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**FIVE COLLEGE
DEPOSITORY**

IMPLICATIONS OF SELF-ESTEEM IN CASE STUDIES
OF RE-ENTRY NON-TRADITIONAL WOMEN STUDENTS

A Dissertation Presented

by

MARILYN L. GORDON

Submitted to the Graduate School of the
University of Massachusetts, Amherst
in partial fulfillment of
the requirements for the degree of

DOCTOR OF EDUCATION

SCHOOL OF EDUCATION

September 1993

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OF RE-ENTRY NON-TRADITIONAL WOMEN STUDENTS

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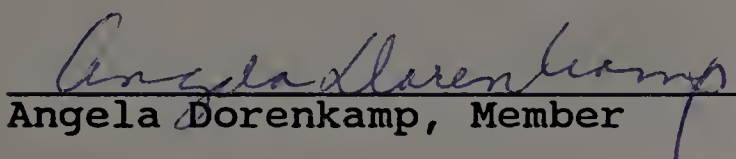
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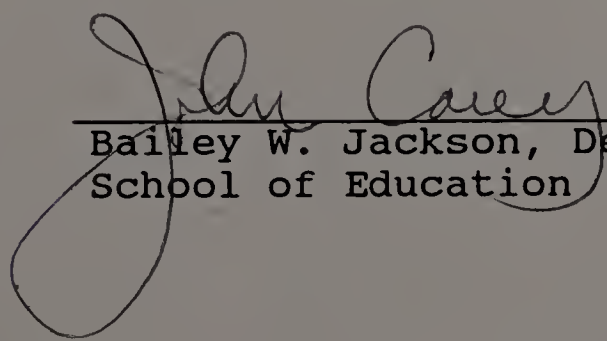
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DEDICATION

To all of the re-entry women who, through a leap of faith and tremendous courage and motivation, pursued their hopes and dreams. These women found the strength to let their true selves lead them, and will always have my admiration and thanks.

ACKNOWLEDGMENTS

I wish to express much appreciation to my dissertation committee. Dr. Atron Gentry was ever so patient for the past seven years. He listened, encouraged, and pushed ever so gently. Dr. Helen Schneider provided guidance and support in many aspects of my graduate training over the years. Dr. Angela Dorenkamp provided other resources. Her kindness, suggestions, and availability were very much appreciated.

This work would not have been completed without the help and encouragement of my wonderful family: Pat Gordon, Nora Gordon, and Debbie Gordon, whose love has nourished and sustained me throughout my own re-entry experience.

To my friend and editor, Maria Vita Moffat, for her excellent editing and suggestions, as well as her encouragement and support: "Of course you're going to complete this paper!" And Beatrice Polan Lewis, who made it possible for me to take the first step.

ABSTRACT

IMPLICATIONS OF SELF-ESTEEM IN CASE STUDIES OF RE-ENTRY NON-
TRADITIONAL WOMEN STUDENTS

SEPTEMBER 1993

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During the past two decades there has been a dramatic increase in adult women's participation in higher education. Women re-entering college face a number of obstacles, including both psychological barriers and practical problems to be solved. Many researchers, educators, and administrators have attempted to design and conduct programs to assist re-entry women in making this transition with varying degrees of success. Although there is a substantial body of literature on factors affecting academic achievement, including motivation and locus of control, little work has been done on the relationship between self-esteem and academic success in the non-traditional, re-entry woman. Research concerning self-esteem and academic

performance has focused largely on populations such as traditional aged college students, school children of various ages and minority groups, handicapped students, or comparative groups of male and female students.

In this study, ten non-traditional women students entering a re-entry program at Quinsigamond Community College were examined. The subjects had approximately the same English and math placement scores, and similar backgrounds and life situations. Through examination and analysis of self-esteem inventory results, in-depth interviews, and academic transcripts, the study examined the correlation between their perceived sense of self and their academic achievement, irrespective of their academic ability.

Self-esteem did not appear to be the issue in predicting academic success for these women. All of the students achieved success academically as indicated by their transcripts; and this is what seemed to determine their increased level of self-esteem. Further, it was the positive environment, feedback, and support, throughout their school careers, from people and from programs such as the Health Certificate, that seemed to make the difference in endurance, motivation, and ability to tough it out when the going got rough. For most of these women, their

positive re-entry experiences appear to have raised their levels of self-esteem.

In addition, I assessed the impact of the re-entry program on these participants. Every one of the ten re-entry women credited the Health Certificate Program for her success.

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CHAPTER I

THE ORIGINS AND RATIONALE OF RE-ENTRY EDUCATION

The Increase in the Number of Re-Entry Women

A nationwide survey of the College Board (Hirschorn, 1988) found that students over the age of 25 are a larger and more significant presence on college campuses than many had previously thought. The survey found that six million adult students study for college credit every year and that 45% of all undergraduate and graduate students are over 25. The College Board predicted that this percentage will continue to rise over the next decade.

College educators who have been working with the adult population since the late sixties are not surprised by these figures. As early as 1976, K. Patricia Cross noted that what had started as a simple approach to equality--the lowering of access barriers to colleges--has turned into something akin to an educational revolution. She attributes the increase in adult women's participation in higher education to a number of causes.

The reasons for this rapid increase in women's participation in educational activities are obviously complex, a mixture of the decline of traditional female roles and a rise of new ones. Women's roles in the society were changing long before the women's movement attained the high

visibility that it has today. At the beginning of this century, women not only spent all their waking hours on various household chores; they spent virtually all the years of their lives raising a family. That factor alone would dictate dramatic change in the roles of women, but all sorts of social and technological changes have steadily added to the decreased family responsibilities of women (Cross, 1981, p. 24).

Citing statistics from the National Commission on the Observance of International Women's Year, 1978, Cross noted,

Despite dramatic changes in the American home, the traditional roles of women as wives and mothers have not changed nearly as rapidly as their new roles as workers in the labor force. The trend toward women working outside the home began building in the 1950's and exploded in the 1970's. By 1977, 49% of women over the age of 16 were in the labor force; and that constituted 41% of the total work force (1981, p. 25).

Many overall societal trends--biological/ technological, social and economical--have contributed to the increase in the number of women returning to school. Chickering et al. (1981) state,

Since 1900 the work-life span has more than doubled. The average life expectancy for men age 50 is 78; for women it is 83. Two twenty-year careers are now possible for most healthy persons. Thus increasing numbers of people in their forties and fifties are looking for educational courses that will train them for new jobs (1981, p. 17).

Further, the median age of the population in this country has been rising steadily--from 29.4 years in 1960 to 31.8 years in 1986; and by the year 2000, Americans over 30 years

of age will make up close to 60 percent of the population (Aslanian, 1989).

Trends for women follow this pattern even more strongly. The median age of women is rising slightly faster than that of men--women outlive men by an average of seven years--and by the year 2000, almost 8 percent of the total population in this country will be women aged 65 and older. This longevity among women in a graying society will produce a society which is dominated by female members (Aslanian, 1989).

Obviously, what I call the biological/technological factor (I see longer life resulting from better health and technology) is only one part of the picture. As mentioned earlier, socioeconomic factors also play a role, and in my estimation, the major one.

Cross (1981) cites Harry Miller (1967) as an educator who has recognized the ties between socioeconomic status and participation in adult education.

Miller's (1967) social class theory builds on the needs hierarchy of Maslow (1954) and the force-field analysis of Lewin (1947), to explain not only why people participate but also why there are large differences between social classes in what they hope to gain from participation. Maslow maintains that people cannot be concerned about higher human needs for recognition (status), achievement and self-realization until the lower

fundamental needs, for survival, safety, and belonging have been met (Cross, 1981, p. 112).

Applying this needs hierarchy to the non-traditional, re-entry woman, a clear picture emerges: re-entry women are those who need an education in order to survive economically, women who are living on welfare and are the sole support of their families.

This is not to suggest that many of these women are not interested in education for reasons other than economics; on the contrary, many re-entry women discover other rewards of education and many pursue further educational goals when possible. Many of these women have their "basic" needs (i.e., food, shelter, clothing, medical care) as per Maslow's hierarchy met by welfare, but still strive for higher levels of "human needs": social, emotional and recognition status.

More often than not, these women are older and of African-American, Latino, or Asian heritage. As cited in a 1989 dissertation proposal by Lanett C. Scott, this trend will continue.

Hodgkinson (1985) predicts that by the year 2020 most of our nation's growth in population will be people of non-white descent. We will be a nation of 44 million Blacks and 47 million Hispanics. This means our steadily aging white middle class, Baby Boomers included, becomes dependent on a work force increasingly non-White, to generate the

income that pays for Social Security trust funds (Scott, 1989, p. 1).

Scott concludes,

Thus, the access and retention of minority students in our institutions of higher education are concerns that surpass arguments of moral obligation and coercion (legal mandates). Retention of Black and Hispanic students reduced to the lowest common denominator refers to productivity and economic vitality for our country. It is a pragmatic imperative (Scott, 1989, p. 2).

Middle-class or poor, married, divorced or widowed--all of these women will need education and training to prepare them for later-life careers, to support themselves financially and emotionally, and to grow intellectually. In addition, older women are likely to face age discrimination in both education and employment. It is difficult enough for a woman in her thirties or forties to re-enter the academic world and/or find a job after being a full-time homemaker, but a woman in her fifties or sixties who must make these transitions will most likely confront age barriers as well. Research from the American Association of College's Project on the Status and Education of Women (1981a) has found that, "In the 65-plus age group, women outnumber men substantially, and while most of the men are married, most of the women are widows" (p. 5). Thus, many

of these women are also displaced homemakers with their own set of special needs (Swift et al., 1987).

Moreover, those older women who do work are generally low wage earners; as members of a generation that did not encourage women to pursue either education or careers, they are often limited in their job choices to positions as clerks, saleswomen, and domestic or service workers.

Barriers to Success

Much of the literature concerning re-entry women focuses on identifying obstacles--both psychological and practical--these women face in returning to school.

Practical barriers experienced by re-entry women include mastering college procedures, loss of status and income, lack of child care, and management of time and family responsibilities.

Psychological barriers experienced by re-entry women include a lack of confidence in their own abilities, poor self-image, anxiety about competing with younger students, and guilt feelings around perceived neglect of household responsibilities, as well as general transitional stress.

More of the research on re-entry women seems to focus on practical issues such as choosing a program of study, managing home and family responsibilities, or obtaining

financial aid, rather than on more complex psychological issues such as self-esteem. However, my research as well as my professional experience as Counselor/Coordinator of a re-entry program at Quinsigamond Community College, has often pointed to self-esteem as a critical issue for re-entry women.

The Concept of Self-Esteem

One's level of self-esteem has been found to have far-reaching importance for all human beings--both women and men, children and adults. However, self-esteem is currently an ambiguous and poorly defined construct in the literature. Numerous conceptualizations, definitions, and measurement methodologies exist, and usually vary, depending upon factors such as the theoretical orientation of the researcher or the research goals. The term "self-esteem" is often thrown about loosely in everyday conversation as well as in the professional literature. The lack of consistent definition is evident in the diversity of names used for self-esteem. Often, it is used interchangeably with words like "self-respect," "self-love," "self-confidence," and "self-concept." For example, Coopersmith (1967) employs the term "self-attitudes," Rogers (1951) uses "self-regard" and

"self-worth." In fact, though, these terms are not all interchangeable.

A distinction can be made between self-conception (identity) and self-evaluation (self-esteem). "Self-conception usually refers to the concept that individuals hold of themselves as physical, social, and spiritual or moral beings" (Mecca et al., 1989, p. 36). Sanford and Donovan (1984) define the self-concept or self-image as "the set of beliefs and images we all have and hold to be true of ourselves" (p. 7). Rosenberg (1979) broadly defines the self-concept as "the totality of the individual's thoughts and feelings having reference to himself as an object" (p. 7). The self-concept is composed of one's social identity, such as sex, age, family status, and occupation, and one's dispositions, including attitudes, traits, abilities, values, and general tendencies.

Self-esteem, however, has been referred to as an individual's overall self-evaluation, the self as "an object of knowledge." Webster's New Collegiate Dictionary defines self-esteem as "confidence and satisfaction in oneself." Sanford and Donovan explain self-esteem (or self-respect, self-worth) as "the measure of how much we like and approve of our self-concept...the reputation you have with yourself" (1984, p. 7).

Purpose of the Study

The purpose of this research is to evaluate the experience of older women re-entering higher education, and to explore the impact their level of self-esteem has had on their experience. (For purposes of this study, "older woman" refers to the nontraditional, re-entry woman student between the ages of 21 and 40.) The study used in-depth interviews with ten of these women. The purpose of in-depth interviewing is not to get answers to questions, to test hypotheses, or to evaluate. Neither does it seek to predict or control the experience. Rather, in-depth phenomenological interviewing seeks to understand the experiences of others and the meaning they make of these experiences. It allows participants to "reconstruct their experiences and to reflect on the meaning they make of that experience" (Seidman, 1991, p. 3).

This research assessed and structured in-depth interviews in which subjects reconstructed the details of their lives. They recreated incidents and made meaning of their world, their lives, and their experiences. The interviews focused on the range of phenomena and recognized the social factors of race, sex, age and class. The actual

words of the participants were, in some instances, included in this.

Problem Statement

In my thirteen years as Counselor/Coordinator working with re-entry women, I have often speculated about the relationship between self-esteem and success in academic work. I have asked myself: Within this group of non-traditional, re-entry women, are there women who, given all their disadvantages, possess a high level of self-esteem? In fact, do they perform better academically than women with low self-esteem? And what effect does a re-entry program have on the development of their self-esteem? More specifically, this study explores two areas:

- (1) Is the level of self-esteem in re-entry, non-traditional women college students a predictor of academic success?
- (2) What impact has the re-entry program at Quinsigamond Community College had on the women participating in it?

Many researchers, educators, and administrators have attempted to design and conduct programs to assist re-entry women in making the transition, with varying degrees of success. Also, there is a substantial body of literature on the relationship between self-esteem and academic success.

However, most of this work has focused on populations such as traditional college students, school children of various ages, or groups of male and female students; in addition, the research often examines how other factors, such as locus of control and motivation, affect self-esteem and academic achievement. Little research has been done on the relationship between self-esteem and academic success in the non-traditional, re-entry woman. Such information would be invaluable in designing effective programs for these women.

My aim in this study was to synthesize the information gained from a variety of sources--literature reviews, self-esteem testing, in-depth interviewing, and academic transcripts. The study provides a greater understanding of non-traditional, re-entry women and the impact of re-entry programs on these women, as well as allowing me to draw conclusions about the relationship between self-esteem and academic success.

