This hypothesis was tested by referring to the subscale 1 scores for the subjects. In the pregnant sample these scores ranged from 3 to 11 with a mean score of 6.48. The scores for the non-pregnant group ranged from 4 to 12 with a mean of 7.73 (see Table 4). A one-way ANOVA showed that there was a significant difference between these two groups with the point of significance at .0164 (see Table 5). Therefore, hypothesis 2 was not accepted.

Theoretically (Erikson, 1968), the low scores of the pregnant group on this subscale would suggest that these subjects never acquired a sense of time perspective. They may have difficulty in postponing immediate gratification of desires in order to obtain a future goal. In the case of pregnant adolescents, they may have trouble postponing immediate gratification of their sexual desires. They believe that waiting will not end by being worthwhile.

Low scores on this subscale also suggest that the individual lacks a belief in the trustworthiness of others, i.e., basic trust in others. These individuals may also believe that they have missed their opportunity for success in life and have suffered a loss of their useful potential (Erikson, 1968).

Hypothesis 3: There will be no significant difference in the stage 2 (Autonomy vs. Shame/Doubt) ego identity component between the pregnant and non-pregnant groups of adolescents.

Subscale 2 on the Ego Identity Scale dealt with the psychosocial stage of autonomy vs. doubt/shame. The pregnant group's scores on this subscale ranged from 3 to 10 with a mean score of 6.76. The non-pregnant
TABLE 4
MEANS FOR SUBSCALE 1
(Trust vs. Mistrust)

<table>
<thead>
<tr>
<th>Sample</th>
<th>Mean Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>6.48</td>
<td>2.06</td>
</tr>
<tr>
<td>Non-Pregnant</td>
<td>7.73</td>
<td>1.85</td>
</tr>
</tbody>
</table>

TABLE 5
ANOVA TEST FOR HYPOTHESIS 2
(Subscale 1: Trust vs. Mistrust)

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>PR&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>1</td>
<td>23.4375</td>
<td>6.11</td>
<td>.0164</td>
</tr>
<tr>
<td>Within</td>
<td>58</td>
<td>3.8381</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
group's scores ranged from 3 to 11 with a mean score of 6.97 (see Table 6). A one-way ANOVA test revealed that there was no significant difference between these two groups on subscale 2 (see Table 7); hypothesis 3 was, therefore, accepted.

Pregnancy in the adolescent, then, in this study, did not seem to affect the self-certainty or independence of an individual as compared to adolescents who were not pregnant. However, neither of the mean scores for these groups are very high when compared to a perfect score of twelve. Therefore, theoretically, these girls have low feelings of certainty or self-confidence about courses of action which they have taken. They are not, according to Erikson (1968), highly independent from their family in decision-making and guidance-seeking. These low scores might also reflect a fear of being shamed or publicly exposed to their friends and leaders (Rasmussen, 1964).

Hypothesis 4: There will be no significant difference in the stage 3 (Initiative vs. Guilt) ego identity component between the pregnant and non-pregnant groups of adolescents.

This psychosocial crisis is reflected in the subscale 3 scores of the Ego Identity Scale. The pregnant group's scores on this subscale ranged from 1 to 11 with a mean score of 7.03. The non-pregnant group's scores ranged from 4 to 12 with mean score of 9.27 (see Table 8). Results of a one-way ANOVA test showed that there was a significant difference between the two groups on this particular subscale with a point of significance at .0003 (see Table 9). Therefore, hypothesis 4 was not accepted.
### TABLE 6

**MEANS FOR SUBSCALE 2**

(Autonomy vs. Doubt/Shame)

<table>
<thead>
<tr>
<th>Sample</th>
<th>Mean Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>6.77</td>
<td>1.76</td>
</tr>
<tr>
<td>Non-Pregnant</td>
<td>6.97</td>
<td>2.09</td>
</tr>
</tbody>
</table>

### TABLE 7

**ANOVA TEST FOR HYPOTHESIS 3**

(Subscale 2: Autonomy vs. Doubt/Shame)

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>PR&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>1</td>
<td>.6000</td>
<td>.16</td>
<td>.6902</td>
</tr>
<tr>
<td>Within</td>
<td>58</td>
<td>3.7385</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 8

**MEANS FOR SUBSCALE 3**

*(Initiative vs. Guilt)*

<table>
<thead>
<tr>
<th>Sample</th>
<th>Mean Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>7.03</td>
<td>2.20</td>
</tr>
<tr>
<td>Non-Pregnant</td>
<td>9.27</td>
<td>2.28</td>
</tr>
</tbody>
</table>

