Youth's self-construction in the context of residential care: The looking-glass self within the youth-caregiver relationship

Carla Sofia Silva[1,2], Maria Manuela Calheiros[1]

CICPSI, Faculdade de Psicologia, Universidade de Lisboa, Lisboa, Portugal

Instituto Universitário de Lisboa (ISCTE–IUL), CIS–IUL, Lisboa, Portugal Armadas, Lisboa, Portugal

Author Note

Correspondence concerning this article should be addressed to Carla Sofia Silva, CICPSI, Faculdade de Psicologia, Universidade de Lisboa, Alameda da Universidade, 1649-013 Lisboa, Portugal. E-mail: carlasilva@psicologia.ulisboa.pt.

Declarations of interest: none

This research was co-funded by the Lisbon 2020 Program, Portugal 2020, and the European Union, through the European Regional Development Fund (ERDF) and by the State Budget, through Fundação para a Ciência e Tecnologia (PTDC/CED-EDG/30373/2017).

The authors are grateful to the directors of the residential care units for approving this study and to the youth and the residential caregivers for agreeing to participate.

Abstract

Youth in residential care typically struggle to construct a positive sense of self, given their often highly adverse life experiences. However, the processes that explain youth's self-representations process in residential care have not been systematically analyzed. Based on the symbolic interactionism theory, this study addressed this gap in the literature by testing the Looking Glass Self Hypothesis (LGSH) in this development context within the relationship between youth and their main residential caregiver. Participants were 755 youth from 71 residential care units in Portugal, 12-25 years old, and their respective main caregiver (N = 300). Through a multi-mediator model, we examined whether caregivers' actual appraisals of the youth in care were associated with youth's self-representations via caregivers' reflected appraisals (i.e., youth's perceptions of their main caregiver' appraisals of them). Results supported the LGSH in the context of youth-caregiver relationships in residential care, emphasizing the important role of residential caregivers in youth's self-construction process.

Keywords: youth, residential care, symbolic interactionism, looking-glass self hypothesis, social relationships

Youth's self-construction in the context of residential care: The looking-glass self within the youth-caregiver relationship

Residential care is still the primary form of out-of-home care placement for children and youth in Portugal (ISS.IP, 2020), despite ongoing efforts to fully implement a child protection system focused on the family's potential as the desirable upbringing milieu (Law No. 26/2018; Decree-law No. 139/2019). According to the Portuguese law (Law No. 26/2018), child and youth residential care is a temporary or long-term out-of-home response prescribed by the child protection system, aiming to ensure the safety, well-being, and appropriate development of children and youth at risk (e.g., orphaned, abandoned, deprived of adequate family environment, subject to abuse and/or neglect). When their best interest requires, residential care placement can last until youth are 21 years old, or until youth complete 25 years old when there are ongoing educational processes or professional training. The Portuguese out-of-home care system includes Foster Care, Generalist Residential Care Settings, and Specialized Residential Care Settings (i.e., emergency Shelters, residential care to address therapeutic or educational needs for children and youth with severe mental health problems, and autonomy apartments). The most recent official data from the Portuguese context show that 86% (i.e., 6129) of children and youth in out-of-home care are living in generalist residential care settings, about 11% in specialized residential care settings (ISS.IP, 2020), while foster care accounts for merely about 3% of out-of-home placements. Although policy efforts are undergoing in Portugal to promote family foster care as the preferable out-of-home care placement alternative (Decree-law No. 139/2019), these data reflect the scarcity of placement alternatives to generalist residential care that still exists in Portugal.

The present study was conducted with generalist residential care settings, which aim is to create an environment that resembles a family context as much as possible based on therapeutic milieu assumptions (i.e., a relational space where interactions are intended to

meet the needs of the children and youth in care). In Portugal, each residential unit (i.e., group) can host up to 15 young people, although this number may be exceeded, on an exceptional and duly justified basis (Decree-law n.º 164/2019). Young people placed in these facilities are accompanied by multidisciplinary teams, usually including social workers, psychologists, and caregivers, who are responsible for ensuring that youth's needs are addressed the best way possible.

Self-construction in residential youth care

Youth in residential care typically struggle to construct a positive identity, as a result of their complex and often traumatic life histories (Knoverek et al. 2013; Schofield et al., 2017). Being in residential care can add additional challenges for the construction of a positive sense of self in these youth (Neagu & Seba, 2019). For instance, the placement of several children and youth, with strong and complex needs, together in residential youth care homes, can strain the ability of this protection measure to appropriately address these youth's specific needs for a positive identity construction, which may potentially increase their distress and trauma (Marshall et al., 2020; Smith et al., 2017). Instability in residential care placement, either caused by youth's placement changes or by staff turnover, is also a relevant during-care risk factor since it undermines young people's ability to build stable relationships with the professionals involved in their care (Cahill et al., 2016), which are pivotal in supporting their positive identity formation (Marshall et al., 2020).

In addition, when these children and youth are placed in residential care as a protective measure, they also receive a collective identity (i.e., children and youth in residential care), which inevitably entails labels and social images, often reflecting stereotypes held by the overall society about them (Authors, 2016; Authors, 2018; McMurray et al., 2011; Neagu & Sebba, 2019). The mostly negative social images attributed to children and youth in residential care as well as the stigma associated to this type of placement may

have a harmful impact on their identity construction and well-being (Authors, 2015; Schofield et al., 2017). This may be especially so in adolescence, when one of the main development tasks is identity formation (Newman & Newman, 2017). Facing additional complexities and challenges in this key developmental period, youth in residential care may see their vulnerable situation as their fault and internalize that stigma, which can lead to a threatened self-concept and lowered self-esteem, negatively impacting several psychosocial adjustment outcomes (Marshall et al., 2020).

Notwithstanding these challenges, residential care can also have a positive impact on these young people's self-construction processes, by providing a sense of security, belonging, and permanence (Schofield et al., 2017). Residential youth caregivers have a pivotal role in this protective function of residential care (Cahill et al., 2016; Authors, 2013). It is well recognized that, in the context of residential youth care, professionals are responsible for addressing their daily needs and providing the nurturing relationship experiences required for a positive identity construction (Smith et al., 2017). Residential caregivers may help these youth acquire a positive identity and sense of self, by helping them make sense of, and respond to, their personal history, psychological and educational needs, and developmental trajectory (Sindi & Strompl, 2019). Indeed, there is evidence that youth in residential care settings where they were listened to, were supported to overcome stigma, and recognize their individual worth, were able to make better sense of their life history and develop a positive identity (Neagu & Sebba, 2019; Schofield et al., 2017).