The re-entry programs at Quinsigamond Community College provide access to college and career programs and the preparation necessary to succeed in these programs. The programs include assistance with practical problems, academic advising, and specialized counseling. In addition, the programs have a strong educational component. Academic standards are carefully monitored and maintained, so that at

the point of degree conferral students have developed the skills required for entrance into their specific profession and the intellectual abilities expected of an educated person, including the passing of state boards.

In order to reconcile these two complementary concerns, the Certificate Programs are competency based. It must be recognized that all students are not necessarily ready to complete the preparation for entry into a career program at the same time, and many might not be able to complete their re-entry program within one academic year. Indeed, the programs must take into account great variances in styles and speeds of learning. For these reasons, students may remain in the Certificate Programs until they have developed the academic competency as well as the desired confidence level required for success in their chosen career program.

In the Health Certificate Program, all students receive not only individual counseling and academic advising, but they also benefit from group work, in the form of the required Self Assessment and Career Planning course. This course (an accepted Social Science course with a psychology designation) was conceptualized and designed for this program. The course requires a great deal of small-group work. Consistent with the Glass and Rose (1987) study, this course is based on the belief that group work is essential

in ensuring the successful re-entry transition for these students. This course provides the student with the tools/skills for building confidence and achieving a level of comfort in an academic or new setting. The class provides a cohesive and supportive climate whereby students can grow and change. It is an empowering experience for a person; especially a woman re-entering school after a long absence, to realize she not only has the ability, but the confidence and information to make a meaningful change in her life.

My reasons for undertaking the present study can be illustrated by the following comments about the Health Certificate Program from a recent graduate. She was a 38-year-old, divorced woman on welfare who had left school at age 16. Upon completing the re-entry program, she was accepted by the Nursing Program at Quinsigamond.

"I returned to school because I have three teenagers who need a college degree, and to help my children achieve their goals I knew that I had to go to college so that I could have a career and get a better job to earn more money".

"I used to feel like the world was going ahead of me, that I missed the chance and that somehow I was too late. I saw this program as a way out. I've gotten all A's this

year, and I'm on the Dean's List and have a perfect 4.0 quality point average".

"I was terrified my first weeks back in school; but I gathered strength from having my counselor always available to get me over the rough spots. Probably the most meaningful experience for me, and I think for most of us, was the Self Assessment and Career Planning course. It's like being re-introduced to yourself all over again. The women in the program form a strong identity. We help each other, we know each other. We found out that we were not out there alone--that we were all scared and really didn't think we could make it".

Significance of the Study

This study was an attempt to understand the experience of older women re-entering higher education, and to explore the impact their level of self-esteem has had on their experience. This work contains meaningful information to add to the body of knowledge on the significance of self-esteem.

Issues of self-esteem are at the root of many of the social problems facing society today. At first glance, the concept of self-esteem may seem to have little to do with social problems. However, researchers agree that the self

is strongly affected by social context. Further, the concept of self has been a central theme of social psychology for many years.

In her book, Revolution from Within: A Book of Self-Esteem, Gloria Steinem states that, "Self-esteem isn't everything; it's just that there's nothing without it" (1992, p. 26). Smelser (1989) quotes from a voluminous amount of literature linking self-esteem to various social issues. For example, substantial numbers of studies show a low level of self-esteem among socially isolated parents who abuse their children. Low self-esteem has also been correlated with teenage pregnancy (Crockenberg and Soby, 1989), violence and other crime (Scheff et al., 1989), and chronic welfare dependency (Schneiderman et al., 1989). Drug and alcohol abuse, within different sociocultural groups, are positively correlated with low self-esteem. High self-esteem is associated with the use of contraceptives by teenage girls (Smelser, 1989).

Smelser concludes,

The social-psychological variable of self-esteem is simultaneously one of the most central and one of the most elusive factors in understanding and explaining the behaviors that constitute major social problems. It is central because it is the omnipresent variable that intervenes between personal and institutional histories of individuals with productive, responsible, and

self-realizing behavior, on the one hand, and deviant, self-defeating, socially costly behavior, on the other (1979, p. 18).

It appears clear, then, that one's level of self-esteem has an impact on every aspect of one's life. This study is offered, therefore, as an addition to the body of knowledge concerning self-esteem and academic achievement, as well as encouragement to educators and administrators involved in re-entry education, and to those women re-entering higher education.

Limitations of the Study

This is an exploratory study. It is limited in nature, with the focus restricted to ten re-entry women at a community college in New England. All of the subjects were from socially and/or economically disadvantaged backgrounds. Further, the group of participants was composed of nine students of European background, and one Latino student; no African-American students in the re-entry program were available to participate. The study's results are limited to the region; and the findings cannot be applied to women of other ethnic or socioeconomic backgrounds.

In a study of ten subjects it is difficult to generalize outcomes. This is particularly true of research

concerning self-esteem. Smelser (1979) explains the difficulties inherent in any attempt to study self-esteem.

The variable of self-esteem is elusive, however, because its precise role in the drama of self-realization is difficult to pinpoint scientifically; by using the conventional kinds of scientific methods we possess, it is difficult to arrive at strong associations between self-esteem and its supposed causes, on the one hand, and self-esteem and its supposed outcomes, on the other (1979, p. 18).

This work raises as many questions as it answers. Nevertheless, the resulting knowledge will assist educators, counselors, and administrators in working with re-entry women, as well as contributing to the more general body of knowledge on self-esteem. In addition, this research should encourage further studies on this subject.

Chapter Outline Preview

Chapter Two will examine the literature available concerning re-entry women, particularly research centering on self-esteem and academic success. Chapter Three contains the methodology used in the study. Chapter Four contains the data from the Rosenberg Self Esteem Scale (Rosenberg, 1979), administered to the ten subjects at the beginning of the re-entry program, and again after one semester in the program. This chapter will also contain the participants'

academic transcripts at the end of the re-entry program. Chapter Five describes the experiences of the participants and their feelings about those experiences, including excerpts from in-depth interviews with the ten subjects. Chapter Six presents a discussion, summary, some conclusions, and recommendations for the future.

CHAPTER II

RE-ENTRY WOMEN: A REVIEW OF LITERATURE

Introduction

The purpose of this study is to understand the experience of women re-entering higher education, by exploring the relationship between their levels of self-esteem and academic achievement, and by examining the effect of this particular re-entry program on their experience. While there is a small body of literature which focuses specifically on the relationship between self-esteem and academic success in adult women re-entering higher education, much of the literature concerns specific issues these women face in returning to school, including psychological barriers and practical problems to be solved. In order to understand the experiences and perceptions of the subjects of this study, this review will examine the literature on the general experience of the re-entry woman, as well as the more specific issues of self-esteem and support programs.

In view of the many complex factors affecting the re-entry woman, self-esteem, and academic achievement, the literature review will incorporate the following themes:

- (1) The barriers, both practical and psychological, which face re-entry women; and programmatic attempts to address these issues.
- (2) The concept of self-esteem, its different aspects, and why it is a significant factor in dealing with personal and social problems;
- (3) The relationship between self-esteem and academic achievement.

Barriers Experienced by Re-entry Women

Many researchers, in discussing the many obstacles faced by re-entry women, distinguish between practical and psychological barriers (Brandenburg, 1974; Scott, 1980; Wheaton and Robinson, 1983; Glass and Rose, 1987). Practical barriers include policies or procedures which inadvertently discourage older women (i.e., restrictions on part-time study or financial aid); unfamiliarity with special programs and services or with college procedures such as admissions, enrollment, transfer of credit, or graduation requirements; lack of child care or after-school supervision for children; managing time and family responsibilities; transportation needs; financial aid concerns, including loss of status and income; poor/rusty

study habits, including library usage skills, math, and writing skills; and dealing with negative attitudes of faculty and staff members towards adult students (Brandenburg, 1974; Clarke, 1975; Scott, 1980; Project on the Status and Education of Women, 1981b; Wheaton and Robinson, 1983; Lamb-Porterfield et al., 1985; Towns and Gentzler, 1986).

Once a woman has made the difficult decision to return to school, she must then go about mastering college procedures, working her way through the mazes of admissions and registration procedures, financial aid application processes, and academic advising. Although an institution may develop an extensive strategy for recruiting re-entry women, it may well fail if it does not follow this up with basic institutional services to support these women. Recommendations for this area include providing informational brochures, highlighting policies, services, and materials aimed at re-entry women, and including this information in the college catalog and other recruiting materials (Project on the Status and Education of Women, 1981b; Wheaton and Robinson, 1983; Lamb-Porterfield et al., 1987).

Managing time and family responsibilities is a major problem area for re-entry women. Factors that come into

play here are child care issues, managing stress, class and work scheduling. Lamb-Porterfield et al. (1987) suggest expansion of the academic week, changing traditional time patterns, holding classes in accessible locations, and introducing more scheduling options. Wheaton and Robinson (1983) suggest that colleges provide low-cost, on-campus child care facilities, working in conjunction with community agencies or with the college's own early childhood education or related departments.

Lamb-Porterfield et al. (1987) conducted a needs assessment of re-entry women at Arkansas State University. The respondents in this study identified academic skills they needed assistance with. The top areas identified were math skills, library usage skills, term-paper-writing skills, and study habits. In addition to these expected areas, the study found that re-entry women feel a particular need for improved access to information concerning available programs and services, and for improved communication with faculty members concerning the needs, problems, and expectations of adult students. Several of the respondents had complained about negative attitudes of faculty and staff members towards older students and their special problems. Lamb-Porterfield et al., as well as Wheaton and Robinson (1983) and Clarke (1975), recommend staff development

programs concerning the characteristics and needs of re-entry women, and improved communication with adult students.

Psychological barriers experienced by re-entry women include a lack of confidence in their own abilities, poor self-image, anxiety about competing with younger students, guilt feelings around perceived neglect of household responsibilities, and general transitional stress (Brandenburg, 1974; Geisler and Thrush, 1975; Astin, 1976; Hooper and Rice, 1978; Scott, 1980; McGraw, 1982; Suchinsky, 1982; Wheaton and Robinson, 1982; Miller, 1984; Gerson, 1985; Towns and Gentzler 1986; Towns et al., 1987; Glass and Rose, 1987; Swift et al., 1987). Often these feelings are exacerbated by the attitudes of spouse, family, significant others, and by society itself.

Further, for the woman re-entering education, the cost in human capital is high. Quinsigamond Community College offers several re-entry programs, including the Health Certificate Program. Although these programs offer the logistical help needed to fill out financial forms, teach students the "system," provide counseling, tutoring, entry-level classes designed to build skills and confidence, and flexible scheduling, the cost in "human capital" for these students is high and varied. Gordon and Brown (1989) list some of these:

1. Giving up time with children, which can cause guilt and constant questioning of one's ability to parent.
2. Lack of support from friends and family due to cultural and familial upbringing, as well as education seen as an ego threat.
3. Stress because of time and pressure burdens may cause health problems.
4. Less sleep.
5. Loss of social life/recreation.
6. Financial pressure.
7. Questioning issues of self-esteem and confidence, which may lead to anxiety.

Women re-entering education and taking on the new role of student also experience stress resulting from multiple roles--e.g., wife, mother, student, worker. However, in a study involving a group of community college re-entry women and a group of housewives with similar sociodemographic characteristics, Gerson (1985) concluded that multiple roles not only lead to role strain, but can generate positive outcomes as well. The students in her study experienced greater role strain and greater role gratification than the housewives.

Another major issue affecting these students is family responsibility. Many are running a household single-handedly and are responsible for parenting, shopping,

cooking, maintenance, transportation, bill paying, and health care. If children are ill and cannot attend school or daycare, the non-traditional student loses that day of her schooling as well. If public schools are closed when college classes are in session (which is often the case), again this student loses out. Having to be the sole financial, physical, and emotional support of a family while going back to school is often one of the biggest stresses these students face.

Managing family, work, and school responsibilities can give rise to feelings of guilt. A woman may feel she is selfish when she neglects the full responsibilities to her home, her children, and her partner, if in fact she is married or living with someone. She may feel that she is depriving her family of material advantages by attending college (Brandenburg, 1974; Astin, 1976; Geisler and Thrush, 1975; Hooper, 1979; Scott, 1980; Roehl and Okun, 1985).

Scott (1980) discusses shame, which, like guilt, is another factor that plays an important role among the anxieties of returning to school.

Shame is a feeling of not being able to live up to one's own standards or aspirations. The feeling of shame is particularly related to the woman's concern over her intellectual abilities. She is afraid that in spite of the great energy she has expended in returning to college, she is basically

inept and will not be able to succeed (1980, p. 11).

Scott concludes that "the personal and academic problems of the women are for the most part, symptomatic of deeper, more underlying societal problems and attitudes which represent inhibiting factors" (1980, p. 12).

Scott also points out that our society places a high value on youth and a lower value on maturity. This can make the older student, at least initially, feel out of place. Further, our society values work and production. An adult's return to school may be seen as conflicting with being a productive individual.

Scott (1980) also cites research demonstrating that when a woman feels she is receiving at least some help and support from spouse, children, friends, and significant others, she is more likely to stay in school. In addition, the advice and opinions of others, especially the spouse or significant other, are often critical in making the decision to return to school, and once there, staying in school.

Roehl and Okun (1985) examined life events and the use of social support systems in a study of over 300 re-entry women. They found that support systems were very important to the re-entering woman's success and that most of the

women sought this support from family members and friends rather than from the college services available to them.

Hooper and Rice (1978), in conducting a follow-up study of women who had obtained continuing education counseling, found that the support and approval of significant others for a woman's return to higher education, when considered in relation to other factors, such as level of motivation or locus of control, may prove to be a better predictor of academic success than any of the more traditionally used predictors such as test instruments or grade point average.

Another of the major issues affecting re-entry women is low self-esteem, which is the focus of the current study. Re-entry women typically show a lack of confidence, poor self-image, and anxiety about competing with younger students. These students often have anxiety about their abilities as well as about the wisdom of coming back to school (Brandenburg, 1974; Geisler and Thrush, 1975; Astin, 1976; Hooper and Rice, 1978; Scott, 1980; McGraw, 1982; Suchinsky, 1982; Wheaton and Robinson, 1982; Miller, 1984; Towns and Gentzler 1986; Towns et al., 1987). Scott (1980) attributes much of this anxiety to what appears to them as an enormous gap between what they have been doing in the recent past, working at semi-skilled or unskilled jobs

and/or raising children, and the intellectual world of books and ideas, term papers, and examinations.