### TABLE 9

**ANOVA TEST FOR HYPOTHESIS 4**

*(Subscale 3: Initiative vs. Guilt)*

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P(F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>1</td>
<td>74.8167</td>
<td>14.95</td>
<td>.0003</td>
</tr>
<tr>
<td>Within</td>
<td>58</td>
<td>5.0057</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
According to Erikson's (1968) theory, the adolescent crisis related to the psychosocial stage of Initiative vs. Guilt is role experimentation vs. role fixation. A low score on this subscale would imply that the individual has prematurely fixed on a role. In this study, this role was possibly motherhood. These pregnant adolescents could also be conveying the message that they would rather be identified as a young unmarried mother than as not having any identity at all. Relief is possibly found in choosing a negative identity when the array of possible roles facing the adolescent girl is confusing and overwhelming. A negative identity, according to Erikson, is one that is "based on all those identifications and roles, which at critical stages of development, had been presented to them as most undesirable or dangerous and yet also as most real" (Erikson, 1968, p. 174).

Hypothesis 5: There will be no significant difference in the stage 4 (Industry vs. Inferiority) ego identity component between the pregnant and non-pregnant groups of adolescents.

Subscale 4 of the Ego Identity Scale gives the score for the Industry vs. Inferiority psychosocial crisis. The pregnant group, on subscale 4, had scores ranging from 2 to 12 with a mean score of 6.88; whereas, the non-pregnant group had scores ranging from 5 to 12 with a mean of 8.72 (see Table 10). A one-way ANOVA test found these two groups to be significantly different with the point of significance equal to .0005 (see Table 11). Therefore, hypothesis 5 was not accepted.

The ego identity component related to the psychosocial crisis of Industry vs. Inferiority is apprenticeship vs. work paralysis.
TABLE 10

MEANS FOR SUBSCALE 4
(Industry vs. Inferiority)

<table>
<thead>
<tr>
<th>Sample</th>
<th>Mean Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>6.88</td>
<td>2.20</td>
</tr>
<tr>
<td>Non-Pregnant</td>
<td>8.72</td>
<td>1.58</td>
</tr>
</tbody>
</table>

TABLE 11

ANOVA TEST FOR HYPOTHESIS 5
(Subscale 4: Industry vs. Inferiority)

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>PRLF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>1</td>
<td>50.4167</td>
<td>13.68</td>
<td>.0005</td>
</tr>
<tr>
<td>Within</td>
<td>58</td>
<td>3.6842</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Theoretically (Erikson, 1968), those who score low on this subscale have a sense of inadequacy about oneself and one's abilities. This individual does not feel competent in the work world. For these pregnant adolescents, it may imply that getting pregnant is an escape from the work or school world they do not feel comfortable in. Also, theoretically, this person would not find pleasure and recognition in achievements of work endeavors and does not like competition or being compared with others. An individual scoring low on this subscale would also, theoretically, have trouble concentrating on and attending to specific, required tasks (Erikson, 1968).

Hypothesis 6: There will be no significant difference in stage 5 (Identity vs. Identity Confusion) ego identity component between the pregnant and non-pregnant groups of adolescents.

The scores for subscale 5 on the Ego Identity Scale reflect the resolution of the Identity vs. Identity Confusion crisis. The pregnant group's scores on this subscale ranged from 2 to 11 with a mean score of 7.07; whereas, the non-pregnant group's scores ranged from 6 to 11 with a mean score of 7.85 (see Table 12). The one-way ANOVA test comparing the two groups shows that there is no significant difference at the .05 level of significance (see Table 13). Hypothesis 6 was accepted.

Both the pregnant and non-pregnant mean scores for this subscale are low. Therefore, it appears that neither group has resolved the identity crisis. Adolescents in this age group, pregnant or non-pregnant, may not have yet developed a sense of psychosocial well-being or may not have a sense of knowing what their plans and goals are
### TABLE 12

**MEANS FOR SUBSCALE 5**

(Identity vs. Identity Confusion)

<table>
<thead>
<tr>
<th>Sample</th>
<th>Mean Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
<td>7.10</td>
<td>2.21</td>
</tr>
<tr>
<td>Non-Pregnant</td>
<td>7.85</td>
<td>1.397</td>
</tr>
</tbody>
</table>

### TABLE 13

**ANOVA TEST FOR HYPOTHESIS 6**

(Subscale 5: Identity vs. Identity Confusion)

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>PR&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>1</td>
<td>8.4375</td>
<td>2.46</td>
<td>.1221</td>
</tr>
<tr>
<td>Within</td>
<td>58</td>
<td>3.4272</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
in the near future. Their self-conception and conception of the community's response to them are not consistent with each other. Plans and goals are not clear in their mind and they do not really know what they want for the future (Erikson, 1968).