Given the increasingly acknowledged interrelation between how individuals see themselves and their well-being (McMurray et al., 2011), understanding youth's self-construction processes in the context of residential care is crucial in order to discern how to better support these youth in constructing a positive identity, and thus promote improved adjustment outcomes in this population (Fergusson, 2018). However, little attention has been

paid to youth's self-construction processes in this development context (Marshall et al., 2020; McMurray et al., 2011). Additionally, despite the recognized relevance of residential caregivers for these youth's adaptation processes (Cahill et al., 2016; Sellers et al., 2020), little is known about their role on how these youth portray themselves. This study addresses this gap in the literature by investigating the construction of self-representations of youth in residential care, in the context of their relationship with their main residential caregiver.

The self as a cognitive and relational construction: The looking-glass self hypothesis

There is ample consensus among self and identity theorists that the construction of the self is a situated, contextual, and relational process (Oyserman et al., 2012). While the self is, inevitably, a cognitive construction, since it involves the cognitive processing of information about the self, such information is conveyed by social interactions through the various social evaluative reactions, within individuals' several social subsystems, such as the family, peers, and the broader cultural group (Berzonsky, 2011). The self is, thus, a socio-cognitive product, crafted out of day-to-day social interactions (Harter, 2015). As such, it is a work in progress, an ongoing interpersonal and relationship-based construction that can undergo successive transformations as social interactions enable the recognition of different self-attributes, thus enabling the formation of self-representations (Houston, 2015). In contemporary theories and research, self-concept is conceptualized as a dynamic and multidimensional system in which information about the self is organized into multiple domain-specific self-representations (Harter 2015; McConnell, 2011; Oyserman et al., 2012).

One of the main theories about how relationships are at the core of individuals' self-construction processes is symbolic interactionism (Cooley, 1902/1964; Mead, 1934; Serpe & Stryker, 2011). Symbolic interactionists posit that the self is fluid and contingent upon others' reactions and behaviors towards the individual. Mead (1934) theorized that the self is socially constructed as individuals interact with, and act upon, social situations and the broader

cultural context. Cooley (1902/1964) coined the expression 'looking-glass self' to describe how others, especially close ones, function as a 'social mirror' to oneself and how people learn to see themselves the way they think others do. Cooley's looking-glass self hypothesis (LGSH) was formalized by Kinch (1963; Stets et al., 2020) in a causal model proposing that the way others actually appraise an individual's personal attributes (i.e., others' actual appraisals) indirectly influences that individual's self-representations, through his/her appraisals of how he/she is perceived by others (i.e., others' reflected appraisals).

Although this perspective recognizes the important role of social interactions in general in the construction of individuals' self-representations, it also contends that some relationships are more relevant than others in this process (Serpe & Stryker, 2011; Zhao, 2015). Cooley (1902/1964) highlighted that reflected appraisals are more likely to be integrated into individuals' self-concept if they consider the other person significant. Indeed, the extent to which ones' reflected appraisals integrate information about others' actual appraisals also depends on the characteristics of the social relationships considered (Bollich et al., 2011; Wallace & Tice, 2012). Significant others are more likely to have more information about one's personal attributes than strangers (Vazire & Carlson, 2011). Accordingly, there is evidence that people are more confident about their reflected appraisals regarding informants they are closer to or who they know longer (Carlson & Furr, 2013). In addition, research has indicated that close others make more accurate appraisals than others in general and thus are a more accurate source of feedback for self-knowledge than less close acquaintances (Bollich et al., 2011; Vazire & Carlson, 2011).

In the context of residential youth care, the relationships that youth establish with the professional caregivers emerge as one of the most relevant significant relationships for investigating the LGSH in this group and context (Noble-Carr et al., 2014). Residential caregivers are the closest adult figures in these youth's daily life, who are responsible for

supporting them in their daily routines (Bastiaanssen et al., 2014; Moore et al., 2018; Sulimani-Aidan, 2016). Youth-caregiver relationships are intended to replicate the strengths and benefits of an adequate family environment by providing a reliable and predictable pattern of care (Marshal et al., 2020). This stability provides an environment in which caregivers can respond to youth's needs and help them make sense of their developmental histories (Leipoldt et al., 2019). Responsive youth-caregiver relationships provide youth an experience of recognition of their individual worth (Houston, 2015; Smith et al., 2017), and this experience of being valued enables the development of self-confidence and a strong sense of self, thus scaffolding a positive identity formation (Marshal et al., 2020). Regardless of their quality, youth-caregiver relationships have those elements of mutuality and reciprocity that allow both youth and caregivers to learn information about themselves from one another (Smith et al., 2017), including both their perspectives about youth's self-relevant information, thus enabling the formation of caregivers' reflected appraisals (i.e., youth's perceptions of caregivers' views of them).

This reflected appraisal process is especially relevant in adolescence, where identity formation and the search for a coherent sense of self are core developmental tasks (Pfeifer & Peake, 2012; van Doeselaar et al., 2018). As adolescents try to figure out who they are and where they fit in, their perceptions of what others think about them, especially significant others, become particularly relevant (Harter, 2015; Jankowski et al., 2014; Pfeifer & Peake, 2012). Neural evidence has supported this premise by showing that reflected appraisals affect adolescents' self-representations more than adults' (Van der Cruijsen et al., 2019; Pfeifer et al., 2009; Pfeifer et al., 2013). However, most studies on the LGSH have been conducted with college students, whose self-representations may be less susceptible to others' influence, compared to adolescents' (Kenny & DePaulo, 1993; Pfeifer et al., 2009). Studies analyzing the LGSH with children (e.g., Nurra & Pansu, 2009) have supported the proposed mediation

effect, but studies with adolescents are still scarce. Although identity formation is a lifelong process, adolescence is a key period for self-construction, marked by an intense exploration of the self (Harter, 2015). Multiple physiological, cognitive, and social changes throughout adolescence enable an increasing differentiation and abstraction of self-representations (Jankowski et al., 2014; Pfeifer & Peake 2012; Sawyer and Azzopardi 2018) and the normative increase in self-consciousness leads to stronger concerns about how one is perceived by others (Pfeifer et al., 2009). In late adolescence, the transition towards adulthood entails an intense exploration of potential identities in several domains (e.g., vocational possibilities, intimate relationships, re-negotiation of autonomy), while youth typically attempt to match their changing sense of self with socially endorsed adult roles (Harter, 2015; Newman & Newman, 2017).