Scott (1980) also cites a study of clients at the Women's Opportunities Center at the University of California, who were at the point of deciding to return to college. The study found that a major personality characteristic that needs to be overcome is a poor self-image on the part of these women. The self-confidence to leave home, even on a part-time basis, is lacking. In some cases it was caused by the attitudes of spouses and/or children, and in some cases by society itself. This fear is not always clearly stated; it often expresses itself in all manner of concerns, such as fear of highway driving or going alone to classes at night.

Towns and Gentzler (1986) and Towns et al. (1987) describe a program for single parents and displaced homemakers, called Potential Re-entry Opportunities in Business and Education (PROBE). PROBE was designed to provide clients with access to accurate and current information about themselves and their options; the support and skills necessary to make positive decisions and plans, and to implement them; and progress at their own individual rates of transition and development. Although it is not a college-based program, the ultimate goal being for clients

to find jobs, PROBE does focus on building good self-esteem. In the authors' opinion, "If women do not feel good about themselves, then they cannot project positive self-images to employers" (Towns et al., 1987, p. 5).

Clearly, all of the research in this area points to the need for counseling returning women, especially early in the student's academic career, so that students and their families will understand the demands of the student role, the possible impact on the family, and strategies for coping with problems. There is a great deal of literature on counseling strategies for re-entry women.

Towns and Gentzler (1986) and Towns et al. (1987), in describing the PROBE program, detail their counseling strategy:

The counseling goal is to enable each individual to exercise her strengths toward control over her life, career, and future. The process that has evolved is critically based on a three-stage development of trust. The rapport established initially with a counselor transfers to bonding within a peer group and finally to renewed, or even a totally new, belief in one's own decision making capabilities. It reflects a passage of trust from supportive counseling to peer group to self (Towns et al., 1987, p. 3).

Brandenburg (1974) discusses the specific functions of a counselor in helping the older student. She emphasizes that the counselor must make a sincere effort to understand

the barriers that re-entry women put in front of themselves, as well as understanding the external barriers that exist. The counselor may need to address issues such as self-defeating behavior, feelings of dependency, and coping with the resistance of spouses, children, and significant others. Some women also need to explore their own guilt feelings regarding their children. Group work would be particularly helpful here. Brandenburg cautions, however, that although some problems may be resolved within a group, counselors who are involved with groups must be prepared to do individual counseling. They must be particularly aware of the possible dependency needs of the women and avoid reinforcing these needs in the counseling relationship.

Scott (1980) discusses the success of a re-entry program at a community college in California, with a strong counseling component. Group counseling was used, and the theoretical framework for counseling these re-entry women concerned a three-stage process.

The first stage is characterized by intense anxiety experienced by the student. This is a critical time for the student; ongoing personal contact with a counselor is essential if she is to continue successfully. The decision to return to school has been made; but now that the student is faced with the realities of this new role, she may begin

to doubt herself. The author recommends, "The counselor must help the student in clarifying her intentions and help her deal with the fear of failure reaction that she is experiencing. It is during this stage that some students drop out, if not handled with care" (Scott, 1980, p. 18).

At some point the student realizes that there are others who are having the same experience. In stage two, the student attempts to get support from the other group members. The counselor's role now is to facilitate the group's initial cohesion. "It is here that development of group interdependence plays an integral role in helping the counselor and student overcome difficulties as a result of academic demands" (Scott, 1980, p. 18).

The student moves to the third stage when she starts to become aware of the power and self-confidence she and the group have attained. The counselor now helps the student begin the process of breaking away from the re-entry program and moving on. In the author's experience, this general process required a full academic year.

Wheaton and Robinson (1983) caution that campus services tend to assume that re-entry women all have the same needs, and it is important to become more aware of the differences among subgroups of re-entry women. This can be seen, for example, in Scott (1980), who describes this group

as "middle-class housewife mothers." While this description may fit one subgroup of re-entry women, there are many more "non-traditional" re-entry women whose needs are quite different.

Glass and Rose (1987) give particular attention to reentry women who are economically disadvantaged and/or who are of African-American, Latino, or Asian heritage. These factors add dimensions of class and race to those barriers already presented; and, as if the previous issues were not enough, these added dimensions can create further problems or operate to limit options. Glass and Rose describe some of these issues.

Many times the poor and ethnic minorities are relegated to lower quality schools, thus affecting their chances to be accepted and to continue in higher education. The lack of economic resources may make it even more difficult for these women to enroll. Family roles and expectations may be different among poor and ethnic minority families, inhibiting their ability to attend and study. Additionally, they may feel out of place in predominantly white, middle-class institutions. Racism may still abound in many, and even if racist attitudes are not present, many minority females will still feel they are. Poor and nonwhite reentry women face obstacles simply not faced by those who are not poor and who belong to the majority group (1987, pp. 113-14).

Since almost all of the participants in my study are welfare-dependent and have experienced many of these

barriers, this study is particularly applicable to the current work.

Finally, all of the literature on re-entry women points to establishing a special program encompassing all of these needs, to help the re-entry woman overcome the practical and psychological barriers and ease this difficult transition.

Wheaton and Robinson (1983), for instance, recommend a program focusing on helping re-entry women through the mechanics of orientation, advising, admission, and financial aid; obtaining child care assistance; then focusing on counseling, career development in nontraditional fields, job placement services, and an outreach program.

Lamb-Porterfield et al. (1987) recommend,

A systematic evaluation of programs, services, resources, policies, and procedures must be conducted with appropriate consideration given to the availability, accessibility, and appropriateness of programs and services for full- and part-time adult students (1987, p. 226).

Aspects of Self-Esteem

More of the research on re-entry women seems to focus on practical issues than on more complex psychological issues such as self-esteem. However, the individual's level of self-esteem is a significant mediating factor in

determining the extent to which these practical and emotional stresses hinder academic success.

Mecca et al. (1989) offer a comprehensive conceptualization of self-esteem which includes three elements. The first is a cognitive element, characterizing some parts of the self in descriptive terms. Second is an affective element, a degree of positiveness or negativeness attached to those aspects of the self identified. Third is an evaluative element, an attribution of some level of worthiness according to an ideally held standard. The nature of this standard is another feature of self-esteem. It might involve evaluating oneself against an ego ideal that one holds out for oneself, or it may be a relative standard, measuring one's self-worth in relation to an internal aspiration or desired level of attainment (1989, p. 10).

Increasingly, aspects of self-esteem have been differentiated. For instance, self-esteem can be thought of as having two types--one is more generalized or global, while the other deals with the more specific aspects of self. Sanford and Donovan (1984) define "global" self-esteem as the measure of how much we like and approve of ourselves as a whole. "Specific" self-esteem refers to "the measure of how much we like and approve of a certain part of

ourself" (1984, p. 9). Steinem (1992) identifies "core" and "situational" self-esteem. Core self-esteem refers to "the conviction of being loved and lovable, valued and valuable as we are, regardless of what we do" (1992, p. 66). Steinem goes on to explain that later in childhood, the more externalized type, "situational" self-esteem, develops. This type of self-esteem comes from knowing one is good "at" something, compares well with others, meets others' expectations, and the like.

Rogers (1951) construes issues of self-esteem in terms of "conditions of worth." He maintains that the specific ways in which the self develops, and whether or not it will turn out to be healthy, depends on the love a child receives in infancy. At the time the self is beginning to develop, the infant also learns to need love; Rogers calls this need "positive regard." If a child receives conditional positive regard, love which is conditional upon the child's proper behavior, the child feels a sense of self-worth only under certain conditions. If a child receives unconditional positive regard, love regardless of behavior, then the child develops a sense of worth, without conditions. The person will feel herself worthy under all conditions.

Interestingly, because of the way we structure our self-concept, it is possible to have a positive self-concept

(one containing mostly positive beliefs), and still lack self-esteem. However, these positive beliefs must remain prominent in one's mind. No matter how many positive images and beliefs one has of oneself, if they are put off to the side of the self-concept, downplaying their importance, self-esteem will still be low.

The Social Importance of Self-Esteem

In 1986, after several years of debate, the California State Senate passed Assembly Bill 3659 into law. It created a twenty-five-member task force, the California Task Force to Promote Self-Esteem and Personal and Social Responsibility, which was to work for three years studying the social significance of self-esteem. The goal of this work was a familiar one--the State wanted to save money. John Vasconcellos, then a member of the California legislature and head of the California State Assembly's Ways and Means Committee, began to realize that all the programs his committee had to review year after year were focused on containment and remediation of social problems; almost none attempted prevention, much less cure. Vasconcellos concluded that "it seemed foolish and tragic to keep spending billions of dollars without ever wondering how we

could get ahead of the game by searching out causes and developing strategies for prevention" (1989, p. xvi).

This legislation was an attempt to focus on prevention. The Bill implicated a relationship between self-esteem and social problems, and sought to ascertain the role of self-esteem in causing these problems. Schneiderman et al. (1989) quote from the Bill:

Low self-esteem may well have a wide-ranging, negative influence on individual human conduct, the costs of which both in human and societal terms are manifested in a number of ways, many of which convert into significant expenditure of state moneys. If so, these human costs and the costs to government could be reduced by raising the self-esteem level of our citizenry (1989, p. 200).

The task force published their findings in a definitive work, The Social Importance of Self-Esteem (1989). The researchers found correlations between self-esteem and numerous social problems, including chronic welfare dependency, crime and violence, alcoholism and drug abuse, teenage pregnancy, child abuse, and academic achievement. The cost of this three-year effort was about \$735,000, less than the price of keeping one twenty-year-old in prison for a life sentence. Even the strongest supporters of this work were surprised by the high return on such a small investment (Steinem, 1990, p. 29).

Educators are also beginning to realize the social importance of self-esteem. A recent article in the New York Times described programs in Long Island school districts which focus on self-esteem as a top priority. Attempts to increase self-esteem include weaving self-esteem building skills into regular curricula, lessons on self-esteem in drug and alcohol education, and educating parents about its importance. These school districts have made raising self-esteem a districtwide goal, and programs start at the elementary level. Educators agree that children's attitudes toward themselves determine academic performance and affect dropout rates, as well as alcohol and drug abuse. Like the members of the California Task Force, advocates for the New York program feel that preventative measures will be better and much cheaper in the long run than corrective measures (Steinberg, 1990).

The concerns of the recent study are with self-esteem and academic achievement. Because nine out of the ten subjects in the present study were receiving welfare, the task force findings on self-esteem and chronic welfare dependency are of particular interest. Schneiderman et al. (1989) studied the relationship between level of self-esteem and welfare dependency. Although the evidence linking

chronic welfare dependency to lowered self-esteem still remains inconclusive, these researchers note the following,

Certain trends in the data, combined with the methodological drawbacks of the existing research, lead us to conclude that some weak effect of welfare dependence on the variables of sense of control and personal efficacy deserves further exploration (Schneiderman et al., 1989, p. 235).

Schneiderman et al. also note a number of studies which indicate that the individual's self-esteem tended to deteriorate as a result of welfare dependency. Thus, the relationship between self-esteem and welfare dependency can be seen as somewhat of a "chicken and egg" problem-- individuals with low self-esteem tend to have those life problems which cause them to end up on welfare, and the effects of being on welfare tend to erode one's self-esteem.

Self-Esteem and Academic Success

Many researchers have found a significant positive correlation between self-esteem and academic achievement (Rogers et al., 1978; Prager and Freeman, 1979; Burke et al., 1985; Gilkison and Drummond, 1988; Kinney and Miller, 1988; Covington, 1989; Smelser, 1989; Kanoy et al., 1990).

In reviewing the literature on associations between self-esteem and its consequences, Smelser (1989) found consistent relationships in many areas, including that of

academic achievement. After reviewing research on this relationship involving students of all ages, he concludes that "measures of high self-esteem correlate positively with achievement in the classroom; and, as self-esteem decreases, so does academic achievement...." (1989, p. 15).

Consistent with this, Covington (1989) found that most correlational studies report a positive association between achievement and indices of self-esteem. Specifically, as the level of self-esteem increases, achievement scores increase; and as self-esteem decreases, so does achievement" (1989, p. 74). The author cautions that this simple relationship in itself does not prove causality, however. Other interpretations are equally plausible. Perhaps, for example, high achievement causes self-confidence, and poor performance causes self-deprecation. "And, of course, both positions could be correct: self-esteem may be both a cause and a result of achievement" (Covington, 1989, p. 75).

In reviewing the literature, Covington cites both behavioral and more student-centered studies. Behavioral issues involved in student achievement include feedback and grading policies. A teacher's grading policies have been found to control the quality and amount of student achievement to a remarkable degree, along factors such as amount of time spent studying, and the quality and timing of

feedback concerning performance. According to Covington, both positive and negative feedback are desired. Covington cites one study which demonstrated that students who receive no information about how they are doing may perform less well than if they have been given consistently negative feedback. The essence of this behavioral model is that "if and when positive changes in self-concept occur, they are most likely the result of successful performance rather than its cause, and that in turn such changes will exert little influence on the quality of future performance" (Covington, 1989, p. 82).

Covington also cites studies which demonstrate a positive association between self-esteem variables and academic achievement. He also found that most of the studies showed a generally low magnitude of association between the two. Thus, the question becomes, "If feelings of self-esteem are so important to achievement, then why is the demonstrated relationship between self-esteem and academic performance so uniformly low" (1989, p. 79)?

Covington offers an interactive model in response to this problem, which combines elements of both the behavioral and the student-centered views. He explains:

An increase in academic skills triggers gains simultaneously both in self-esteem (as in the

student-centered model) and in achievement (as in the behavioral model) and that enhanced self-esteem in turn favors further academic improvements. In short, by improving the student's scholastic skills we initiate a recursive, upward cycle of emotionally driven successes--hence the term "interactive" (1989, pp. 82-3).

Gilkison and Drummond (1988), in studying male and female subjects age 50 and older using an academic self-esteem scale, concluded that "the academic self-concept of older students is a crucial factor in their success in school" (1988, p. 28).

Kinney and Miller (1988) administered a self-esteem inventory to a group of academically skilled students and to a group of remedial students. They found that the remedial students tended to score lower on the inventory and suggest that programs designed to enhance academic comfort and self-esteem would help remedial students.

Prager and Freeman (1979) studied non-traditional, urban community college students to investigate the relationship between educational aspiration, self-esteem, and academic performance. Their findings demonstrated a positive relationship between educational aspirations and self-esteem, and both variables were related to grade point average. The authors suggest that college counselors developing interventions aimed at the replacement of

idealistic educational aspirations-with realistic ones may inadvertently be removing an important source of self-esteem, that of having high aspirations. They recommend developing alternative sources of self-esteem, such as building interpersonal competencies. If students can identify a number of competencies within themselves, they would be more likely and willing to be realistic in setting career goals.