**Discussion**

After looking at each of these subscales individually, it is obvious that the significant difference in the total is a result of significant differences on three of the five subscales (Subscale 1: Trust vs. Mistrust; Subscale 3: Initiative vs. Guilt; and Subscale 4: Industry vs. Inferiority). However, since subscale 5 (Identity vs. Identity Confusion) is not one that is significantly different, the low total score for the pregnant group seems to be a result of unsuccessful resolutions of previous psychosocial crises.

The subscale which had the greatest significant difference was subscale 3. This subscale dealt with the psychosocial crisis of Initiative vs. Guilt. The ego identity component of this crisis is role experimentation vs. role fixation. It seems that those adolescents who are not pregnant tend to be more successful in the task of role experimentation. The pregnant adolescents, however, are leaning more toward role fixation, that of motherhood. They seem to have rejected the appropriate roles offered to the adolescent by her family and/or the community. Especially those offered by the community. Motherhood is not seen as an appropriate role for the adolescent girl. However, this role is possible what these girls have chosen prematurely. They would prefer a negative identity to no identity at all (Erikson, 1968).
The pregnant adolescents scored lowest on subscale 1. This deals with the Trust vs. Mistrust psychosocial crisis. The ego identity component of this crisis is temporal perspective vs. time confusion. The ill-health side of this crisis reveals that the individual does not trust time and does not believe that satisfaction is sufficiently predictable to make waiting and working worthwhile. There is also not a belief in the trustworthiness of others. Therefore, this could imply that these pregnant adolescents usually desire immediate gratification and do not really trust others around them (Erikson, 1968).

There were no subscales on which the non-pregnant group scored lower than the pregnant group. This rather consistent finding seems to show that the total identity formation among these pregnant adolescents is not as healthy as among the non-pregnant adolescents.
CHAPTER V

SUMMARY AND RECOMMENDATIONS

This research was conducted to study the differences in ego identity formation between pregnant adolescents and non-pregnant adolescents. Each of the two convenient samples consisted of 30 subjects. The subjects in the pregnant sample, which came from the Program for Pregnant Teens in Roanoke, Virginia, were mostly Blacks (63.33%) and had a mean age of 16.17 years. The control group subjects came from Christiansburg High School in Montgomery County, Virginia. These girls had a mean age of 15.60 years and were mainly Caucasian (90.00%). There were fewer non-pregnant subjects who came from broken homes than in the pregnant sample (6.67% as compared to 46.67%). The non-pregnant sample came from homes that had a slightly higher socioeconomic status. Ninety-seven percent of the pregnant subjects came from an urban environment and 100% of the subjects in the non-pregnant sample came from a rural environment.

The instrument used in the study was the Ego Identity Scale developed by Rasmussen in 1961. This scale gave a total ego identity score and five subscale scores for each subject. These five subscale scores reflect Erikson's first five psychosocial crises and their contribution to identity formation. A cover letter of instructions and demographic characteristics accompanied the questionnaire which was personally distributed to the subjects by the researcher.
Each of the six hypotheses was tested using a one-way ANOVA statistical test. Significant differences were found on the following ego identity components:

1. Stage 1 (Trust vs. Mistrust)
2. Stage 3 (Initiative vs. Guilt)
3. Stage 4 (Industry vs. Inferiority)

Significant differences were not found on the following ego identity components:

1. Stage 2 (Autonomy vs. Shame/Doubt)
2. Stage 5 (Identity vs. Identity Confusion)

Therefore, the significant difference in the total ego identity scores of the two groups seems to be a result of significant differences in subscales one, three, and four. These three subscales deal with the following psychosocial stages: Stage 1: Trust vs. Mistrust, Stage 3: Initiative vs. Guilt, and Stage 4: Industry vs. Inferiority. So, on these psychosocial stages, pregnant adolescents appear to have less healthy resolutions.

The subscale which had the greatest significant difference was subscale 3: Initiative vs. Guilt. The ego identity component of this crisis is role experimentation vs. role fixation. Pregnant adolescents seem to lean more toward role fixation. In other words, toward a refusal of roles offered to them as appropriate by their family and community. They seem to have chosen what Erikson calls a negative identity and would prefer this than to have no identity at all.
The pregnant sample also scored low on subscale 1 or the Trust vs. Mistrust psychosocial crisis. An individual scoring low on this scale, theoretically, does not trust time and does not believe that waiting and working for some future gratification is worthwhile. These individuals, rather, desire immediate gratification and do not have a belief in the trustworthiness of others.

Therefore, it was concluded that pregnant and non-pregnant adolescents differed in their ego identity formation with pregnant adolescents revealing a less healthy identity formation. It appears that this is the result of unsuccessful resolutions of previous psychosocial crises.