Although a recent study has supported the LGSH in a sample of adolescents (Authors, 2020), the scarcity of studies testing the reflected appraisals process in adolescence is still a gap to be filled in the literature, especially considering specific, non-normative, development contexts. Specifically, this process remains unexplored with youth in residential care. Investigating the LGSH in this particular development context could provide useful inputs for the development of interventions aimed at protecting these vulnerable youth from negative outcomes associated to their complex and often highly adverse life histories. In addition, although previous studies analyzing the LGSH with children and adolescents have considered the multidimensional nature of self-representations, these studies have only considered within-domain effects, that is, pathways including the three different perspectives (i.e., actual appraisals, reflected appraisals, and self-representations) in the same representation domain (Authors, 2020; Nurra & Pansu, 2009). However, given the interrelatedness of self-representation domains (Marsh & O'Mara, 2008), considering potential cross-domain effects (i.e., pathways including different representation domains) in tests of the LGSH could further

expand our understanding of the role of significant others' appraisals on youth's self-representations, and provide additional relevant practical implications.

The present study

This study aimed to test the LGSH as a model accounting for the social construction of youth's self-representations in the context of residential care. Specifically, we intended to test the mediating role of caregivers' reflected appraisals (i.e., youth's perceptions of their main caregiver's perceptions of them) in associations between caregivers' actual appraisals of those youth and youth's self-representations, considering both within- and cross-domain effects. Additionally, considering existing evidence showing differences in youth's self-representations according to age, gender, length of placement, and prior maltreatment experiences (Harter, 2015; Authors, 2016; Authors, 2020), these variables will be controlled for in the analyses. Based on the theoretical and empirical background reviewed above, we expected that caregivers' reflected appraisals would mediate associations between caregivers' actual appraisals and youth's self-representations. We also expected that these indirect pathways would be stronger and yield greater effect sizes for the representation domains including more observable characteristics (e.g., Behavioral), for which feedback is more likely to be clearly communicated through communication, as compared to more subjective domains (e.g., Emotional). Moreover, based on the conceptualization of self-concept as a set of multiple domain-specific, conceptually, and statistically independent but interrelated self-representations (Harter, 2015; McConnell, 2011), we also expected to find cross-domain mediational pathways, especially among representation dimensions more closely related (e.g., Social and Relational; Blinded self-citation). Figure 1 depicts the hypothesized model.

[FIGURE 1]

Method

Participants

Participants were 755 youth (45.5% females) from 71 residential care units, situated mostly in urban areas (71.1%), from 17 Portuguese districts (94.4%). Youth's age ranged between 12 and 25 years old (M = 16.26, SD = 2.22). Most participating youth (98.4%) were up to 21 years old; only 11 youth (1.6%) were in the 22 to 25 age range (eight were 22, one was 23, and two were 25). The majority were Portuguese (84.9%). All participating youth were in the current residential care setting for 29 days to 20 years and 10 months (M = 3.74 years, SD = 3.71) and 37.6% had had previous out of home placements. These youth were placed in care due to neglect (49.3%), exposure to harmful behaviors (43.8%), physical and psychological abuse (27.8%), anti-social behaviors (28.2%), abandonment (11.0%) and/or sexual abuse (4.0%). For 7.7% of participating youth, this information was not provided.

Participants also included the main residential caregiver of each participating youth, selected by the residential care unit director based on the amount of daily time spent with the youth (N = 300; 71.4% female). Residential caregivers were aged between 21 and 67 years old (M = 40.48, SD = 9.45), with professional experience in residential care ranging between 0.1 and 35 years (M = 8.43; SD = 6.56; Mdn = 7.00). Most (n = 117; 38.5%) had a high school education level, 100 (32.9%) had a higher-education degree (of which 11 had a specialization course), and 64 (21.0%) had a lower than high school education level. Information about education level was missing for 23 caregivers. At the time of the data collection, these units hosted between 3 and 53 youth (M = 24.40, SD = 12.73), and the staff included 1 to 15 caregivers. The ratio of youth per caregiver ranged between 1 and 41 youth per caregiver (Mdn = 2.70). For most participating residential care settings (98.5%), that ratio of youth per caregiver ranged between 1 and 11 (M = 2.92 SD = 1.56). Only one residential setting had a youth/caregiver ration of 41.

Measures

Self-representations. To measure youth's self-representations, we used the Self-Representations Questionnaire for Youth in Residential Care (SRQYRC; Authors, 2016). The questionnaire is composed of 23 items, organized in 6 dimensions (Social – nice, friendly, helpful, funny; Competence – intelligent, hard-working, committed, competent; Relational – cherished, protected, loved; Behavioral – aggressive, recalcitrant, misbehaved, conflicting, problematic, stubborn; Emotional – depressed, traumatized, sad, lonely; and Misfit – misfit, neglected) measuring youth's self-representations on positive social, competence and relational attributes, and on negative behavioral, emotional, and misfit attributes. Participating youth were asked to rate each attribute on a 5-point scale, indicating how descriptive it was of themselves (1= I am definitely not like that; 5= I am totally like that). In its development study, a confirmatory factor analysis of this measure structure showed an adequate model fit (χ^2/df = 2.031, CFI = .927, TLI = .916, RMSEA = .050), reliability (except on misfit dimension) (social α = .81, competence α = .75, relational α = .72, behavioral α = .80, emotional α = .75, misfit α = .55), mean inter-item correlation (social .52, competence .43, relational .47, behavioral .40, emotional .43, misfit .38) and construct validity. In this sample, reliability evidence was similar to that obtained previously by the original scale authors, varying between .55 and .81.

Caregivers' reflected appraisals. Following the standard paradigm used to measure the LGSH components (e.g., Nurra & Pansu, 2009), the instrument used to measure caregivers' reflected appraisals was adapted from the SRQYRC, consisting of the same 23 attributes, in participating youth were asked to rate what their caregivers thought they were in a five-point scale, from 1 (not at all like this) to 5 (exactly like this). Thus, the initial phrase "I am…" was reworded into "[Reference caregiver] thinks I am…". A confirmatory factor analysis testing if the structure of the SRQYRC adjusted equally well with the reflected

appraisals measure was conducted with this sample, yielding a good model fit: $\chi^2(212) = 447.239$, $p < .001$; $\chi^2/df = 2.11$; CFI = .93; RMSEA = .06, 90% CI [.056, .072]; SRMR =.07. Cronbach's Alpha values ranged from .67 to .88.