Rogers et al. (1978) studied 159 children between the ages of 6 and 12. They found a significant relationship between the children's level of academic achievement and self-concept. However, they qualified their findings. "Although the relationship between self-concept and academic achievement was statistically significant, it would appear to be neither substantial in degree nor simple in direction" (1978, p. 50).

More specifically, they found that the relationship between academic achievement and self-concept is manifested most strongly within the context of the social comparison group or classroom. When participants were assigned to either a high-, medium-, or low-achievement group within their particular classroom based on reading or math test results, a strong positive relationship was found between academic achievement and self-concept. These results

suggest that one basic way in which academic achievement influences self-concept is through the process of social comparison.

Researchers studying self-esteem in college students have also identified and studied other factors contributing to self-esteem, most significantly internal vs. external locus of control and causal attribution (Burke et al., 1985; Chen and Tollefson, 1989; Kanoy et al., 1990).

Chen and Tollefson (1989) studied 196 students, and found an internal locus of control to be characteristic of high achievers. Further, students who expected to do well had generally higher self-esteem, and assigned greater importance to self-esteem and ability than to prior knowledge and the skill of the teacher.

Kanoy et al. (1990) also studied college students, and found that the high achievers in the group were more "internal," especially in taking responsibility for poor performances, possessed a higher academic self-concept; and reported more confidence in their ability and effort than did the students in the lower achieving group. The low-achieving students tended to externalize the responsibility for bad grades by blaming "unfair" professors or stating that they had bad luck. In contrast, the higher-achieving students were more likely to take the blame when they did

poorly, and to try to improve future performance by taking practical steps such as changing their study methods or seeking tutors. They also reported a great deal of self-confidence.

Burke et al. (1985a) studied the relationship between academic achievement and self-esteem, and causal attribution with college students. They found that students with high self-esteem expected satisfying performance and ascribed these outcomes more to ability and general effort than did students with low self-esteem.

Unfortunately, most political and educational leaders, as well as the general public, still do not fully realize the relevance of self-esteem to almost every imaginable social problem, including academic achievement. In a final look at the work of the California Task Force, this becomes painfully obvious. As Steinem (1990) reports, to this day, few people have heard about the Task Force's practical successes.

Its final report was met with more media coverage of seven dissenting members who criticized its philosophy (mainly for failing to "recognize the eternal God as the origin of all human worth") than with reporting of its findings. As a result, the California experience is known to those who have read its published summary, or who have heard of the private foundation to whom the Task Force passed its work after its mandate expired. But for the majority of us who depend on public

sources for information and ideas, its lessons are largely lost (1990, p. 29-30).

It is important as educators that we do not "lose" these lessons. This study tells us that the issue of self-esteem is too important, and its impact too monumental to ignore. It would be detrimental not to deal with the issues of raising people's belief in themselves, since the cost of not doing so is great.

CHAPTER III

METHODOLOGY

The original impetus for this work grew out of my thirteen years as Counselor/Coordinator working with re-entry women. In this position, I had observed that a poor self-concept and low self-esteem are common in the non-traditional, re-entry woman's experience. This is what led me to speculate about the relationship between self-esteem and success in academic work. I had also wondered whether or not the re-entry program increases these students' chances for future academic success.

This work evaluates the experiences of ten non-traditional, re-entry women participating in a support program designed to prepare them for entry into an allied health program at Quinsigamond Community College. Three means of information gathering were used: self-esteem inventory results, in-depth interviews, and academic transcripts.

Selection of Participants

At the start of the fall semester, there were fifty participants in the re-entry program. In order to be eligible for this study, a student needed to meet the

following criteria: to be returning to school for the first time after leaving secondary school, and to have children. In addition, similarity among the participants' placement test scores was needed.

Each student at Quinsigamond Community College is required to take math and English placement tests before registering for classes, to ensure appropriate course selection. Some students place into college-level courses, others must complete pre-college or remedial level coursework before continuing. Of the ten subjects selected for this study, all placed into the standard college-level English course (EN 151 - English Composition and Literature I), and the lowest pre-college math course (MA 105 - Basic Math Skills).

There were nineteen students who fit this profile. This group was narrowed down by attrition and the students' willingness to take part in the study. Of the nineteen students, three were unwilling to participate, and three dropped out before the end of the program. Ten students were randomly selected from this final group of thirteen.

Description of Participants

The participants in this study were all women enrolled in a re-entry program at Quinsigamond Community College. These women had been out of school between 6 and 18 years, for an average of 12 years. Their ages ranged from 25 to 36 years of age, with an average age of 30. Nine of the subjects were of European background, and one was Latino. At the time of the study, two of the women were single, two were separated, five were divorced, and one was married. All but one of the women received Aid for Families with Dependent Children (AFDC). Three of the ten subjects had completed high school; the other seven had received their General Equivalency Diploma (GED). Of the women who received a GED, all left school between the 9th and 12th grades, the average being the 11th grade. All but two of the women were planning careers in nursing; the other two had selected occupational therapy and respiratory therapy as their career goals.

Context for the Re-entry Program

Quinsigamond Community College, established in 1963, offers over 40 associate degree and certificate study options in the areas of Business, Engineering, High

Technology, and Liberal Arts. The campus lies in the predominantly working-class Greendale section of Worcester, Massachusetts. The surrounding community is a mix of single- and multi-family houses and commercial establishments.

A report on demographic trends in the Quinsigamond Community College service area (1988) reported that 30% of the population of the service area reside in the City of Worcester. The report showed the racial/ethnic composition of the area to be 96% white, non-Hispanic and 4% of other racial background (predominantly Hispanic) in 1980. Projections for the 1990s showed a substantial increase in the Hispanic population, along with significant growth in the Asian and Black communities. The report identifies two central trends in the area: a rapidly-growing minority youth population, and a burgeoning middle and later adult age group. Quinsigamond offers access programs to serve this large group of non-traditional re-entry women. These entry-level high-support programs (i.e., focused certificate programs, school and work programs, vocational education, specific school programs for single mothers) are designed to maximize a re-entry woman's chances of success and to ensure an easier entry into her academic life.

Participants

1. Nadia is a 30-year old Hispanic single parent, planning a career in nursing. She had relocated to Worcester from New York City. She has two children, ages 8 and 14. Nadia completed the 8th grade, and received her GED after being out of school for 14 years.

2. Charlotte is a 32-year old white single parent, separated from her husband, who is in prison. She has two children, ages 3 and 11. After graduating from high school, Charlotte was out of school for 13 years before enrolling in the re-entry program. She is planning a career in nursing.

3. Linda is a 33-year old married woman, with two children, ages 9 and 10. She is the only subject not receiving AFDC. She completed 11th grade, and received her GED after being out of school for 16 years. She is planning a career in nursing.

4. Tena is a 26-year old divorced woman, planning a career in nursing. She has three children, ages 3, 4, and 6. She completed 10th grade, was out of school for nine years before receiving her GED.

5. June is a 25-year old single parent. She has two children, ages 2 and 8. She completed 10th grade, and received her GED after being out of school for 6 years. She is planning a career in nursing.

6. Carol is a 36-year old divorced woman with five children, ages 2, 4, 14, 16, and 18. She completed 10th grade, and was out of school for eighteen years before receiving her GED. She is planning a career in nursing.

7. Susan is a 26-year old divorced woman, planning a career in occupational therapy. She has one child, aged 3-1/2. After graduating from high school, she was out of school for 7 years before enrolling in the re-entry program.

8. Anita is a 29-year old divorced woman with two children, ages 7 and 9. After graduating from high school, Anita was out of school for 7 years before enrolling in the re-entry program. She is planning a career in nursing.

9. Lisa is a 29-year old divorced woman, planning a career in respiratory therapy. She has three children, ages 3, 4, and 9. She completed 10th grade, and received her GED after being out of school for 11 years.

10. Margaret is a 35-year old single parent, separated from her husband. She has three children, ages 5, 7, and 13. She completed 11th grade, and was out of school for fifteen years before receiving her GED.

Methodology

I chose to utilize both quantitative and qualitative inquiry strategies in order to gain an understanding of these women deeper than that which would be provided through the use of quantitative data alone. Morgan and Smircich (1980) discuss quantitative versus qualitative research approaches as based on interrelated sets of assumptions regarding ontology, human nature, and epistemology. That is to say, a particular researcher will usually select language, metaphors, and examples that derive from fundamental, often implicit, core assumptions about reality and human nature, and therefore commit herself to a position emphasizing particular kinds and forms of knowledge. Morgan and Smircich conclude that quantitative methods, which draw mostly on methods used in the natural sciences, may be inappropriate for research involving abstract ideas and subjective constructs. Quantitative methodology presumes that the social world lends itself to an objective form of measurement, and that human beings respond to events in predictable and determinate ways.

In manipulating data through sophisticated quantitative approaches, such as multivariate statistical analysis, social scientists are in effect attempting to freeze the social world into structured immobility and to reduce the

role of human beings to elements subject to the influence of a more or less deterministic set of forces (1980, p. 498).

In his discussion of qualitative findings, Patton (1987) describes the unique value of open-ended responses; they help the researcher to understand the world as it is seen by the respondent. Direct quotations, the basic source of raw data in qualitative research reveal "the respondents' levels of emotion, the way in which they have organized the world, their thoughts about what is happening, their experiences, and their basic perceptions" (Patton, 1987, p. 11).

The intent of this research was not to prove or disprove a theory or to derive a statistically significant generalization. Rather, it was to increase our understanding of the relationship between self-esteem and academic success for a small group of re-entry women; and to determine the extent to which the re-entry program has affected their level of self-esteem. The ability to gain a holistic view, through use of both concrete data and in-depth interviewing, allowed me to analyze the interview data inductively, looking for patterns and themes that emerged rather than searching for the ways that the data or individuals fit into prescribed categories. The use of in-depth interviewing added an inner perspective to the

outward, observable information gathered from the test results and academic transcripts.

The Rosenberg Self-Esteem Scale (see Appendix B) was administered to subjects upon entering the support program. The specific cultural-background data was also gathered at that time. The Rosenberg Scale was re-administered to the subjects at the conclusion of the in-depth interview, approximately four months later.

The Rosenberg Self-Esteem Scale, measures the self-acceptance aspect of self-esteem. The scale consists of ten Guttman-type items, with one of four responses possible for each item: respondents are asked to strongly agree, agree, disagree, or strongly disagree with each scale item. The scale is designed to measure the respondent's global self-esteem. The items do not specify particular areas of activity or qualities that individuals must consider when judging themselves. The scale attempts to gauge the individual's basic attitude toward his or her own worth by allowing respondents to invoke their own frame of reference. Further, the scale stresses the more permanent, more stable components of the self-image, rather than emphasizing immediate or momentary self-perceptions. A high score on this scale indicates that the respondent feels "good enough," a person of worth who merits self-respect.

Rosenberg (1979) discusses the validity research which he had done on this instrument, showing that the scale's face validity appears to be good, and that its convergence with other measures of self-esteem is high. Test-retest reliability has been shown to be similarly high. In addition, the scale appears to be able to predict and concur with behaviors, attitudes, and experiences to which self-esteem is theoretically expected to be related, such as depressive affect, anxiety symptoms, and interpersonal insecurity.

As with all self-report measures, there remains the possibility that respondents may distort reality in order to provide socially desirable answers. The researcher can only hope that if they are able to establish rapport, respondents will answer truthfully. This study, however, attempted to offset this variable by combining the use of the scale with in-depth interviews. As Smelser (1989) recommends,

The administration of survey and other instruments should be supplemented by in-depth interviews and direct observations of the subjects, so that the meaning-context of the events to which they are exposed through their developmental years can be ascertained (1989, p. 20).

Since this researcher was also serving as teacher, counselor, and academic advisor to the subjects in this study, the issue of a possible conflict arose. Would there

be a problem in being objective in the interviews, both on the part of the interviewer and the student? I feel that any negative issues which might have arisen because of this were canceled out by the positive aspects of my already having gained a level of trust and rapport which few researchers are able to match.

This researcher brings to the study and to interpretations of the scale results and interview information, a deeper sense of the women and their life experiences. As their counselor, advisor, and professor, I have a greater understanding of the events and experiences which have molded their self-esteem. I also have extensive knowledge of their current life situations, and the issues these women face, gained from working with them in the required psychology course (Self-Assessment and Career Planning).

After the subjects had been in the program four months, in-depth, taped audio interviews were conducted, providing a verbal report of subjects' perceptions of any changes in themselves since starting the program. The interviews lasted approximately one to one-and-one-half hours each. At the conclusion of each interview, the Rosenberg Self-Esteem Scale was re-administered.

The interviews were transcribed by a typist who was not connected with the re-entry program, and who was committed to confidentiality. The transcripts were substantially verbatim, excluding only such words and phrases as "um" or "let's see". When the subject paused significantly before giving her response, this was noted parenthetically in the transcript. Transcripts were typed with initials for names, and in final form, the interview material used pseudonyms.

A grounded theory approach to the transcribed data was used. I both read and listened to the tapes to discover concepts and important dimensions that emerged from the interviews rather than attempting to fit the data into existing theoretical frameworks (Patton, 1987; Morgan and Smircich, 1980; Taylor and Bogden, 1984). It was necessary to return to the tapes for clarification, from time to time while reading the transcripts. I observed and kept track of the themes and patterns that emerged in order to develop meaningful categories for an inductive analysis of the interview data (Taylor and Bogden, 1984). Each interview, by providing insights into how the women feel about themselves, their lives, and their re-entry experience, provided a limited set of patterns relevant only to those individuals. However, the narratives, when juxtaposed against one another, revealed patterns and concepts much

more relevant to the larger group and wider context. The intent of my research was to discover those concepts.

There were a number of themes which became clear to me in this analysis, and which I discuss in detail in Chapter 5. Each woman identified events and experiences in her past which contributed to her low self-esteem. All of the subjects expressed a high degree of hope and a strong desire to succeed, as well as a good deal of anxiety and fear, especially fear of the unknown in returning to school. Most of the women cited encouragement and support from parents, teachers, peers, and significant others in their lives as being very important to their self-esteem and to the success of their re-entry experience. Finally, the participants unanimously attributed much of their success to the re-entry program, particularly in raising their self-esteem and developing confidence.

The participants' academic transcripts at the end of the program were analyzed in relation to both their self-esteem inventory results and their feelings and perceptions about themselves from the interviews.