**Limitations**

There are limitations on this study that the reader must consider. The researcher was limited to finding convenient samples; therefore, it was impossible to have the two samples perfectly matched. As a result, the pregnant group came from an urban environment, had a higher percentage of Blacks, was of slightly lower socioeconomic status, and more came from homes with only one adult present than the non-pregnant sample. These convenient samples also limit the extent to which the results of this study can be generalized to pregnant and non-pregnant adolescents as a whole.

The scoring of the questionnaires also presented some problems. There were a few subjects in the pregnant sample who answered some of the items with both responses (agree and disagree). There were also others who did not respond to some of the items. The researcher decided to count these items as "half-correct." In other words, items
which were answered with both responses or left blank were given one-half point. This is based on the reasoning that indecision was the cause of the item being left blank or answered with both responses. However, this puts another limitation on the study and possibly makes the scores a little less "legitimate."

Recommendations

The researcher believes that it would be worthwhile to repeat this study alleviating the above limitations. The questionnaire could be given to random, matched, and possibly larger samples to make the result in a better controlled study and could, in turn, validate this study. Also, if the samples were larger, those questionnaires which are not completely answered could be discarded.

An extension of this study could be to take one of the significantly different subscales and study it in more depth, for example, looking at subscale one or stage one (Trust vs. Mistrust). The researcher is not aware of any instruments which measure these stages individually. This is an area where work is needed.

The problem of pregnant adolescents is growing in our society. There is a great need for more studies in this area. More characteristics of the pregnant adolescent need to be looked at. Some of these might be: self-concept, familial relationships, family communication, personality, peer-relationships, contraceptive use and attitudes, and maternal attitudes. To study these characteristics, new instruments may need to be developed.
Most of the studies that have been done on these girls are done in retrospect, in other words, they are not studied until they become pregnant. A most interesting study would be a prospective one in which a longitudinal study is done on a large sample of females. The girls could be studied on different characteristics and then see if any of those girls become pregnant as an adolescent.

The implications of this study needs to be applied in working with pregnant adolescents. School systems and parents alike need to provide support in the successful resolution of these early psychosocial crises. For example, parents need to provide comfortable, secure home lives for their children in order that these girls develop a sense of trust in the world. School systems also, for example, must provide their students with praise and reward in their work endeavors at school. This will help in resolving a sense of industry in the children. Counseling and therapy programs are necessary with pregnant adolescents to help them resolve those crises which remain unresolved in their lives. These programs need to be aimed at building trust relationships, developing initiative, and developing industry. Activities that build up the person's self-concept would be helpful in developing a sense of industry or, in other words, a sense of feeling that one has certain abilities in the school or work world.

The field of pregnant adolescents demands more study and it is needed desperately. Only when more is known about these girls can we answer the question of why so many adolescent girls are becoming pregnant.
REFERENCES


Coxwell, N. Personal Communication, December 1972.


Furstenberg, F. F. Social consequences of teenage parenthood (Special Issue: Teenagers USA). Family Planning Perspectives, 1976, 8(4), 148-208.


APPENDIX A
<table>
<thead>
<tr>
<th>Stage</th>
<th>Conflict</th>
<th>Identity</th>
<th>Intimacy</th>
<th>Generativity</th>
<th>Integrity</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIII Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>vs. Despair</td>
</tr>
<tr>
<td>VII</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adulthood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI Young Adulthood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V Puberty &amp; Adolescence</td>
<td></td>
<td>Self Certainty vs. Self Consciousness</td>
<td>Role Experimentation vs. Role Fixation</td>
<td>Apprentice- \nesship vs. Work Paralysis</td>
<td>Identity vs. Identity Confusion</td>
</tr>
<tr>
<td>IV Latency</td>
<td></td>
<td>Industry vs. Inferiority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III Locomotor-Genital</td>
<td></td>
<td>Initiative vs. Guilt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II Muscular Anal</td>
<td></td>
<td>Autonomy vs. Shame, Doubt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I Oral Sensory</td>
<td>Basic Trust vs. Mistrust</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B
December 6, 1978

Ms. Patricia J. Kieley, Graduate Assistant
Division of Management, Housing & Family Development
College of Home Economics
VPI&SU
Blacksburg, Virginia 24061

Dear Ms. Kieley:

Your request for permission to administer a questionnaire to 40 girl students at Christiansburg High School as part of a research project in your Master’s program at VPI&SU has been given careful consideration and is approved by this office.

Approval of this request is contingent upon the following conditions being met:

(1) That the principal of Christiansburg High School be contacted and specific arrangements made to carry out the project.

(2) That all participants be volunteers.

(3) That a faculty member of Christiansburg High School supervise the administration of the questionnaire.

Please contact Mr. Samuel Lucas at Christiansburg High School (phone 382-4901) to make specific arrangements.