Caregivers' actual appraisals. Caregivers' actual appraisals were also measured with an adaptation of the 23 attributes of the SRQYRC (Blinded self-citation), following the standard paradigm used to measure the LGSH components (e.g., Nurra & Pansu, 2009). The main caregiver of each participating youth was asked to rate to what extent those attributes described the target youth, in a 5-point scale, from 1 (not at all like this) to 5 (exactly like this). Hence, the initial phrase "I am…" was reworded into "[Target youth] is…". A confirmatory factor analysis testing if the structure of the SRQYRC adjusted equally well with the actual appraisals measure yielding a good model fit: $\chi^2(213) = 457.995$, $p < .05$; $\chi^2/df = 2.15$; CFI = .96; RMSEA = .06, 90% CI [.056, .049]; SRMR =.05. Cronbach's Alpha values ranged from .83 to .93.

Previous maltreatment experiences. To evaluate youth's previous maltreatment, the Maltreatment Severity Questionnaire (MSQ; Calheiros et al., 2019). Youth's case managers filled out the MSQ based on the information in their case file. The MSQ consists of 18 items, each with four descriptors, which were rated by the case managers using a 5-point scale (1 = unknown/never occurred; 2 = a little severe; 3 = moderately severe; 4 = highly severe; 5 = extremely severe). The 18 items are organized in a three-factor structure, comprising the dimensions: 1) Physical Neglect, composed of 8 items describing parental omissions regarding the assurance and monitoring of the child's physical well-being and health, namely clothing, hygiene, housing conditions and contextual environmental security; 2) Physical and Psychological Abuse, consisting of 4 items describing abusive physical and psychological actions, namely coercive/punitive disciplinary methods, physically violent methods or verbal interactions that offend and denigrate the child, with the potential to disrupt psychological

attributes, such as self-esteem; and 3) Psychological Neglect, which comprises 6 items describing omissions related to children emotional development, mental health monitoring, school attendance, development needs, as well as inappropriate relationship patterns with attachment figures. Higher values in each maltreatment dimension indicate more severe maltreatment. A confirmatory factor analysis of the MSQ revealed an acceptable model fit (χ^2 (115) = 271.57; χ^2/df = 2.36; CFI = .91; RSMEA = .08, CI90% [.07, .09]; SRMR = .08). In the present sample, internal consistency (Cronbach's Alpha) values for all three factors were acceptable to good (Kline, 2011): Physical Neglect (α = .80), Physical and Psychological Abuse (α = .79), and Psychological Neglect (α = .81).

Procedure

This study is part of a broader project, co-funded by the European Regional Development Fund (ERDF) and Fundação para a Ciência e Tecnologia [Blinded]. Following approval by the ethics board of [Blinded], formal contacts with the directors of the residential care settings were conducted to obtain the necessary authorizations to collect the data. All youth with 12 or more years old, that were placed in these units for at least one month, were invited to participate, except if they presented major cognitive impairments (i.e., youth with intellectual disability and related special education needs; information given by the residential unit director). Consent for youth's participation was also obtained from their legal representatives in the residential care units (i.e., the respective unit director), who are responsible for accompanying and pronouncing themselves regarding youth's formal decisions while they are in residential care.

At the beginning of the data collection session, the goals of the study, information about anonymity and confidentiality were explained. Youth who accepted to participate signed informed consent form prior to their participation. Then, instructions for filling out the data protocol were presented, and the researcher was always present throughout the data

collection session to answer any questions and provide the youth with any help or assistance they needed. Data collection with youth was conducted in groups of 3 to 20 participants (mostly 10 youth per group, and with at least 1 researcher per 10 youth), in a room with the necessary conditions for youth to complete the survey with privacy. Youth with any reading and/or comprehension difficulties were previously identified by their case managers and were individually interviewed by one of the researchers, following the data collection protocol (95 individual interviews conducted, 12.6%).

The director of the residential care units filled out a characterization form aimed at collecting the relevant data about each unit (e.g., number of youths in care; number of caregivers and case managers), and for each participating youth, the respective case manager filled out the Child Maltreatment Questionnaire (Calheiros et al., 2019) and a form for the collection of youth's relevant sociodemographic data (e.g., age, sex, length of stay in current placement, previous placements). In all residential care units, the data protocols filled out by the caregivers, the case managers and the directors were collected the same day as youth's questionnaires. They also had been previously informed about the aims of the study, anonymity, and confidentiality of the data, and signed an informed consent form prior to their participation. To guarantee the anonymity of the data, a code-system was created allowing to match up the que questionnaires of the multiple informants.

Data analyses

Initial analyses included missing value analysis, descriptive statistics, and bivariate correlations among the study variables. All variables were composites computed by averaging their respective items (except for youth's age, sex, and current placement duration). Preceding the test of the LGSH mediation model, a missing value analysis including all the variables in the model revealed that missing data were mostly at random (MAR; Little's MCAR test $\chi^2 = 605.744$, $df = 472$, $p < .05$; normed chi-square = 1.28 (so <

2). Therefore, missing data were handled using Full Information Maximum Likelihood (FIML) in *MPlus* 7.2. (Muthén and Muthén 1998–2012).

Then, a multi-mediator path analysis, performed with *MPlus* 7.2. (Muthén and Muthén 1998–2012), with bootstrap estimation, was conducted to test the mediating role of caregivers' reflected appraisals in associations between caregivers' actual appraisals and youths' self-representations, for all dimensions evaluated (i.e., Social, Behavioral, Emotional, Competent, Misfit, and Relational), and considering potential cross-domain pathways. Based on the results of the bivariate correlations analysis and on existing evidence documenting age and sex differences in youth's self-representations (see Harter, 2015; Authors, 2016), and considering that length of placement can also impact these youth's self-representations (Authors, 2014), youth's age, sex, and length of placement were included in this model as covariates. Given the absence of significant correlations between the maltreatment dimensions and the endogenous model variables (i.e., mediators and criterions), maltreatment dimensions were not included as covariates in the model. In addition, based on the theoretical assumption that self-representation dimensions are interrelated, and on the results of the correlation analysis, significant correlations among the predictor variables, among mediators, and among criterion variables were allowed in the model. To test the indirect effects, we used bootstrap 95% confidence intervals based on 1000 bootstrap resamples (Hayes, 2018). To evaluate model fit, the following fit indexes and criteria were used: the relative χ^2 index (χ^2/df) values ≤ 2, the comparative fit index (CFI) > .95, the root mean square error of approximation (RMSEA) < .05 and the standardized root mean residual (SRMR) < .08 suggest a good fit (Hu & Bentler, 1999; Kline, 2011).