The "Interview Guide" method for in-depth interviewing, described by Patton (1987), was used. (See Appendix C). A list of questions and sub-questions was designed and followed for each of the ten interviews. Thus, essentially

the same questions were asked of each respondent, including many broad, open-ended questions used to allow informants both to choose the specific events they wish to talk about as well as to tell their stories using their own organizational patterns and points of emphasis. Several closed, evaluative questions were also included for purposes of making comparisons between and among participants.

Both the literature on open-ended interviewing and the experience of the researcher in interviewing have led to the conclusion that the insights gained through stories that informants select and tell themselves will be far richer and a great deal more revealing than answers that are provided to more specific, targeted questions that might be asked of them. This form of qualitative inquiry depends upon the researcher's ability to set the stage for "story-telling" and for listening and observing carefully and non-judgmentally. Taylor and Bogden (1984) quote Thomas Cottle,

If there is a rule about this form of research it might be reduced to something as simple as pay attention. Pay attention to what the person does and says and feels; pay attention to that which is evoked by these conversations and perceptions...Paying attention implies an openness...a watch on oneself.... (1984, p. 95).

I expect that, to the extent that I, as the researcher can elicit and pay attention to the stories that I am told, I will be able to draw both important and valid conclusions.

The Interviews

Fortunately, I came to know all of the subjects very well during the four-month period before the interviews. I conducted the initial information/intake interviews for the support program with most of the subjects, and subsequently served as counselor and advisor for all of them. I was also their professor for the required Self-Assessment and Career Planning course. (See Appendix D for syllabus.) This course is designed to build one's self-esteem, confidence, and personal growth, by encouraging a sharing of one's self, as well as participating in group interaction experiences. The course provided the opportunity for a climate of trust and familiarity to emerge, thereby enabling the interviews to be informal, open and honest.

Prior to the interview each participant signed a written consent form which outlined the purpose of the research, of participants' rights, and the use of material. (See Appendix A). Steps were also taken to protect the anonymity of the participants.

Following the Interview Guide, I began each interview with an exploration of the subject's early childhood educational experiences, probing for particular experiences which made her feel good or not good about herself, and for the influence of significant others in her life, particularly that of parents and family members. The questions then focused on key events and experiences in her life which led to the plan to pursue further education. The woman's experiences and perceptions during the "transition period"--the application and acceptance process, orientation, and the first day of school--were highlighted. The interview then turned to current feelings about herself, her life, and her ongoing college experience. Each woman discussed the impact the re-entry program had on her, and any changes she perceived in herself after four months in the program. Throughout the interview, participants were asked to comment on changes in their perceptions and feelings about themselves over time.

The interviewees were stimulated by talking about themselves. During the course of the interviews, even the more reticent women became animated and lively. As the subjects delved deeper into their feelings and experiences, their monologues became coherent stories.

The data were analyzed to present profiles of selected re-entry woman students and to identify common themes and patterns that prevailed among the participants. The interviews were conducted under like conditions mutually agreed upon. Within the body of this study, participants are identified by pseudonyms in order to protect their identity.

This type of research is filled with more intimate, sensitive, explicit, and credible details than one finds in newspaper and magazine interviews. Thus, the interviews better portray the meanings of these experiences and help clarify what it is like, and what it means, to be a female re-entry student at a community college in New England. Hopefully, both present and future re-entry women who read these interviews can make some connections between the experiences of the participants and their own.

CHAPTER IV

SELF-ESTEEM SCALE AND ACADEMIC TRANSCRIPT DATA

The Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale (RSE) is a 10-item Guttman scale. Respondents are asked to strongly agree, agree, disagree, or strongly disagree with ten items. Rosenberg (1979), in his study of school-age children in New York State, reported a Coefficient of Reproducibility of 92 percent and a Coefficient of Scalability of 72 percent (1979, p. 291).

The Scale was administered to each of the ten subjects at the time they entered the support program (the "pre-treatment administration"), and was re-administered at the conclusion of the in-depth interview with each subject (the "post-treatment administration"), at a point about halfway through the program, at the end of the first semester.

Reliability Analysis

The reliability coefficients for both the pre-treatment and post-treatment administration of the Scale were calculated utilizing Cronbach's Alpha. Alpha (α) is based on the internal consistency of the data. The pre-treatment

α value is 0.847 with a mean inter-item correlation of 0.3570. The post-treatment α value is 0.9078 with a mean inter-item correlation of 0.5190.

Scale Results

Utilizing a four-point scale where four represents positive self-esteem and one represents negative self-esteem, mean statistics for the pre-treatment administration and post-treatment administration were determined. A dependent t-test, t=-5.26, df=9, p=.001; revealed a significant difference in pre-treatment and post-treatment administrations of the Rosenberg Scale. (See Table 1, page 67). From this finding, it is concluded that significant gains in self-esteem, as reported by the subjects, occurred between the pre-treatment administration of the Scale, at the beginning of the re-entry program, and the post-treatment administration, halfway through the program.

Academic Achievement

All ten of the subjects performed well academically. (See Table 2, page 67, and Table 3, page 68). This is particularly significant considering the lack of math and science background for most of these students. For example,

Lisa began experiencing math and English difficulties in the third grade. Her problems were significant enough to warrant her being recommended for learning disabilities testing in sixth grade, which never occurred. Nadia reported that, of the ten months she spent studying for her General Equivalency Diploma, nine of them were devoted to her remedial math.

It should be noted that the Health Certificate Program is not a remedial course of study; rather, it is a combination of eight courses designed to prepare a student for entry into one of the health profession degree programs offered at Quinsigamond Community College: Nursing, Occupational Therapy, Respiratory Therapy, Radiation Technology, or Dental Hygiene.

The required work includes two college-level English courses, two psychology courses, a two-semester health science course, a health professions survey course, and a basic math. Most of these courses are readily transferable to any other college or university. (See Appendix E for course descriptions).

TABLE 1

Comparison of Pre-treatment and Post-treatment Administrations of the Rosenberg Self-Esteem Scale

Group	N	Mean	S.D.	t
Pre-treatment	10	28.5	4.478	
				-5.26
Post-treatment	10	32.8	4.367	

TABLE 2

Comparison of Subjects' Quality Point Averages (QPA) Upon Completion of the Health Certificate Program

Subject	Q.P.A.
Tena	3.80
Susan	3.72
June	3.63
Anita	3.48
Carol	3.43
Nadia	3.37
Charlotte	3.32
Lisa	2.99
Margaret	2.97
Linda	2.87

TABLE 3

Average Grades of the Ten Subjects
for Each Course in Health Certificate Program

Course Number*	Average Grade**
AH 106	3.65
EN 151	3.38
EN 152	3.34
MA 105	3.23
PY 151	3.06
PY 181	3.65
SC 103	3.46
SC 104	2.99

*See Appendix E for complete course titles and descriptions.

**A letter grade of "A" = numerical grade of 4.0.

CHAPTER V

THE PARTICIPANTS' DESCRIPTIONS, RECREATIONS AND REFLECTIONS ON THEIR EXPERIENCES

Introduction

This chapter adds important information in areas neglected by researchers in the past. It contains the participants' descriptions of their experiences. They discussed their family backgrounds, their early and later educational experiences, and their decision to return to school. They reflected on those events and experiences in their lives which have made them who they are today, and how their re-entry experience has affected them. They repeatedly talked about the impact of family, friends, and teachers on their experiences, both positive and negative.

All of the women in this study have experienced, to differing degrees, social and economic disadvantages. Some grew up in poor households, where education may or may not have been valued. Many found themselves in a position of disadvantage later in life. This was usually following an early, unsuccessful marriage or pregnancy during their high school years.

The Roots of Low Self-Esteem

Virtually all of the women described childhood educational experiences which caused them to have negative feelings about themselves. Most of these negative early experiences related to their teachers and classmates, as well as their families. Most of the women were clear in pointing out that the sources of their difficulties in elementary school were not academic. For example, Nadia stated:

It really wasn't the schoolwork that made me feel bad. I guess it was that I've always been overweight, and everyone always teased me about that. And then there were my glasses, but that didn't start until later on. But I always had decent marks up until sixth grade.

Only two of the women remembered significant academic problems in their elementary school years. Linda traced her math and English problems back to the third grade:

The first few years of school were fun, then I started having math and English difficulties. Then I started skipping school, staying home, starting at third grade. I had to be escorted to school by a policeman, a friend of the family's, so I would go.

She continued,

In sixth grade I had a really hard time in math, but the math teacher helped me a lot. He also put me in for learning disabilities testing, to see if there was something I was lacking, or if I missed something along the way. He was going all the way

back to third grade, trying to pick up on things. But the testing never happened, I never found out what the problem was. So once I hit junior high, I was lost.

Many of the negative situations from their early school years involved teachers singling them out and causing them to feel stupid. Tena related one such experience:

I wasn't good with scissors, I really failed at that. My teacher made it known to the entire class. I was made fun of by everyone because I didn't cut properly. That really sticks out in my mind.

Carol related a similar experience:

I wasn't the greatest student, and the teacher used to make me go to the board. Even if I couldn't do a problem, they'd make me stay there in front of everyone for twenty minutes. I felt very stupid.

Charlotte recalled:

I was afraid to ask questions, so I just sat there in fear. I remember one time when one of the nuns had asked a question, and I thought I knew the answer, so I put my hand up. But I had the wrong answer. So she called me stupid in front of the whole class. To this day, I have a hard time raising my hand.

Some experiences were quite traumatic. Carol attended a Catholic elementary school, and remembered:

It was a long way from my school to my house, and we had to take a bus. The nuns wouldn't let us go to the bathroom in school. So I used to make it almost to my house, and I would wet my pants, and my parents would get very upset about it. I think that's why we didn't go to a Catholic high school.

Susan haltingly recounted an experience which affected her so profoundly that she had blocked it out for many years.

My fourth grade teacher was horrible. She was constantly sending me out, and making me feel stupid. One time she upset me so much that I wet my pants in front of the whole class. I was so nervous that I lost all my hair. I think it was just totally blocked out, I don't talk about it. I was teased about that for years. The kids were still bringing it up in eighth grade.

The situation required that her parents come to school. But when asked about the results of their visit, she was unable to remember any details. She felt that she was still blocking out chunks of what had happened.

In many cases, the problems experienced in junior high and high school, and even into adulthood, echo these negative early experiences. It is as if they were being programmed for failure. Smelser (1989) explains the connection:

Diminished self-esteem is often the product of something outside the individual; something in one's personal and social environment. If a child is singled out as the family dummy, is the one voted least likely to succeed, or is abused by parents and siblings, that child is a poor candidate for having high self-esteem throughout any part of life. If a child in school is continually identified by teachers as stupid, is made to sit in the corner with the dunce cap on, or is relegated to the inferior academic track, he or she is a good candidate for developing a poor

self-concept. If a child is continually scapegoated by peers and is always the follower and never the leader, he or she may don that role throughout life (1989, p. 8).

Indeed, the women continued to have negative experiences in later childhood and during their teenage years. Margaret had been made fun of all through school because of her looks, and she became a loner.

The kids always made fun of me because I wasn't good-looking. And they still made fun of me in junior high, so I stayed by myself. I was very lonely, I missed all those years not having friends. It really traumatized me earlier on when people used to make fun of me, so it made it hard for me to make a friend.

She dropped out of high school just a few months before graduation. Somehow she thought she'd be more popular if she quit. One year later, she was pregnant.

Susan, after being teased about her fourth grade experience as late as junior high school, developed a frantic desire to be popular, which overrode all other considerations. When she transferred to a vocational high school, she became very popular with a new peer group, even though ultimately it became a negative experience for her.

I went to this vocational school for six months. It started all over, wanting to be popular. And I really was popular there! I was an attractive girl. It was great, but just too much. A lot of kids were into drugs and drinking, and I decided to go into that crowd too.

She returned to her original school, got away from this group, and graduated high school with average grades. By the time she was nineteen, she had weathered a broken engagement, and was married and pregnant.

Nadia had similar experiences. By the time she was a teenager, she had been teased so much that she stated:

I always tended to stay by myself, and if I do associate with others, only with a certain type of person. I think that started as a result of my experiences when I was younger.

She didn't care about school anymore, because she was always so unpopular, and barely passed each grade. Eventually she became involved with a man twenty years older than she, whom her parents didn't like. When she was fourteen, she dropped out of school and ran away with him. Soon after she became pregnant, and married him.

Lisa was put into foster care at the age of twelve, due to problems with her mother. She began to gain weight at this time, when she was in junior high, and the other kids started to make fun of her.

In English class we had to do oral reports, and I refused to do it, I felt self-conscious. The teacher made me feel like a total fool in front of the entire class. She totally demeaned me. I told her to go to hell, and I was suspended.

At the same time she was trying to cope with social and academic problems in school, she was being shuffled from one foster home to another.

In the foster homes, I had to learn how to fend for myself. I ran away from a couple of them, because I was always called "too cute for my britches." A couple of them ended up getting closed down. One of the ladies threw me outside for hours because she said I was too pompous. My food would come through an opening under the door. I wasn't even allowed to eat with the family. I was thirteen years old; I didn't even understand what "pompous" meant.

Then, at the age of thirteen, she was raped by a friend's boyfriend, and nearly killed. She went to court to prosecute her attacker. He was convicted, but only received a two-year sentence, not uncommon at that time.

Interestingly, she said there was a positive aspect to that tragedy, and that was being strong enough to appear in court and testify against him. After several years of mixed up family life and school experiences, she became pregnant at eighteen, and married soon after.

In fact, all of the women in this study were married and pregnant, not necessarily in that order, before the age of twenty. Many had met their future husbands in their early and middle teens. Crockenberg and Soby (1989), after an extensive review of the research on self-esteem and teenage pregnancy, concluded that low self-esteem does

contribute to the risk of an adolescent pregnancy. They state that if achievements and participation in so-called normative membership groups (such as family and school) are incompatible with a pregnancy, the individual would be motivated to avoid it. The cost of a pregnancy to the adolescent would be high. Further, these authors believe that raising self-esteem would increase contraceptive use by both males and females, thereby reducing adolescent pregnancy. Adolescents with higher self-esteem would be more likely to have goals that would be compromised by an early pregnancy and would thus be more motivated to practice effective contraception. They conclude,

Thus, to encourage high self-esteem, we must consider the experiences of children and adolescents in their everyday environments. Our intent is not to design programs to promote high self-esteem, but rather to identify the kinds of family, school, and community experiences that should lead to higher self-esteem in children and adolescents (Crockenberg and Soby, 1989, p. 151).