My best wishes to you for a successful research project.

Sincerely yours.

Arnold J. Saari
Superintendent of Schools

AJS:pak
CC: Dr. George E. Nolley
    Associate Superintendent for Instruction
    Mr. Steve Wheeler
    Administrative Assistant/School-Community Relations
    Mr. Samuel J. Lucas, Principal

Attachment: Letter of Request
    Questionnaire

An Equal Opportunity Employer
*Cover letter for the non-pregnant sample:

GENERAL INFORMATION

Please answer the following:

Age ___________________________ Race ___________________________

Grade ___________________________ School ___________________________

How many people do you live with? _____ adults _____ children

Father's job _______________________________________________________

Mother's job _______________________________________________________

What type of environment have you grown up in?

the country a small town a city

DIRECTIONS

The following pages contain a number of statements which are related to opinions and feelings about yourself and life in general. There are no right and wrong answers to these statements. Thus, you should give YOUR OWN personal opinion in answering these statements.

Read each statement, decide how you really feel about it, and mark your answer in the left-hand margin. If the statement is one with which you AGREE or GENERALLY AGREE as it applies to you or what you believe, mark it A in the margin. If you DISAGREE or GENERALLY DISAGREE with the statement, mark it D in the margin.

It is important that you work right through the statements and answer each one. Don't spend too much time on any one statement, but try to be as accurate as possible in deciding whether you generally agree or disagree with the statements. Several of the statements may sound the same, but don't worry about this. Answer each one as you come to it.

Do not write your name on this questionnaire. Your answers will remain completely confidential. This questionnaire is also voluntary. It is not absolutely necessary that you fill it out if you have strong objections.
*Cover letter for the pregnant sample:

GENERAL INFORMATION

Please answer the following:

Age ___________________________ Race ____________________________

Grade ___________________________ School ____________________________

Month of Pregnancy _____________ Is this your first pregnancy? Yes No

How many people do you live with? _______ adults _______ children

Are your parents: married divorced separated widowed

Father's job_____________________________________________________

Mother's job_____________________________________________________

What is the highest grade in school that your father finished?_______

What is the highest grade in school that your mother finished?_______

What type of environment have you grown up in?

the country a small town a city
DIRECTIONS

The following pages contain a number of statements which are related to opinions and feelings about yourself and life in general. There are no right and wrong answers to these statements. Thus, you should give YOUR OWN personal opinion in answering these statements.

Read each statement, decide how you really feel about it, and mark your answer in the left-hand margin. If the statement is one with which you AGREE or GENERALLY AGREE as it applies to you or what you believe, mark it A in the margin. If you DISAGREE or GENERALLY DISAGREE with the statement, mark it D in the margin.

It is important that you work right through the statements and answer each one. Don't spend too much time on any one statement, but try to be as accurate as possible in deciding whether you generally agree or disagree with the statements. Several of the statements may sound the same, but don't worry about this. Answer each one as you come to it.

Do not write your name on this questionnaire. Your answers will remain completely confidential. This questionnaire is also voluntary. It is not absolutely necessary that you fill it out if you have strong objections.
APPENDIX D
EGO IDENTITY SCALE

1. I seem to have regrets when I have to give up my pleasures right now for goals or things I want in the future.

2. No one seems to understand me.

3. I have a fear of being asked questions in class because of what other people will think if I don't know the answer.

4. Working is nothing more than a necessary evil that a person must put up with to eat.

5. It doesn't pay to worry much about decisions you have already made.

6. People are usually honest in dealing with each other.

7. When given a job, I try never to get so tied up in what I am doing at the moment so as to lose sight of what comes next.

8. I work best when I know my work is going to be compared with the work of others.

9. When I have to work, I usually get pretty bored no matter what the job is.

10. It doesn't worry me if I make a mistake in front of my friends.

11. The decisions I have made in the past have usually been the right ones.

12. After I do something I usually worry about whether it was the right thing.

13. I am confident that I will be successful in life when I finally decide on a career.

14. It's best not to let other people know too much about your family or background if you can keep from it.

15. I really don't have any definite goals or plans for the future, I'm content to let others decide what I should do.

16. I never enjoyed taking part in school clubs or student government activity.

17. If I am not careful, people try to take advantage of me.

18. In general, people can be trusted.
19. It is very seldom that I find myself wishing I had a different face or body.

20. I would get along better in life if I were better looking.

21. At my age a person must make his own decisions, even though his parents might not agree with the things she does.

22. It's not hard to keep your mind on one thing if you really have to.

23. It seems as if I just can't decide what I really want to do in life.

24. I am always busy doing something, but I seem to accomplish less than other people even though they don't work as hard as I do.