Results

Descriptive statistics and correlations

Table 1 presents the means, standard deviations, and correlations among all model variables. Correlations were in line with the theoretically expected pattern of relationships. Significant positive correlations were observed among most self-representation domains, as was also the case for caregivers' actual appraisals and reflected appraisals domains. In addition, significant positive correlations were found between the self-representations and reflected appraisals domains; these correlations were stronger between the two perspectives of the same domain. All dimensions of actual appraisals were significantly and positively correlated with reflected appraisals and self-representations in the same domain, and some significant cross-domain correlations were also found. The correlations between actual appraisals and reflected appraisals in the same domain were stronger than between actual appraisals and self-representations. In addition, these correlations were weaker than between reflected appraisals and self-representations. Regarding correlations between maltreatment dimensions and the other mother variables, only three small correlations (i.e., < .30; Cohen, 1988) were found and only with caregivers' actual appraisals dimensions: physical and psychological abuse was positively correlated with behavioral actual appraisals and negatively correlated with relational actual appraisals, and physical neglect was positively correlated with social actual appraisals. Since these three correlations were only between predictor variables, maltreatment dimensions were not included as covariates in the model.

[TABLE 1]

Mediation model

A multi mediator path analysis model was estimated examining caregivers' reflected appraisals in the Social, Behavioral, Emotional, Competent, Misfit, and Relational dimensions as intervening mechanisms linking caregivers' actual appraisals to youth's self-

representations, controlling for the potential effect of youth's age, sex, and length of placement and of all possible cross-domain associations between the dimensions of caregivers' actual appraisals, caregivers' reflected appraisals, and youth's self-representations. The model presented a very good fit to the data $\chi^2(15) = 24.43$, $p = .058$; $\chi^2/df = 1.63$; CFI = .997; RMSEA = .029 90% CI [.000 to .049]; SRMR = .011). Figure 2 depicts the significant effects of actual appraisals on reflected appraisals, and of reflected appraisals on youth's self-representations. Table 2 presents the total and direct effects of all predictor variables on youth's self-representations.

[FIGURE 2]

[TABLE 2]

Results of the mediation model revealed within-domain significant indirect effects of actual appraisals on self-representations through reflected appraisals, in the Social, Behavioral, Emotional, Competent, and Misfit dimensions: 1) Social, $B = .10$, $p < .001$, 95% CI [.04, .14]; 2) Behavioral, $B = .23$, $p < .001$, 95% CI [.18, .28]; 3) Emotional, $B = .10$, $p = .001$, 95% CI [.05, .15]; 4) Competent, $B = .12$, $p < .001$, 95% CI [.07, .17]; and 5) Misfit, $B = -.05$, $p = .01$, 95% CI [-.08, -.01]. Thus, for the Social, Emotional, Behavioral, and Competent dimensions, higher caregivers' actual appraisals were associated with higher caregivers' reflected appraisals, which, in turn, were associated with higher youth's self-representations. That is to say, youth appraised by their caregiver in a more positive way in those self-representation domains were more likely to think that their caregivers perceive them that way, and subsequently tended to present more positive self-representations in those domains. Contrarily, for the Misfit dimension, higher levels of caregivers' actual appraisals were associated with lower caregivers' reflected appraisals, which, in turn, were associated with lower youth's self-representations.

In addition to these significant within-domain indirect effects, results also revealed the following significant cross-domain indirect effects, that is, pathways from actual appraisals to reflected appraisals to self-representations including different representation domains: 1) Higher Behavioral actual appraisals were associated with higher Social youth self-representations via higher Behavioral reflected appraisals, $B = .05$, $p < .001$, 95% CI [.03, .08]; 2) Higher Behavioral actual appraisals were associated with higher Competent self-representations via higher Behavioral reflected appraisals, $B = .04$, $p = .015$, 95% CI [.01, .07]; 3) Higher Misfit actual appraisals were associated with lower Behavioral self-representations via lower behavioral reflected appraisals, $B = -.07$, $p = .028$, 95% CI [-.13, -.01]; 4) Higher Social actual appraisals were associated with lower Misfit self-representations via higher Social reflected appraisals, $B = -.04$, $p = .04$; 95% CI [.01, .07]; 5) Higher Emotional actual appraisals were associated with higher Misfit self-representations via higher Emotional reflected appraisals, $B = .03$, $p = .014$, 95%CI [.01, .05]); 6) Higher Emotional actual appraisals were associated with higher Misfit self-representations via higher Misfit reflected appraisals, $B = .06$, $p = .004$, 95%CI [.03, .11]; 7) Higher Competent actual appraisals were associated with higher Misfit self-representations through higher Misfit reflected appraisals, $B = -.05$, $p = .019$, 95%CI [-.10, -.02]; 8) Higher Social actual appraisals were associated with higher Relational self-representations via higher Relational reflected appraisals, $B = .11$, $p = .006$, 95% CI [.03, .11]; and 9) Higher Misfit actual appraisals were associated with lower Relational self-representations via lower Relational reflected appraisals, $B = -.08$, $p = .034$, 95% CI [-.15, -.00].

Discussion

Based on the symbolic interactionism perspective on the development of the self (Cooley, 1902/1964; Mead, 1934; Serpe & Stryker, 2011), this study aimed to study the construction of self-representations of youth in residential care, by testing the LGSH (Cooley,

1902/1964; Kinch, 1963; Stets et al., 2020) within youth's relationship with their main residential caregiver (i.e., the mediating role of caregivers' reflected appraisals in associations between caregivers' actual appraisals and youth's self-representations). Indeed, theories and research on the self converge in asserting that social relationships are at the core of self-construction, and that self-relevant information communicated in interactions with significant others are the main building blocks of individuals' self-representations (e.g., Bollich & Vazire, 2011; Carmichael et al., 2007; Cooley, 1902/1964; Oyserman et al., 2012; Authors, 2016, 2018). In the context of residential youth care, youth-caregiver relationships are among the most relevant for increasing understanding of how these youth construct their self-representations (McMurray et al., 2011; Noble-Carr et al., 2014). This study thus expands the existing body of research on the LGSH by testing it in a sample from this vulnerable population.