My findings are consistent with this. These women experienced few achievements in family and school life. Few stated goals they had as teenagers which would have motivated them to avoid pregnancy.

All but two of the women ended up in one or more abusive marriages. Sometimes the abuse was physical, other times it was psychological--their husbands would continually

berate them. Many also had one or both parents constantly putting them down. In some cases this situation has continued to the present time.

Hope and the Desire to Succeed

No matter what the early beginnings or bad experiences, these women had a tremendous desire to succeed. There was nothing casual about their decision to return to school. They may have felt stupid, or frightened, or anxious, but their desire to succeed overrode all of these feelings. Further, only three of the women had graduated from high school; consequently, most earned their G.E.D. before even starting the re-entry program. They truly had hope.

Carol managed to juggle the demands of five children and college studies. Her struggle epitomizes the tremendous drive to succeed that all of these women possess:

Trying to do homework is very stressful. My little ones are out of control, and it's my fault. They have no bedtime. They want me constantly. They're afraid, I think, because their father left. They're afraid I'm going to leave them. So they're on me constantly. They sleep with me, they're on my lap when I'm trying to do homework, they're into all my stuff. And the older ones are always fighting. Trying to do homework in my house is almost impossible. But I do it. Sometimes I don't start until 10:00 at night, but I get it done.

The women gave many reasons for their decision to return to school. Since all of them were involved, to differing degrees, in negative life situations, it is difficult to imagine what might have given them the confidence to make this "leap of faith," to change their lives totally.

Tena found her life had come to a standstill.

I wanted more of a life than Geraldo and Sally Jesse Raphael. I would take the kids to school in the morning, and come home, do laundry and dishes, and talk on the phone, and watch talk shows. Not soap operas, big difference! Than I would pick up the kids and do more laundry. I mean, my life was completely within the four walls, and that's all I had. And we would argue all the time, "I'm watching Phil", "I want to watch Batman." But I thought that there had to be more to life than this. I didn't want to be on welfare for the rest of my life, and I knew I wouldn't be. I could see myself in a profession, but I didn't know what. I knew that I wouldn't be living like this for the rest of my life, but I wasn't sure how long it would take me to get my ass in gear.

June echoed these feelings:

I was so sick of doing nothing, watching my son growing up and understanding more about the world. I felt totally useless. His father's family just sat back on welfare, and I didn't want to be that type of role model for him. Actually, I think the reason I called [Quinsigamond] was because I thought it was too late to apply. But it ended up not being too late. I waited until right before the end, not realizing at the time that that's what I was doing.

Most of the women were motivated by the desire to be a positive role model for their children. Nadia remembered her feelings at the time she made her decision:

I didn't want my kids to be grown up and look at me, seeing that I never did anything. I guess that's what's really pushing me. I want them to see that if I can do it, they can do it too. Also, my son is in special education, and he doesn't know how to read very well. I try to push him, but it just doesn't seem to work. I don't want him to give up. I want him to see that I am trying hard, and so can he.

She was determined to break the cycle:

I don't want my daughter to go through the things that I did, dropping out and getting pregnant. She's fourteen, and she's not doing very well in school. She's always had low grades, but I don't want her to quit school. I talked to her. I tried to give her advice, and told her not to make the mistake that I did. I told her that she may be just passing, but don't quit. I want to be a role model for her.

Many of the women recognized their feelings of low self-esteem, and wanted to feel better about themselves.

Lisa recalled her feelings:

I was sick of being on AFDC, even though I work hard for it. I want to be me. I'm a mother, a lover, and a friend, but I want to be somebody, I want to be working, I want to be out there. I want something more for myself. My kids and friends bring me enjoyment, but that's not enough.

Carol shared her frustrations:

I want to show people that I can do it. I want to show myself that I can do it. I want a job. I

don't want to just sit at home and collect a welfare check. I want my kids to see me out there working. I want to feel good about myself. When I was home all the time before I started school, I got very depressed. I don't have a lot of friends to go out with, everybody's married. So I had nothing to do, and this gives me something important to do. And now that I have really good grades, I guess I can do it!

Anxiety and Fears

Another overriding pattern found in the interviews was that almost all of the women felt tremendous anxiety and fear that they would not be able to succeed. In describing their initial re-entry experiences, the women talked about the three "stages" they went through after applying to the college--their interview, the Orientation, and the first day of school.

Each student had an interview with either myself or with Barbara T., another re-entry program coordinator. One of the biggest fears the women expressed was that of the unknown. Tena recalls:

When I came for my interview, I was very nervous and afraid. I didn't know what to expect. Beware of the unexpected--I didn't know what was going to jump out and bite me. Then I had to go to the Orientation, and I was worried that I wouldn't be in the right place. I didn't really know what to expect then either.

Carol also expressed these fears:

I was very worried about my interview, I didn't know what to expect. I wanted to be a nurse, but I was very, very nervous. I was afraid that I might not be able to do it. Afterwards, I felt better. My questions had been answered, and things were more settled.

Charlotte recounted:

On the way to my interview I thought, "They will probably never accept me." I didn't know if they were going to ask to see my grades from high school, and then tell me I wouldn't qualify. I had gone to school and graduated thirteen years ago; it had been such a long time.

June, however, recalled positive feelings about the interview:

I felt more comfortable, knowing I was meeting with somebody that was behind what I was going to be doing. I felt relieved; I felt more a part of it.

The Orientation was a day-long program designed to ease the transition for the re-entry students. Recent program graduates spoke to the new students. After breaking up into small groups, the women were able to express their feelings, fears, expectations, and ask questions in a more intimate environment. After a buffet lunch, representatives from the various administrative areas of the college, such as financial aid and student activities, gave brief, informative presentations, and answered questions.

As the women were anticipating this event, all of their old fears returned. Many were afraid they wouldn't fit in.

Susan described her feelings at this time:

I was extremely nervous about coming to the Orientation, because I had to come by myself. I hate to do that. It was a big thing for me to walk into that room by myself. Really, no one is looking at you, but you feel like everyone is.

June was afraid she might fail the Orientation.

I was worried they were going to tell me something I couldn't do. I remember hearing the two girls who had graduated talk about the program. I thought, "Oh, my God. It's really going to be tough!" They kept saying that.

Tena recalled:

I didn't sleep the entire night before the Orientation. And it was only the Orientation! I was nervous for about a week, with butterflies in my stomach. I honestly thought that I would be the oldest person in the class, the only one with children. I was afraid that I wouldn't fit in, and I wouldn't be able to do it.

Tena went on:

After the Orientation I was very proud of myself. It was great, and I felt so much better. I went to my mother's house right after, and I was elated. And she said, "See, I knew it would be OK." All my friends and family were saying I could do it, but I didn't really believe them. I'm really glad I went to the Orientation, because it helped alleviate some of my nervousness.

Finally, it was the first day of school. Many of the women were excited despite their fears and negative feelings about themselves. Lisa recalls:

The first day of school was very exciting. I remember you taught my first class, and I felt very comfortable. Math was my second class, and I was scared about that. But I was still very excited. I was thrilled!

Listening to Carol talk about her first day, you can clearly hear both her fear and her excitement:

I couldn't wait to start. I thought about it all the time, and got more excited. The first day, I felt ready to go, especially after I got my books and learned how to read the book lists. But you know how everything makes me so nervous. I felt like a little girl. I needed somebody with me, but I didn't know anyone, so I had to do it alone. It's hard for me to do things alone. But I was just so excited!

Margaret had similarly mixed reactions:

I think the first day of school was really easy. I felt more confident. Everybody was meeting everybody else. But I still sat by myself in a corner somewhere, scanning the whole thing.

June remembers only extreme fear:

On the first day of school, I felt like I wanted to be a 2-year-old with my mother bringing me, and me begging her not to leave. I was scared to death. I didn't know where I was going. Fifty new faces and I felt like everyone was looking at me. It was awful, I wanted to throw up.

Anita was afraid, but she was trying to remain positive about it:

On the first day of school, I remember walking down from the parking lot, feeling numb. I was terrified. I didn't know what to expect at all. But I kept thinking, "This is the first day, and you have to take it one day at a time."

Susan summed up the feelings of most of the group:

When the first day of classes came, I was scared. I had no idea what it was going to be like, and I didn't know whether I would be able to do it. I felt a little better because I had already met people at Orientation. After the first day, I had gone to the classes and met my teachers. I knew where I had to go. More than anything, the "not knowing" part was the worst. I felt good about myself, but I was still very nervous.

Encouragement and Support

Encouragement and support were very important to these women, from their earliest educational experiences to their present college life. Encouragement and acceptance, or the lack of it, from external sources such as parents, teachers, and peers were memorable for them. Gloria Steinem, in her book, Revolution from Within, talks about the importance of the environment to an individual's development:

Since each individual is a literal microcosm of all the forces in the universe, it is not a long stretch to a view of human beings in all their infinite and irreducible variety as being part of and constantly influencing as well as responding to the larger universe. Our newfound ability to map the living brain confirms this new view by showing how context-sensitive are its workings and its neural pathways, how profoundly it adapts to

and is organically changed by different environments, and how inexhaustible are the possible gene combinations that produced each unique brain in the first place (1991, pp. 155-6).

Parents are the first important influence in a child's life. In adolescence, peers become increasingly important, but the parents' influence remains strong. Some of the women's parents took an interest in their school experiences, and gave them support and encouragement. Other parents were uninterested, unaware of the problems. Tena recalls some of her high school experiences:

When I left school I guess my parents were disappointed. I can't exactly say that they didn't care, but they didn't show that they cared at the time. Nobody noticed. At one time I had skipped school three entire weeks in a row, and nobody noticed until the school called. Then my father would drive me to school and watch me walk in the front door. But I'd walk right out the back door. They had no idea what was going on until the school called.

Lisa remembers a trip to California when she was seventeen, after dropping out of school:

My mother had gone into the hospital, and one of her friends had come to me and said, "Your mother wants you gone when she gets back from the hospital." I was really hurt. This friend was going to California, so I asked if I could go with her. I couldn't live with my mother, and I didn't have too many other places I could go.

Anita's mother had never actually been unsupportive, but she remembers getting mixed messages, even when she was out of school and raising her own child:

She was always saying, "I want you to work in a lawyer's office, with a nice plaid skirt and boots." But then she'd say to me, "Stay home with your kid. I always stayed home with my kids. Get a job at the Big D bagging groceries a couple of hours a week, if you really have to get out of the house." She was always dependent on her husband to bring home the money. But she just didn't understand that it didn't work for me.

She met her former husband when she was just fourteen. When she was seventeen, she became pregnant. As a result of this, she ended up in a very abusive marriage. She recalled an experience with her mother at the time of her first visit to a gynecologist:

I know it sounds awful, but I partly blame my mother for my getting pregnant. She wanted me to go to a gynecologist, to make sure I didn't get pregnant. She knew I had been going with the same guy for a long time. But then she scared me about getting an internal exam, so I didn't go that far. I had to get an internal exam to get birth control pills, and I was afraid to do it. Without the exam, the most you could get was condoms and foam and things like that. She really scared me to death about the exam. I know it's not really her fault, but I was petrified. And then she never took me, I had to go myself.

Susan got a job through a welfare training program, which she hated. She remembered how important her mother's support was at this time in her life:

I got this job, and I thought I was stuck there. I just felt like a total failure. I was making seven dollars an hour, traveling ten hours a week, and spending a lot of the money on daycare. I was coming home with next to nothing. I was extremely unhappy, and quit that job. Then I went to waitress at another place, and that was worse. I was a wreck. I finally went to my mother's office one day and said, "I just can't do this anymore." I was crying and all, and I had really had it. And she just told me to stop crying and go back to school. I felt like my mother understood what I was saying. It felt like she had lifted worlds off my shoulders, and everything clicked. The next month I was here.

Just as many of the women had recounted negative experiences at the hands of a teacher, some remembered a particular teacher who had really made a positive difference in their lives at the time, who had made them feel better about themselves. When this occurred, they enjoyed school, even if it was only for one golden year in an otherwise unhappy experience. Susan remembered her teacher the year before her traumatic fourth grade experience:

In third grade, I remember my teacher was so nice. I would always stay after school and help her. I loved her very much. She made me feel really good. Then I went into fourth grade and my teacher was a monster.

Charlotte attended Catholic school as a child, and had some negative experiences with the nuns. She recalled:

There were nuns who didn't really want to be there. They pretty much took that out on the students. I thought they were unfair. But I did

have a very good teacher in fourth grade. She was not Catholic. Why they allowed her to teach there, I don't know, but she was very good. She put her whole heart into teaching, and she loved it. Prior to that time, I had a hard time with reading, and she had separate groups. That really helped me a lot; it helped me get the confidence I needed. After that it was a lot better. I had her again in fifth grade.

Lisa remembered her fifth grade teacher:

I had this teacher, Mr. C., who was probably the best teacher I ever had before coming here. He totally brought everything out in me. He was amazed at how smart I was. I participated a lot in his class. It was like a Mr. Cotter-type situation. He made everybody feel so great. After two years of bad teachers, I got my confidence back.

Linda had been switched back and forth between two school systems. Her story seems to epitomize the importance of teachers to a child's academic success:

In grammar school a lot of the teachers were there to help me and get anything I needed. The school I was going to was excellent. Sixth grade is when it started. We had moved to another town, where I'm living now. I had started school there, and I hated it. The teachers felt that, if you learned it, great, if not, so what. You couldn't concentrate on classes, they weren't interesting. You could sleep in class and the teacher wouldn't care at all. This was from sixth grade to ninth grade. Then we moved back to the first place, and my grades started going back up. The teachers were so much better, they were geared to the students. They really wanted to help them; they wanted them to succeed.

From this, one can see that teachers have real power over their students, for better or for worse. Steinem (1991) summarizes this nicely.

One thing is clear: The human mind can imagine both how to break self-esteem and how to nurture it--and imagining anything is the first step toward creating it. Believing in a true self is what allows a true self to be born (1991, p. 157).

Encouragement and acceptance are still a primary motivating factors in these students' ability to do well. This support can come from teachers, parents and family members, and re-entry program staff. Susan described her current situation:

Going to college has brought me and my boyfriend closer. He helps me study. A lot of the other girls are married, and their husbands won't help them. But he sits there for hours.

Lisa explained the importance of support from home and friends now that she's in college:

I have my mother, my two sisters, and my ex-husband's wife all saying I can do it, I'm smart. They're my morale-boosters.

She went on to describe supportive experiences she has had with college staff and teachers:

I remember talking to you on the phone. One thing I remember was that you asked if I was all set with daycare, and were any things going to interfere with the child care. And I thought, "Wow, this lady doesn't even know me and she's asking about that!" Between you and Barbara, I

felt that I was really going to do this, that you both understood that I have kids and I've got to do things for them.