25. I do not feel that my looks and actions keep me from getting ahead in life.

26. Even when I do a good job in my work, other people don't seem to realize it or give me credit.

27. One of the hardest things for a young person to overcome is his family background.

28. The best part of my life is still ahead of me.

29. I am not sure what I want to do as a life-time occupation, but I have some pretty definite plans and goals for the next few years.

30. It is easier to make friends with people you like if they don't know too much about your background.

31. I don't like sports or games where you always have to try and do better than the next person.

32. A man who can be trusted is hard to find.

33. I believe that I must make my own decisions in important matters, as no one can live my life for me.

34. I am proud of my family background.

35. I cannot keep my mind on one thing.

36. It is a good idea to have some plan as to what has to be done next, no matter how much you have to do at the moment.

37. During the past few years I have taken little or no part in clubs, organized group activity, or sports.
38. I have found that people I work with frequently don't appreciate or seem to understand my abilities.

39. I am pretty content to be the way I am.

40. I can't stand to wait for things I really want.

41. Even though I try, it is usually pretty hard for me to keep my mind on a task or job.

42. One of the good parts of being a teenager is getting together with a group which makes its own rules and does things as a group.

43. When it comes to working, I never to anything I can get out of.

44. My way of doing things is apt to be misunderstood by others.

45. A person who hasn't been a member of a well organized group or club at some time in his teens has missed a lot.

46. When I think about my future, I feel I have missed my chances for making good.

47. I like to tackle a tough job as it gives me a lot of satisfaction to finish it.

48. I am always busy but it seems that I am usually spinning my wheels and never seem to get anywhere.

49. It is very important that your parents approve of everything you do.

50. It doesn't bother me when my friends find out that I can't do certain things as well as other people.

51. As a rule, I don't regret the decisions I make.

52. I feel pretty sure that I know what I want to do in the future and I have some definite goals.

53. I don't have any trouble concentrating on what I am doing.

54. A person can't be happy in a job where he is always competing against others.

55. I feel I have missed my opportunity to really be a success in life.

56. If a person wants something worthwhile, he should be willing to wait for it.

57. At home, I enjoyed work or spare time activities where I had to compete against others.
58. I never make any important decisions without getting help or advice from my family.

59. It is better to say nothing in public than to take a chance on other people hearing you make a mistake.

60. I lose interest in things if I have to wait too long to get them.
STATEMENTS AND DERIVATIVES FOR THE

EGO IDENTITY SCALE

This Appendix contains the fifteen derivatives of Erikson's Psychosocial Crisis Stages used in development of the Ego Identity Scale and their specific course in his writing. A letter in parentheses, along with a page number, follows each derivative. The letters refer to the following papers: (a) The Problem of Ego Identity; (b) Growth and Crises of the Healthy Personality. The references for these papers are given in the bibliography.

First Crisis Stage
Infancy

Criteria of Psychosocial Health: Basic Trust
Criteria of Psychosocial Ill-Health: Mistrust

Derivative I

The individual was a well developed perspective of time in that he believes future satisfactions or goals are sufficiently predictable to be worth working and waiting for (A, pp. 97).

Statements:

1. I lose interest in things if I have to wait too long to get them.

2. I can't stand to wait for things I really want.

3. I seem to have regrets when I have to give up my pleasures right now for goals or things I want in the future.

4. If a person wants something worthwhile, he should be willing to wait for it.

Derivative II

Belief in the trustworthiness of others, i.e., basic trust in others (B, pp. 101).

Statements:

1. If I am not careful, people try to take advantage of me.

2. In general, people can be trusted.
3. A man who can be trusted is hard to find.

4. People are usually honest in dealing with each other.

Derivative III

Attitude on the part of the individual of having missed his opportunity for success; a feeling of having suffered a premature and fatal loss of useful potential (A, pp. 82).

Statements:

1. When I think about my future, I feel I have missed my best chances for making good.

2. The best part of my life is still ahead of me.

3. I am confident that I will be successful in life when I finally decide on a career.

4. I feel I have missed my opportunity to really be a success in life.

Second Crisis Stage
Early Childhood

Criteria of Psychosocial Health: Autonomy
Criteria of Psychosocial Ill-Health: Shame, Doubt

Derivative I

A feeling of certainty or self-confidence as to the correctness of courses of action which the individual has followed (A, pp. 99).

Statements:

1. The decisions I have made in the past have usually been the right ones.

2. After I do something, I usually worry about whether it was the right thing.

3. It doesn't pay to worry much about decisions you have already made.

4. As a rule, I don't regret the decisions I make.
Derivative II

A sense of independence in that the individual comfortably makes decisions and lives his life without being primarily dependent upon his family for guidance (A, pp. 99).