Results of this study supported the LGSH for all self-representation dimensions evaluated, except one. Specifically, within-domain significant indirect effects of caregivers' actual appraisals on youth's self-representations through caregivers' reflected appraisals were found for the Social, Behavioral, Emotional, Competent, and Misfit dimensions, but not for the Relational dimension. Results also showed several cross-domain indirect effects, that is, pathways involving different representation domains, mostly involving domains more closely related, such as the positive indirect effect of Social actual appraisals (e.g., nice, friendly) on Relational self-representations (e.g., cherished, loved) via Relational reflected appraisals. A closer look at the model results reveals different patterns of mediational pathways.

Regarding within-domain effects, two types of associations were found. For the Social, Behavioral, Emotional, and Competent dimensions, associations composing the mediational pathway were positive, wherein higher caregivers' actual appraisals were associated with higher reflected appraisals, which were in turn associated with higher youth's

self-representations. That is, the more caregivers perceived youth to have those attributes – e.g., nice, and friendly (Social); stubborn and misbehaved (Behavioral); depressed and lonely (Emotional); and intelligent and hardworking (Competent) – the more youth thought that their main caregiver perceived them as such, and the more they perceived themselves that way. These results indicate that, for those dimensions, youth perceive caregivers' actual appraisals with sufficient accuracy, and suggest that those actual appraisals are incorporated in youth's self-representations via youth's perceptions of their caregiver's appraisals of them (i.e., reflected appraisals). These findings are consistent with those of a recent study testing the LGSH with adolescents from a community sample in the context of parent-child relationships (Blinded self-citation) and further support the premise that in closer, significant relationships, accuracy in reflected appraisals is more likely, thus allowing the LGSH process (Nurra & Pansu, 2009).

Interestingly, a different pattern of associations was found for the Misfit domain: higher caregivers' actual appraisals were associated with lower reflected appraisals which were in turn associated with also lower youth's self-representations. That is, the more caregivers perceived youth as misfit or neglected, the less youth reported to be perceived as such by the caregivers, and the less they perceived themselves that way. Two different explanatory hypotheses can be proposed for interpreting this result. First, even though it is through social interactions that information encapsulated in self-representations is shared and acquired, people are not a product of influence alone (Oyserman et al., 2012). Instead, as individuals participate in their social contexts, they also have an active role in this process by thinking about, selecting, processing, and organizing the information about themselves (Stets et al., 2020). Thus, when constructing their caregivers' reflected appraisals regarding these particular attributes (i.e., misfit and neglected), youth might have used private information that caregivers did not have. Second, different association patterns might reflect differences

in how youth's self-relevant information is communicated within the youth-caregiver relationship across different representation dimensions. Indeed, reflected appraisals are not about individuals guessing what significant others actually think about them, but rather about how they perceive the array of messages given by those significant others regarding their personal attributes (Wallace & Tice, 2012). The lack of accuracy of youth's reflected appraisals in the Misfit dimension might reflect caregivers' avoidance of communicating to these youth appraisals of them as misfit or neglected. Being aware of these youth's adverse life histories, professional caregivers might take special care when interacting with youth so as to not instigate such self-representations. Indeed, one of caregivers' missions is to help these youth develop a positive identity and revise non-adaptive self-representations resulting from their adverse life experiences (Noble-Carr et al., 2014). Thus, even though these caregivers may perceive these youth as misfit or neglected, they may have attempted to prevent youth's self-representations as misfit and or neglected by stimulating a sense of belonging, and confidence in their strengths and potential (Marshall et al., 2020).

Regarding cross-domain effects, three different association patterns were found. One pattern consisted of positive association pathways involving dimensions with the same valence (i.e., only domains with positive or with negative attributes), such as the positive indirect effect of Social actual appraisals on Relational self-representations via Relational reflected appraisals (i.e., the more caregivers perceived youth as nice or friendly, the more youth thought that caregivers perceived them as cherished, loved, and protected, and the more youth perceived themselves that way). Another consisted of negative associations involving dimensions with different valence, such as the negative indirect effect of Social actual appraisals on Misfit self-representations via Social reflected appraisals (i.e., the more caregivers perceived adolescents as nice or friendly, the more youth thought that caregivers perceived them that way, and the less they perceived themselves as misfit or neglected).

A third pattern of cross-domain effects consisted of positive associations involving different valence dimensions, namely the positive indirect effects of Behavioral actual appraisals on Social and Competent self-representations through Behavioral reflected appraisals (i.e., the more caregivers perceived youth as, for example, misbehaved and stubborn, the more they thought that caregivers perceived them that way, but the more they perceived themselves as nice and friendly, and as intelligent and competent). Although these effects may at first seem surprising, they might reflect youth's engagement in a defensive processing that allows them to maintain positive self-views and drown out potential perceptions of personal inadequacy in other domains of the self (Harter, 2015).

Regardless of the association pattern, in all, the different cross-domain association pathways support the interrelatedness of self-concept domains (Marsh & O'Mara, 2008) by suggesting that caregivers' appraisals of youth's attributes as well as caregivers' reflected appraisals may contribute to inform youth's self-representations in other related (albeit different) domains. This is consistent with self-complexity literature indicating that feedback regarding attributes in one domain can influence self-representations in other domains as well (Linville & Carlson, 1994; McConnell, 2011).