She continued:

I talked to my science teacher a week before the final exam. I had come in to pick up some quizzes. And he said that I looked like I felt so much more confident, and I agreed. He asked if I had children, and I told him their ages. He said, "Oh my God, you're doing fantastic! You are also a mother, and a housewife, and to be juggling all three things is hard." That made me feel great.

After an abusive marriage, Tena is now in a positive relationship which makes her feel really good about herself.

She described this:

The guy I'm seeing now...I met him here, and he started helping me with English. It started when I took him to lunch after he typed a paper for me. He's done so many nice things for me, and I've only known him a few months. Nobody has ever treated me like that before. He's done a lot of nice things like that for me. It makes me feel warm and good.

Self-Esteem and Academic Achievement

As each woman described her feelings about herself and her life after four months in the program, a clear pattern emerged. Every one of the women felt better about themselves, happier and more confident. Carol expressed her feelings about her new life:

I have a purpose in life. I have something to look forward to. I'm beginning to feel more

confident; and I don't feel stupid anymore. I feel like I can learn; and I feel better about myself. It's done a lot of good for me. It's caused a lot of stress in my life too, but I think it's done more good.

June had learned some things about herself:

I'm very positive now. I have a great drive to do things, to get things done, even the hardest things. You may not know this, but I have a big mouth! I've looked at myself a lot--shut my mouth and started listening. I feel very good about myself now.

Tena described the biggest differences between how she felt about herself four months ago, and how she feels now:

The biggest difference between last September and now is that I'm definitely more confident. I know that this really built my self-esteem; it did wonders for my confidence. I seriously didn't think I would be capable of doing any of the work they would give me. When I first came, I thought, "Will I even make it through the first couple of weeks?" And I did it! I got a 3.75 average, and I'm very proud. It's been a long four months, but it's been worth it.

Lisa echoed her enthusiasm:

I am so changed! I have more self-esteem, more confidence, and I'm much happier. Good, healthy changes. Now that I got my report card, I know I can do it. Even with three kids and problems with my boyfriend, I managed to get good grades. And I never even finished the 10th grade! I'm really proud of myself.

Margaret had overcome some of her biggest fears-- interacting with other people, and talking in front of the class:

I'm able to talk to people much easier now because I feel more confident. The oral reports we did in psychology class really helped. I think I could actually do another oral report now. I don't feel as nervous as I used to. I don't feel like I'm as shy as I used to be either. And I know I can make it, with some hard work.

Anita revealed her determination when she talked about what she had learned about herself in the past four months:

I'm not as worried about what other people want me to do for them. I'm more worried about myself. I have taught myself to put me first. I realized that a lot of people, all they really do is care about themselves. Nobody is going to care about me or my kids except me. This is the way I have to do it, and I'm not letting anything get in my way. God help anybody who tries!

Developing Confidence

The last question in the interview process (see Appendix C, question 9) asked each woman to rate her feelings about herself, on a scale of one to ten, ten being the most positive, at the time she made the decision to return to school, and at the time of the interview, four months into the re-entry program. Most of the women felt they had self-esteem problems at the time they decided to return to school. The "before" ratings ranged from 2 to 7, with an average of 4.85. The "after" ratings ranged from 6 to 10, with an average of 8.6. Clearly, all of the re-entry

women in this study felt significantly better about themselves four months into their college studies.

The women were also asked to rate, on a scale from one to ten, what their feelings would be if for some reason they had to stop attending school. Every subject but one rated this as a 9 or 10.

Finally, the women tried to determine the point at which they began to feel more confident, and in almost every case, it was after they had received feedback about how they were doing in their classes, in the form of grades. Sometimes it was their first major quiz or test, other times it was the mid-term progress grades that each student receives about halfway through the semester.

Lisa was the only woman who attributed her confidence to factors other than grades and other feedback:

After the first week, I knew what direction everything was taking. I started to feel more confident after all the paperwork was done, knowing my courses, getting my books, and straightening out my financial aid. I was more nervous at first because I didn't know where to go. Then I got to know the school, and learned where to go with questions. So after that was all set, after maybe the first week, I started to feel very confident.

Her discussion of her feelings about her life now was a reminder of just how much these women had to deal with:

On a scale of one to ten, I would rate my life now about eight to ten, depending on what day it is. Mostly, I feel much better. My family life is good, but my kids are two, four, and ten, and those are very hard ages. They're all going through their own individual things, so I have to understand their feelings. It's a lot to deal with all at once. School times are basically always a ten, because I feel great. But when I get home, sometimes I move down to an eight.

The other nine subjects attached their feelings of confidence to their level of academic achievement. June recalled:

I began to feel more confident when I started getting good grades. Because you can think you're doing well, but until you get the other people behind what you're doing, you don't really know. It shouldn't be like that, but it is. That's when my self-esteem started to get better. In your class there weren't really any grades, but I could tell I was doing well because I was learning a lot about myself. I don't think anyone takes the time to look at themselves until they have to.

Carol described her experience:

It took a little while before I began to feel confident. I was starting to feel better after the first week, but then we had a quiz in Health Science, and I got a 75. I totally flipped out, and I wanted to quit. And I had to learn how to study again, which was a hard thing. I couldn't retain anything. After three to four weeks, I started to meet people and get into the swing of things. My grades were getting better, and felt good about what I was doing. It took about a month.

Margaret explained how her confidence was really tied up in the grades she was getting:

I felt kind of confident after the first week or so. But then I got let down when I started to get bad marks in science. I wondered if I could really do this. My confidence just zoomed down. Then I realized it was probably my fault--I wasn't studying the way I should have, with family life at home and all. So I worked harder. My grades got better, and I felt more confident again.

As I listened to the stories these women were telling me, it seemed that their self-esteem was really tied up with their level of academic achievement. When they received good grades, they felt good about themselves. When they received lower grades, they began to doubt themselves. It seemed that their self-esteem had increased as a result of their academic achievements. Or perhaps, as Covington (1989) had posited, "self-esteem may be both a cause and a result of achievement" (1989, p. 75).

Impact of the Re-Entry Program

Strikingly, every one of the ten re-entry women credited the Health Certificate Program for her success. Linda told of her feelings about the program:

If I had just come back to take courses, I probably would've been a lot more scared. Everybody in the program is about the same age; and everybody made everybody else feel comfortable. We all know what the others are going through. And all of us have been out of school for at least ten or twelve years.

Carol explained the importance of the support she received from the program:

This program was definitely a big help. I don't think I could've just started into the nursing or occupational therapy program without doing this first. I think it would have been too frustrating, too hard for me. Somebody else, somebody right out of high school could probably do it with no problem, but not me. I would have been setting myself up for failure. I would definitely not have been as successful.

Susan felt that she would not have been as confident without an organized program:

I first started talking out loud in the psychology class. It would have taken me a lot longer to get into the swing of things without the program. I think it makes you feel more involved, because it is a "program," and not just a bunch of courses.

Many of the women had described how meaningful the support they had received from program staff and teachers had been. Tena explained how important the support from other women in the program was to her:

I think it's more supportive that we're a group, that the program is organized like that. I plan to go into nursing, and now I can imagine how tough it would've been if I had gone straight into that. Also, I met H, which was good. H and I hit it off great. Between the two of us, what she didn't know, I did, which relaxed us both. I would never have been having such a positive experience without this program.

It is clear that all of the women in this study felt that without this program, they would not have been as

successful. Each subject described the importance of the many supports built into the program--the initial interview, Orientation, meeting faculty, staff, and peers before the first day of school--in allaying some of their fears and making them feel more confident about starting this endeavor.

Discussion

The re-entry women in this study face tremendous pressures from all sides. All but one are single parents, raising between one and five children. Their children demand attention, their schoolwork demands attention, and somehow in all of this they must run a household, trying to make ends meet on a welfare budget. It is truly a credit to their great determination that they have been able to do this successfully.

There are many threads which run through these narratives, and patterns which emerge. Each of the re-entry women experienced situations or events at home and school, during their formative years, which had resulted in low self-esteem. This is clear from both the interviews and from their own self-ratings on the Rosenberg Self-Esteem Scale. For all the women, their low self-esteem seems to

have spiraled them downward, into unsatisfying relationships and negative life situations.

But what really stands out is their tremendous determination, their overwhelming desire to succeed. No matter how much fear and anxiety, self-doubt and uncertainty, every one of these women has successfully re-entered school after a long absence and past failures.

Most of the subjects recognized the importance of encouragement and support to their success, both during their early years and in their current endeavor. Sometimes this support came from a particular teacher, whom they remember to this day. Other times it came from parents, friends, or husbands.

The relationship between self-esteem and academic achievement is not quite what one might expect. Self-esteem, in other words, does not seem to be the issue in predicting academic success for these women. Rather, it is the positive environment, feedback, and support, throughout their school careers, from people and from programs such as the Health Certificate, that seems to make the difference in endurance, motivation, and ability to tough it out when the going gets rough. For most of the women, their positive re-entry experiences appear to have raised their levels of both global and specific self-esteem. They reported feeling

better about themselves in general; and they also talked about feeling better about particular parts of themselves, such as their ability to deal with others, or their academic mastery in some area. Certainly, they still experienced self-doubt. But they felt that their lives had finally taken a positive turn; and most had experienced a great deal of personal growth. Further, most of these women had a vision of what schools ought to be like, and saw many of their ideas at work in the Health Certificate Program.

CHAPTER VI

REFLECTIONS, CONCLUSIONS, RECOMMENDATIONS

How significant is this population of re-entry, non-traditional students, and how important is their ability to return to school? K. Patricia Cross observed,

It is difficult to think of any social change presently occurring or predictable, that would not require increased attention to lifelong learning. Education has a generally supporting, and sometimes critical role to play across a broad range of human endeavors--from improved job skills to enrichment of life for the individual, and from reducing unemployment to coping with worker alienation for the society (Cross, 1981, p. 12).

The initial premise of this study was to determine if a level of self-esteem would predict one's academic success. What these case studies show is that academic success is a predictor of self-esteem, as evidenced by the inventories, interviews, and transcripts.

During the taped interviews all of the students commented strongly on how good they felt that they had achieved success in the first semester of the program. Their responses on the Rosenberg Self-Esteem Scale, from the pre-treatment administration at the beginning of the program, to the post-treatment administration halfway

through the program, showed a significant increase in reported self-esteem. All of these students achieved success academically as indicated by their transcripts; and this is what seemed to determine their increased level of self-esteem.

How can a woman who has had low self-esteem all of her life, rating herself a "2" when starting the re-entry program, tell me four months into the program that she's never felt better about herself and feels like a "10"? How can a woman who has felt like a failure in her life because she didn't finish high school, never did well in school, never felt that she would amount to anything, make the Dean's List and be accepted to a health career program (nursing) the following Fall? Can just the encouragement and support of a four-month program really change a lifetime of feeling and thinking one way, to another entirely different way of feeling and thinking?

Certainly a lifetime of negative feelings that one has about one's self cannot be eradicated in four months--but we do know that what starts as a drop of water soon becomes a stream. A little positive reinforcement does go such a long way. The importance of belonging and being part of something may make all the difference to someone. It's as Nadia stated in her interview:

The best times that I remember, that were the happiest in my childhood, were when we all, my parents and me, went somewhere together. To the beach once, or a picnic. I really felt good then.

There needs to be a degree of awareness and sensitivity to the needs of the re-entry woman. Since this student will be looking for external validation, the approach taken by faculty and staff may enhance or severely hamper the student, and the student's perception of the campus climate. The self-esteem of re-entry women can be seriously undermined by faculty and others who do not hold high expectations for the student, and thus do not assist the student in reaching them.

These students are dealing with:

- Fear of failure (past schooling experiences, failed marriages).
- Feeling too old and out of school too long to compete with younger students.
- Issues with authority (particularly male).
- Lack of a support group.
- Overwhelming personal issues (running a home, raising children, financial burdens, widowed or divorced, family threatened by her returning to school, cultural differences.)

Therefore, they manifest the following in the classroom situation:

- test anxiety

- submissiveness
- hostility
- giving up
- unrealistic expectations (too high or too low)
- fear of success
- self-fulfilling prophecy of failure

There needs to exist sensitivity to these issues by helping women to empower themselves: allowing them alternative testing schedules and methods, helping them to deal with test anxiety, acknowledging their sacrifices, giving them positive reinforcement, providing information on stress reduction, and encouraging individual meetings.

If a re-entry student is to succeed, a re-entry program must address these issues. I see it almost as a "mentor" in a sense, since it can be the determining factor as to whether these students will be successful in their re-entry experience. The Health Certificate Program provides a supportive environment for the re-entry woman right from the outset. Within this environment, the student is able to receive feedback about her expectations before she even starts classes. The initial interview gives her an opportunity to work one-to-one with the counselor, in making important arrangements which may be weighing heavily on her

mind, such as child care. The student also begins to allay her fears of the unknown, by discussing her expectations with the counselor. The Orientation not only adds to her knowledge of college services and what to expect from the college experience, but also provides a glimpse of her new peer group. Many of the women expressed surprise when they found out they weren't the oldest students in the school. They emphasized how important it was to them to receive this feedback before starting classes.

Steinberg (1990), in discussing the "magic circles" program, reveals the tremendous positive impact good self-esteem can have on children. At the college level, however, we do not have the opportunity to recreate childhood. We do, however, have the opportunity to help break the pattern of low self-esteem through academic success, which is a first step.

As stated previously, this can be done with the sensitivity that one hopes will be inherent in the personnel dealing with these students and by redefining the meaning of success and failure in terms of individual striving. How hard has the student worked, and how far has the student come, and how much of the responsibility do they attribute to themselves? "Leaders, poets, scholars, and historians from the earliest of times believed what we believe today;

that responsibility is a manifestation of an individual's high level of self-esteem" (Mecca, 1989, p. ix).

Many of the students in this study felt a need to take the responsibility of becoming a role model to their children. It is very important to these women to succeed as much or more for their children than for themselves. Ensuring that their children do not continue the cycle of dropping out of school, teenage pregnancy, and welfare, is in fact what these women see as success for themselves. Therefore many of them are going through this experience with the double vision of parent--and thinking of the child they are guiding.