Statements:

1. I never make any important decisions without getting help or advice from my family.

2. I believe that I must make my own decision in important matters, as no one can live my life for me.

3. At my age a person must make his own decisions, even though his parents might not agree with the things he does.

4. It is very important that your parents approve of everything you do.

Derivative III

A fear of being shamed or publicly exposed to peers and leaders (A, pp.99).

Statements:

1. It doesn't worry me if I make a mistake in front of my friends.

2. I have a fear of being asked questions in class because of what other people will think if I don't know the answer.

3. It is better to say nothing in public than to take a chance on other people hearing you make a mistake.

4. It doesn't bother me when my friends find out that I can't do certain things as well as other people.

Third Crisis Stage
Play Age

Criteria of Psychosocial Health: Initiative
Criteria of Psychosocial Ill-Health: Guilt

Derivative I

Contempt for and tendency to deny background; hostility toward roles considered proper and desirable in one's family or immediate community (A, pp. 85).
Statements:
1. I am proud of my family background.
2. It is easier to make friends with people you like if they don't know too much about your background.
3. It's best not to let other people know too much about your family or background if you can keep from it.
4. One of the hardest things for a young person to overcome is his family background.

Derivative II

Emotionally comfortable role experimentation in adolescent subsocieties, where discipline and boundaries are provided by the group (A, pp. 100).

Statements:
1. During the past few years I have taken little or no part in clubs, organized group activity, or sports.
2. I never enjoyed taking part in school clubs or student government activity.
3. One of the good parts of being a teenager is getting together with a group which makes its own rules and does things as a group.
4. A person who hasn't been a member of a well organized group or club at some time in his teens has missed a lot.

Derivative III

Tireless initiative, in the quality of "go-at-iveness" at any cost. An overcompensation, attention, or concern is limited entirely to what is being done at present rather than what is to be done next (B, pp. 126).

Statements:
1. I am always busy but it seems that I am usually spinning my wheels and never seem to get anywhere.
2. When given a job, I try never to get so tied up in what I am doing at the moment so as to lose sight of what comes next.
3. I am always busy doing something, but I seem to accomplish less than other people even though they don't work as hard as I do.
4. It is a good idea to have some plan as to what has to be done next, no matter how much you have to do at the moment.

Fourth Crisis Stage
School Age

Criteria of Psychosocial Health: Industry
Criteria of Psychosocial Ill-Health: Inferiority

Derivative I

The individual anticipates achievement in work endeavors, which are a source of pleasure and recognition (A, pp. 74).

Statements:

1. When I have to work, I usually get pretty bored no matter what the job is.

2. When it comes to working, I never do anything I can get out of.

3. I like to tackle a tough job as it gives me a lot of satisfaction to finish it.

4. Working is nothing more than a necessary evil that a person must put up with to eat.

Derivative II

Excessive awareness as well as abhorrence of competition (A, pp. 84).

Statements:

1. I work best when I know my work is going to be compared with the work of others.

2. I don't like sports or games where you always have to try and do better than the next guy.

3. At home, I enjoyed work or spare time activities where I had to compete against others.

4. A person can't be happy in a job where he is always competing against others.

Derivative III

Inability to concentrate on required or suggested tasks (A, pp. 84).
Statements:

1. I cannot keep my mind on one thing.

2. I don't have any trouble concentrating on what I am doing.

3. It's not hard to keep your mind on one thing if you really have to.

4. Even though I try, it is usually pretty hard for me to keep my mind on a task or job.

Fifth Crisis Stage
Adolescence

Criteria of Psychosocial Health: Ego Identity
Criteria of Psychosocial Ill-Health: Identity Diffusion

Derivative I

Sense of psychosocial well-being; being at home in one's body (A, pp. 74).

Statements:

1. It is very seldom that I find myself wishing I had a different face or body.

2. I am pretty content to be the way I am.

3. I do not feel that my looks and actions keep me from getting ahead in life.

4. I would get along better in life if I were better looking.

Derivative II

Reconciliation of the conception of one's self and the response or recognition of the community to one (A, pp. 67).

Statements:

1. My way of doing things is apt to be misunderstood by others.

2. No one seems to understand me.

3. Even when I do a good job in my work, other people don't seem to realize it or give me credit.
4. I have found that people I work with frequently don't appreciate or seem to understand my abilities.

Derivative III

The individual has a sense or feeling of knowing what his plans and goals are, and where he is headed in the foreseeable future (A, pp. 74).

Statements:

1. It seems as if I just can't decide what I really want to do in life.

2. I feel pretty sure that I know what I want to do in the future and I have some definite goals.

3. I am not sure what I want to do as a lifetime occupation, but I have some pretty definite plans and goals for the next few years.