With regard to the strength of associations between the different LGSH elements, even though results showed significant positive associations of caregivers' actual appraisals with both caregivers' reflected appraisals and youth's self-representations in most representation domains evaluated (i.e., Social, Behavioral, Emotional, and Competent), these associations were not as strong as the ones observed between caregivers' reflected appraisals and youth's self-representations. These findings are in line with prior studies on the LGSH in which self-representations and reflected appraisals were more strongly related than self-representations and actual appraisals and reflected appraisals and actual appraisals (Nurra & Pansu 2009; Authors, 2020). This is not surprising, given that self-representations and

reflected appraisals are both grounded in the same personal frame of reference (i.e., formed through the same individual's perspective), while other's actual appraisals are external to the individual (Wallace & Tice, 2012). In addition, associations between caregivers' actual and reflected appraisals were stronger than associations between actual appraisals and self-representations. Thus, results of this study not only support the premise that self-representations and reflected appraisals are both shaped by significant others' actual appraisals (Cooley, 1902; Kinch, 1963; Stets et al., 2020), but also highlight that self-representations and reflected appraisals are indeed different constructs, albeit stemming from the same personal perspective (Carlson et al., 2011).

Limitations and strengths

Notwithstanding this study's contributions to the literature, some caveats should be considered when interpreting its results. Primarily, although the hypothesized direction of effects is based on a solid theoretical and empirical background, future studies testing the LGSH should include longitudinal designs to empirically reinforce the theoretical assumption of significant others' influence. Also, this study did control for potential role of the length of time that the youth knew their main residential caregiver in the analyses. Future studies testing the LGSH should include the duration of the youth-caregiver relationship, since it is expected to impact the hypothesized model, either as a covariate predictor or as a moderator of associations between actual and reflected appraisals. In addition, even though the study controlled for youth's age, sex and length of stay in care by including these variables as covariates, future studies could also examine their potential moderating role in the mediational pathways linking actual appraisals, reflected appraisals and youth's self-representations. Finally, despite the relevance of youth-caregiver relationships for the self-construction of youth in residential care (Marshal et al., 2020; McMurray et al., 2011), the inclusion of other significant others in future studies testing the LGSH with this population

could help unravel which self-representation domains are more susceptible to which significant others' influence. For example, research has indicated that adolescents place particular importance on the perspective of friends regarding appraisals of their social attributes (Pfeifer's et al., 2009; Van der Cruijsen et al., 2019).

Despite these limitations, the reliance on multi-informants is a methodological strength of this study, which reduces the proportion of shared informant variance, thus preventing inflated relationships between the model variables. In addition, this study adds to the literature in this field, by testing the LGSH in a specific and challenging development context and in an under-investigated population (i.e., youth in residential care) in this line of research. Also, considering all possible cross-domain pathways between caregivers' actual appraisals and youth's self-representations via caregivers' reflected appraisals provided additional insight about the interrelated nature of self-representation domains, considering the three elements of the LGSH.

Practical implications

Taken together, findings of this study indicate that in the context of residential care, caregivers' perceptions of youth's attributes matter for youth's self-representations (McMurray et al., 2011; Smith et al., 2017), thus bearing important practical implications. Specifically, interventions aimed at promoting a positive sense of self in youth in residential care should include professional caregivers as pivotal agents. Such interventions should focus on stimulating youth's realistic appreciation of their strengths and weaknesses (Harter, 2015). Thus, caregivers should be encouraged to communicate approval contingent on youth's adequate behavior so as to stimulate youth's accurate perceptions of their positive attributes contingent on palpable achievements. Equally important, caregivers should also be supported in learning how to provide feedback regarding youth's negative attributes in a constructive way, so as to incentive the construction of positive or future self-representations (i.e.,

expected representations of the self in the future). Since future self-representations regulate current behavior, by motivating people to act congruently with who they want to become (Oyserman, 2017), this could boost youth's self-improvement and positive adaptation.

It is important that such interventions with these youth be delivered as early as possible as way of preventing or attenuating the crystallization of negative self-representations associated with these youth's pre care prior adverse experiences. The younger the youth, the more their representation models are likely to be modified by better experiences with caregivers and other significant others which can inform the development of positive self-views through recognition of their individual worth (Carmichael et al., 2007).

References

Authors (2013). *Evaluation and Program Planning*.

Authors (2015). *Children and Youth Services Review*.

Authors (2016). *Children and Youth Services Review*.

Authors (2016). *Journal of Adolescence*.

Authors (2016). *Journal of Community & Applied Social Psychology*.

Authors (2018). *Child Indicators Research*.

Authors (2018). *Journal of Family Issues*.

Authors (2019). *Assessment*.

Authors (2020). *Children and Youth Services Review*.

Authors (2020). *Self and Identity*.

Bastiaanssen, I. L., Delsing, M. J., Kroes, G., Engels, R. C., & Veerman, J. W. (2014). Group care worker interventions and child problem behavior in residential youth care: Course and bidirectional associations. *Children and Youth Services Review, 39*, 48–56. https://doi.org/10.1016/j.childyouth.2014.01.012

Berzonsky, M. D. (2011). A social-cognitive perspective on identity construction. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity theory and research* (p. 55–76). New York, NY: Springer.

Bollich, K. L., Johannet, P. M., & Vazire, S. (2011). In search of our true selves: feedback as a path to self-knowledge. *Frontiers in Psychology*, *2*, 312. https://doi.org/10.3389/fpsyg.2011.00312

Cahill, O., Holt, S., & Kirwan, G. (2016). Keyworking in residential child care: Lessons from research. *Children and Youth Services Review*, *65*, 216–223. https://doi.org/10.1016/j.childyouth.2016.04.014

Calheiros, M. M., Silva, C. S., & Magalhães, E. (2019). Child Maltreatment Severity Questionnaire (MSQ) for Professionals: Development, Validity, and Reliability Evidence. *Assessment*. https://doi.org/10.1177/1073191119890030

Carlson, E. N., & Furr, R. M. (2013). Resolution of meta-accuracy: Should people trust their beliefs about how others see them? *Social Psychological and Personality Science*, 4(4), 419–426. https://doi.org/10.1177/1948550612461653

Carmichael, C. L., Tsai, F. F., Smith, S. M., Caprariello, P. A., & Reis, H. T. (2007). The self and intimate relationships. In C. Sedikides & S. J. Spencer (Eds.), *The self: Frontiers in social psychology* (pp. 285–310). New York, NY: Psychology Press.

Chambers, J. R., Epley, N., Savitsky, K., & Windschitl, P. D. (2008). Knowing too much: Using private knowledge to predict how one is viewed by others. *Psychological Science*, *19*(6), 542–548. https://doi.org/10.1111/j.1467-9280.2008.02121.x

Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences* (2nd ed). Hillsdale, NJ: Erlbaum.