Just as the women in this study sought to be role models for their children, faculty and staff can be powerful role models for re-entry women. In the Preface to The Social Importance of Self-Esteem, Vasconcellos (1989) explains the impact this modeling can have:

My father, who was an educator, early on taught me a lesson whose significance I recognize more each day: "You can't give what you haven't got." Virginia Satir, in her characteristic way, stated the same lesson positively: "What each of us most profoundly teaches is not 'what I say,' but 'how I model.'" By the character of your own presence, you will either encourage or discourage others' sense of themselves. Your own self-esteem and practice of responsibility inevitably affects these qualities and actions in others. Developing self-esteem and responsibility--a potential

"vaccine" against the social problems we face--may be the most compelling of human ventures.
(Vasconcellos, 1989, p. xxi)

Evaluations also have a direct correlation to self-esteem and very often the question of grades and teacher feedback have been perceived as a negative element in relation to building good self-esteem. However, almost all of the participants in this study commented on how important it was to find out from their instructor what their grade was. In fact, even if they knew they were doing well, it didn't "count" unless they saw that A or B grade; and they were also quick to point out that if it wasn't the grade they wanted or hoped for, they then knew they needed to try harder. They also stated how important the feedback was so that they knew if they were on the right track. When people have low self-esteem, they need as much information as possible. None of the subjects objected to being evaluated; on the contrary, it was very much sought after. Even though a failed test disappointed them, they did not feel like a failure. As discussed by Covington (1989), "Students who do not receive information about how well or how poorly they are doing may subsequently perform less well than if they have been given consistently negative feedback" (1989, p. 82).

Every one of the women in the study has been academically successful, most making the Dean's List. This is not surprising to me. In my thirteen years of involvement with this population, I have found this to be typical. The motivation these women need to have to decide to return to school, and the increased self-esteem they experience from their grades are two of the major factors responsible for this success. This is not to say, however, that success should only be measured with a grade. On the contrary, we need to ensure that other meaningful rewards are available to students.

As a result of these case studies, I conclude that a national consciousness from all segments of the population regarding re-entry education is essential. We are a society in which women are spending significantly more of their younger years as well as their later ones, outside marriage. This means that this significant segment of our population are "on their own" economically, but not necessarily living alone. On the contrary, most of these women will be single parents, and many will be rearing children within the welfare cycle. Only about one out of every four adult women today stays home to rear her children; and this group will soon make up less than ten percent of all women (Aslanian, 1989).

These trends will shape our society and our society's workforce. They create a situation where employers will have to keep people (particularly longer-living women) working longer, and/or bring those individuals into the workforce who traditionally have been prohibited from or have been ill-prepared for entering the workforce. It is becoming clear that we are creating a society of single mothers and children, about half of whom will continue to be poor and dependent on welfare. Overall, the poor in our country have increasingly become poor women with children, and this trend is becoming stronger. Parenting and child care issues will need to be given much more importance in our planning for the next century. As Aslanian (1981) quotes from another writer, "Soon parenting will become separated from marriage just as sex was separated from marriage in an earlier era" (Aslanian, 1981, p. 7).

More and more children are being born out of wedlock, mostly to teenage mothers; one out of every five births in 1989, according to Aslanian (1981). The national rate of homelessness among women increases daily. Statistics are not yet in as to how that impacts on society. However, it does not take a set of numbers to realize that we have a percentage of our population born out of wedlock to women who are not educated, and who cannot work at meaningful

paying jobs, and therefore must remain on welfare and could become homeless. What happens to those children? Much has been written about the welfare cycle, but in today's society, very often that cycle broadens to include homelessness. We may be creating a generation of children who may never know what it is like to be brought up in a stable home, with traditional values. We may well be contributing to the perpetuation of ignorance and poverty, and a population with low or no self-esteem, which inevitably breeds violence, and untold costs to society. In fact, the very existence of life as we know it is threatened. For a long time this population has been in the minority, and still is; but the numbers from all accounts indicate that this population is growing, and growing fast.

I believe, then, that most re-entry women are willing and can re-build their reality to encompass a new concept of themselves, so that growth, responsibility, and a sense of fulfillment can be theirs, and will be passed on to their children.

If these goals can be understood and attained, we can ensure the re-entry student a successful outcome. In his commencement address at American University in 1963,

John F. Kennedy stated:

We can help make the world safe for diversity. For, in the final analysis, our most basic common link is that we all inhabit this small planet. We all breathe the same air. We all cherish our children's future and we are all mortal.

APPENDIX A

WRITTEN CONSENT FORM

To participants in this study:

I am Marilyn Gordon, a graduate student at the University of Massachusetts, in Amherst, as well as Professor of Psychology at Quinsigamond Community College. The subject of my doctoral research is "Self-Esteem and Non-Traditional Re-entry Women Students at a Community College." I am working with women who have returned to study at Quinsigamond Community College after an interruption in their education for any one of a number of reasons. You are one of approximately ten participants.

As part of this study, you are being asked to complete a self-esteem inventory, and to participate in an in-depth interview. The interview will be focused on your decision to return to school, and your experiences as a student at Quinsigamond.

My goal is to analyze the materials from your self-esteem inventory, interview, and academic transcript at the end of the semester, in order to provide a greater understanding of non-traditional, re-entry women, and the relationship between self-esteem and academic success. This information will be important to educators and administrators in designing effective programs to assist women who are re-entering college. As part of the dissertation, I may compose the materials from your interview as a "profile" in your own words. I may also wish to use some of the interview material for journal articles or presentations to interested groups, or for instructional purposes in my teaching. I may wish to write a book based on the dissertation.

Each interview will be audiotaped and later transcribed by me or by a typist (who will not be connected with this program and who will be committed, as I am, to confidentiality). In all written materials and oral presentations in which I might use materials from your interview, I will use neither your name, names of people close to you, nor your address. Transcripts will be typed

with initials for names, and in final form the interview material will use pseudonyms.

You are free to participate or not in this research without any prejudice to you. You may at any time review the material, when available. You may at any time withdraw from the research process. You may withdraw your consent to have specific interview excerpts used, if you notify me at the end of the interview. If I were to want to use any materials in any way not consistent with what is stated above, I would ask for your additional written consent.

In signing this form, you are also assuring me that you will make no financial claims for the use of the material in your self-esteem inventory or interview.

I, _____, have read the above statement and agree to participate in this study under the conditions stated above.

Signature of participant

Date

Signature of researcher

APPENDIX B

THE ROSENBERG SELF-ESTEEM SCALE

Respondents are asked to strongly agree, agree, disagree, or strongly disagree with the following items:

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

APPENDIX C

INTERVIEW GUIDE

1. How would you describe your early grammar school experiences?
 - a. What experiences made you feel good about yourself?
 - b. What experiences made you feel not good about yourself?
 - c. What about your experiences with grades and report cards?
 - d. If you had to give a letter grade to your early educational experiences, what would it be?

2. Were your early educational experiences different from your teenage ones?
 - a. What were your feelings about it?
 - b. What were your family's feelings?
 - c. Did your parents and other family members complete school?

3. Would you tell me about events or experiences in your life that have made you who you are today?
 - a. Experiences that have made you happy?
 - b. Experiences that have made you unhappy?

4. Tell me about when you first decided to come back to school--How long ago did you make the decision? What were the steps you took?
 - a. What was going on in your life at that time for you to come to this decision?
 - b. Was there anything in your life to give you enough self-esteem to make this leap?
 - c. On a scale of 1 to 10, 10 being the highest, what number would you give yourself

in terms of how you felt about yourself at that time?

5. "Before and After" questions:

a. What did you expect to find when you came to QCC for the interview for the Health Certificate Program?

How did you feel before the interview?

How did you feel after the interview?

b. What did you expect when you came to QCC for the Orientation?

How did you feel before the Orientation?

How did you feel after the Orientation?

c. What did you expect when you came for the first day of school?

How did you feel before you came for the first day?

How did you feel after the first day was over?

6. At what point in the semester did you start to feel more confident about school, if at all?

7. If you had to leave school, for whatever reason, how would you feel, on a scale from one to ten, ten being the worst?

8. You've been in the Health Certificate Program now for one semester, four months. Have you noticed any changes in yourself since you started school?

What do you think is the biggest difference between the "you" of last September, and the "you" of right now?

9. On a scale of one to ten, ten being the highest, what number would you give yourself in terms of how you feel about yourself now?

APPENDIX D

PY 181: SELF-ASSESSMENT AND CAREER PLANNING COURSE SYLLABUS

TEXTBOOK: Coming Alive From Nine to Five
(Betty Michelozzi, 4th Edition)

COURSE DESCRIPTION:

This course is designed to help students appraise themselves in relation to possible life/career choices. The course will include experiences that stimulate a more accurate appraisal of interests, abilities and values, a lessening of stress involved in choosing a career, and an exploration of the various world of careers. A variety of class experiences are involved including group discussions, communication skills, role playing, and vocational testing. A multicultural perspective will be presented during this course so that issues related to gender, ethnicity, socioeconomic status, age and sexual preference are appropriately addressed.

COURSE OBJECTIVES:

Students completing this course should have achieved the following course objectives:

- Explore and identify their values and life style.
- Investigate their skills and abilities and the place they have in career planning.
- Identify both strong and weak areas of personal and career/educational planning.
- Be exposed to methods of decision-making and goal setting for life/career planning.
- Develop an awareness of career information in general and explore a career of interest.
- Learn the mechanics of a job search including the writing of a resume, cover letter and interviewing.
- Develop life planning goals that are consistent with their skills, abilities, interests, life style and values.
- Visit the Career Planning Center and be introduced to extensive career information and how to use it.

- Have an opportunity to meet new people, have some fun and grow as people and achieve a higher level of confidence and self-esteem.

INSTRUCTIONAL METHODOLOGY:

Course objectives will be met through the following methods:

Lecture	Role playing
Discussion	Self study exercises and projects
Text	Outside interviews--career information
Class handouts	Group participation exercises
Films	

Individual meetings with students to develop a career profile may be an option in place of some classes.

COURSE REQUIREMENTS:

The following are the basic course requirements:

- Mandatory Attendance (no more than 6 absences)
- Assignments (to be discussed)
- Class participation
- Readings

GRADING SYSTEM:

Class Participation and Attendance	25%
Assignments	25%
Book Reactions (2) oral and written	25%
Final Paper	25%
	<u>100%</u>

This course is graded A, B, C, F

A (90-100)	C (70-79)
B (80-89)	F (Lower than 70)

Student input and suggestions regarding the course are most welcome. Careful consideration will be given to them, with the willingness to make modifications.

APPENDIX E

HEALTH CERTIFICATE PROGRAM COURSE DESCRIPTIONS

EN 151

English Composition and Literature I

Practice in the form and structure of the short essay. Students will be assigned various in-class and out-of-class writings. The diverse modes of rhetorical discourse will be taught and discussed, with the intent of improving students' writing competencies. Research procedure, essential to college studies, will be covered, including bibliographic citation, annotation, and research methods.

Upon successful completion of the course, the student should be able to write a college level essay with a clearly defined thesis, logical development, mature tone, and a minimum of grammatical errors. The student should also understand how to do a research paper.

Prerequisite: EN 111 or EN 150 or appropriate placement score.

EN 152

English Composition and Literature II

A study of the various types of imaginative literature, specifically short stories, drama, and poetry. Emphasis on oral and written interpretations of readings and applications of themes to contemporary concerns. Instruction in and exposure to several modes of literary criticism. A short research paper demonstrating knowledge of at least one critical approach to several works and/or several genres.

Upon successful completion of the course, the student is expected to: understand the basic criteria for good literature, be familiar with the text selections that represent a sample of the best authors, be able to commit this knowledge to a cohesive, written discourse, understand the basics of literary research.

Prerequisite: EN 151 or equivalent.

MA 105

Basic Math Skills

A course for the student with little or no math background. The course is individually designed to meet the needs of each student. Major topics covered include the following: ratios, proportions, whole numbers, fractions, decimals, percents, and an introduction to algebra.

Prerequisite: appropriate placement score.

AH 106

Introduction to Health Professions

This course is intended to complement the rest of the curriculum of the Health Certificate Program and assist the student in choosing a specific career program. Representatives of the various health care delivery programs meet with the class and describe their work in the health care network. Additionally, students will study medical terminology to acquire the foundation for a professional vocabulary.

Restricted to Health Certificate students only.

SC 103

Introduction to Health Science I

The first semester of a course stressing the concepts of external anatomy of the human body including planes and axes, matter and energy, chemistry of the atom, elements of inorganic chemistry, pH and buffers, organic molecules, and biological building blocks.

After completing the requirements of this course, the student should be able to: describe the external anatomy of the human body, using directional regional terms, including planes and axes; understand the differences between matter and energy, and describe and explain the various states and forms of matter and energy; describe the atom including its subatomic particles, valence, and ionic reactions and ionic compounds; understand pH and its importance on body chemistry; review major concepts and organic chemistry including aliphatic, cyclic and aliphatic alkanes, alkenes, and alkynes.

Restricted to Health Certificate students only.

SC 104

Introduction to Health Science II

A sequel to Introduction to Health Science I which stresses biological chemistry, the metric system, the cell, and the skeletal system.

After completion of the requirements of this course, the student should be able to: Describe the basic chemistry of carbohydrates including monosaccharides, disaccharides, and homo and heteropolysaccharides; understand the basis upon which all lipids are grouped together, and describe the basic chemistry of triglycerides, steroids, waxes, prostaglandins, fat-soluble vitamins, and complex lipids; describe amino-acid and protein chemistry and classify proteins according to chemical composition and function; understand nucleic acid chemistry; review the major components of the metric system, including metric to English and English to metric conversions; describe the anatomy and physiology of the integumentary and reproductive systems, with an introduction to the anatomy and physiology laboratory.

Prerequisite: SC 103.

PY 151

Introduction to Psychology

An introduction to the study of human behavior.

In addition to the history and methods of psychology, among other topics, the following areas of human behavior will be studied;

Perception and sensation, motivation, learning, emotions, and personality development.

Upon successful completion of this course, students should learn to appreciate the various influences upon behavior, such as learning, motivation, and perception.

A multicultural perspective will be presented during this course so that issues related to gender, ethnicity, socioeconomic status, age, and sexual preference are appropriately addressed.

Prerequisite: EN 110 or appropriate placement score.

PY 181

Self Assessment and Career Planning

Designed to help the student discover information about herself/himself and the world of work that is helpful in making tentative career plans. Opportunity given to explore values and interests, to identify abilities, and to acquire some skills useful in career planning or while undertaking a job search.

The student should be able to make more realistic and appropriate choices in selecting from career alternatives. In addition, the student will learn more about his/her self in terms of motivations, job satisfactions, and potential realization.

Source: Quinsigamond Community College Day/Evening Class Schedules, Fall 1993 and Spring 1993.

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