4. I really don't have any definite goals or plans for the future; I'm content to let others decide what I should do.
APPENDIX F
### Ego Identity Scale Key

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ___</td>
<td>X</td>
<td>21. X</td>
<td>___</td>
<td>41. ___</td>
<td>X</td>
</tr>
<tr>
<td>2. ___</td>
<td>X</td>
<td>22. X</td>
<td>___</td>
<td>42. X</td>
<td>___</td>
</tr>
<tr>
<td>3. ___</td>
<td>X</td>
<td>23. ___</td>
<td>X</td>
<td>43. ___</td>
<td>X</td>
</tr>
<tr>
<td>4. ___</td>
<td>X</td>
<td>24. ___</td>
<td>X</td>
<td>44. ___</td>
<td>X</td>
</tr>
<tr>
<td>5. X</td>
<td>___</td>
<td>25. X</td>
<td>___</td>
<td>45. X</td>
<td>___</td>
</tr>
<tr>
<td>6. X</td>
<td>___</td>
<td>26. ___</td>
<td>X</td>
<td>46. ___</td>
<td>X</td>
</tr>
<tr>
<td>7. X</td>
<td>___</td>
<td>27. ___</td>
<td>X</td>
<td>47. X</td>
<td>___</td>
</tr>
<tr>
<td>8. X</td>
<td>___</td>
<td>28. X</td>
<td>___</td>
<td>48. ___</td>
<td>X</td>
</tr>
<tr>
<td>9. ___</td>
<td>X</td>
<td>29. X</td>
<td>___</td>
<td>49. ___</td>
<td>X</td>
</tr>
<tr>
<td>10. X</td>
<td>___</td>
<td>30. ___</td>
<td>X</td>
<td>50. X</td>
<td>___</td>
</tr>
<tr>
<td>11. X</td>
<td>___</td>
<td>31. ___</td>
<td>X</td>
<td>51. X</td>
<td>___</td>
</tr>
<tr>
<td>12. ___</td>
<td>X</td>
<td>32. ___</td>
<td>X</td>
<td>52. X</td>
<td>___</td>
</tr>
<tr>
<td>13. X</td>
<td>___</td>
<td>33. X</td>
<td>___</td>
<td>53. X</td>
<td>___</td>
</tr>
<tr>
<td>14. ___</td>
<td>X</td>
<td>34. X</td>
<td>___</td>
<td>54. ___</td>
<td>X</td>
</tr>
<tr>
<td>15. ___</td>
<td>X</td>
<td>35. ___</td>
<td>X</td>
<td>55. ___</td>
<td>X</td>
</tr>
<tr>
<td>16. ___</td>
<td>X</td>
<td>36. X</td>
<td>___</td>
<td>56. X</td>
<td>___</td>
</tr>
<tr>
<td>17. ___</td>
<td>X</td>
<td>37. ___</td>
<td>X</td>
<td>57. X</td>
<td>___</td>
</tr>
<tr>
<td>18. X</td>
<td>___</td>
<td>38. ___</td>
<td>X</td>
<td>58. ___</td>
<td>X</td>
</tr>
<tr>
<td>20. ___</td>
<td>X</td>
<td>40. ___</td>
<td>X</td>
<td>60. ___</td>
<td>X</td>
</tr>
</tbody>
</table>
The vita has been removed from the scanned document
EGO IDENTITY FORMATION IN PREGNANT ADOLESCENTS

by

Patricia Kieley Adkins

(ABSTRACT)

The purpose of this study was to investigate the ego identity formation in pregnant adolescents as compared to a group of non-pregnant adolescents. The pregnant sample consisted of 30 girls from the Program for Pregnant Teens in Roanoke, Virginia. Christiansburg High School of Montgomery County, Virginia, was the source of the 30 girls for the non-pregnant sample.

The instrument used in the study was the Ego Identity Scale developed by Rasmussen in 1961. This scale gave a total ego identity score and five subscale scores for each subject. These five subscale scores reflect Erikson's first five psychosocial crises and their contribution to ego identity formation. The questionnaire was distributed in person by the researcher.

Using a one-way analysis of variance statistical test, significant differences were found on the following ego identity components: Stage 1 (Trust vs. Mistrust), Stage 3 (Initiative vs. Guilt), and Stage 4 (Industry vs. Inferiority). The pregnant group also scored significantly lower on the total identity score for the scale. Significant differences were not found on the following ego identity components: Stage 2 (Autonomy vs. Shame/Doubt) and Stage 5 (Identity vs. Identity Confusion).
It was concluded that pregnant and non-pregnant adolescents differed in their ego identity formation with pregnant adolescents revealing a less healthy identity formation. It appears that this is the result of unsuccessful resolutions of previous psychosocial crises.