Cook, W. L., & Douglas, E. M. (1998). The looking-glass self in family context: A social relations analysis. *Journal of Family Psychology, 12*(3), 299–309. https://doi.org/10.1037/0893-3200.12.3.299

Cooley, C. H. (1902). *Human Nature and social order* (1964 ed.). New York: Schribner's.

Decree-law No. 139/2019 of the Presidency of the Council of Ministers. 2019. Republic Diary: Series I, nº 177. https://data.dre.pt/eli/dec-lei/139/2019/09/16/p/dre

Decree-law No. 164/2019 of the Presidency of the Council of Ministers. 2019. Republic Diary: Series I, nº 106. https://data.dre.pt/eli/dec-lei/164/2019/10/25/p/dre

Ferguson, L. (2018). "Could an increased focus on identity development in the provision of children's services help shape positive outcomes for care leavers?" A literature review. *Child Care in Practice, 24*(1), 76–91. https://doi.org/10.1080/13575279.2016.1199536

Gallrein, A. M. B., Carlson, E. N., Holstein, M., & Leising, D. (2013). You spy with your little eye: People are "blind" to some of the ways in which they are consensually seen by others. *Journal of Research in Personality, 47*(5), 464–471. https://doi.org/10.1016/j.jrp.2013.04.001

Harter, S. (2015). *The construction of the self: Developmental and sociocultural foundations*. New York: Guilford Publications.

Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York: Guilford publications.

Houston, S. (2015). When I look I am seen, so I exist to change: Supplementing Honneth's recognition model for social work. *Social Work and Society, 13*, 1–34.

Hu, L. T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal, 6*(1), 1–55. https://doi.org/10.1080/10705519909540118

Instituto da Segurança Social. (2010). *CASA 2019: Caracterização anual da situação de acolhimento das crianças e jovens*.

Jackson, J. J., Connolly, J. J., Garrison, S. M., Leveille, M. M., & Connolly, S. L. (2015). Your friends know how long you will live: A 75-year study of peer-rated personality traits. *Psychological Science, 26*(3), 335–340. https://doi.org/10.1177/0956797614561800

Jankowski, K. F., Moore, W. E., Merchant, J. S., Kahn, L. E., & Pfeifer, J. H. (2014). But do you think I'm cool?: Developmental differences in striatal recruitment during direct and reflected social self-evaluations. *Developmental Cognitive Neuroscience, 8*, 40–54. https://doi.org/10.1016/j.dcn.2014.01.003

Kenny, D. A., & DePaulo, B. M. (1993). Do people know how others view them? An empirical and theoretical account. *Psychological Bulletin, 114*(1), 145–161. https://doi.org/10.1037/0033-2909.114.1.145

Kinch, J. W. (1963). A formalized theory of the self-concept. *American Journal of Sociology, 68*, 481–486.

Kline, R. (2011). *Principles and practice of structural equation modelling* (3rd. Ed.). New York, NY: Guilford Press.

Knoverek, A.M., Briggs, E. C., Underwood, L. A., & Hartman, R. L. (2013). Clinical considerations for the treatment of latency age children in residential care. *Journal of Family Violence, 28*, 653–663. https://doi.org/10.1007/s10896-013-9536-7

Law nº 26/2018 of the Assembly of the Republic (2018). Republic Diary: Series I, nº 65. https://data.dre.pt/eli/lei/26/2018/07/05/p/dre/pt/html

Leipoldt, J. D., Harder, A. T., Kayed, N. S., Grietens, H., & Rimehaug, T. (2019). Determinants and outcomes of social climate in therapeutic residential youth care: A systematic review. *Children and Youth Services Review, 99*, 429–440. https://doi.org/10.1016/j.childyouth.2019.02.010

Linville, P. W., & Carlston, D. E. (1994). Social cognition of the self. In P. G. Devine, D. L. Hamilton, & T. M. Ostrom (Eds.), *Social cognition: Impact on social psychology* (pp. 143–193). San Diego, CA: Academic Press.

Marsh, H., & O'Mara, A. (2008) Self-concept is as multidisciplinary as it is multidimensional: a review of theory, measurement, and practice in self-concept research. In H. Marsh, R. Craven, & D. M. McInerney (Eds.) *Self-processes, learning and enabling human potential* (pp. 87–115). Information Age: Charlotte, NC.

Marshall, G., Winter, K., & Turney, D. (2020). Honneth and positive identity formation in residential care. *Child and Family Social Work*, 1–9. https://doi.org/10.1111/cfs.12749

McConnell, A. R. (2011). The multiple self-aspects framework: Self-concept representation and its implications. *Personality and Social Psychology Review, 15*(1), 3–27. https://doi.org/10.1177/1088868310371101

McMurray, I., Connolly, H., Preston-Shoot, M., & Wigley, V. (2011). Shards of the old looking glass: restoring the significance of identity in promoting positive outcomes for looked-after children. *Child & Family Social Work, 16*, 210–218. https://doi.org/10.1111/j.1365-2206.2010.00733.x

Mead, G. H. (1934). *Mind, self, and society*. University of Chicago Press: Chicago.

Moore, T., McArthur, M., Death, J., Tilbury, C., & Roche, S. (2018). Sticking with us through it all: The importance of trustworthy relationships for children and young people in residential care. *Children and Youth Services Review*, *84*, 68–75. https://doi.org/10.1016/j.childyouth.2017.10.043

Muthén, L.K., & Muthén, B.O. (1998-2012). *Mplus User's Guide. Seventh Edition*. Los Angeles, CA: Muthén & Muthén.

Neagu, M., & Sebba, J. (2019). Who do they think they are: Making sense of self in residential care, foster care, and adoption. *Children and Youth Services Review, 105*, 104449. https://doi.org/10.1016/j.childyouth.2019.104449

Newman, B. M., & Newman, P. R. (2017). *Development through life: A psychosocial approach* (13th ed.). Cengage Learning.

Noble-Carr, D., Barker, J., McArthur, M., & Woodman, E. (2014). Improving practice: The importance of connections in establishing positive identity and meaning in the lives of vulnerable young people. *Children and Youth Services Review*, *47*, 389–396. https://doi.org/10.1016/j.childyouth.2014.10.017

Nurra, C., & Pansu, P. (2009). The impact of significant others' actual appraisals on children's self-perceptions: What about Cooley's assumption for children? *European Journal of Psychology of Education*, *24*, 247–262. https://doi.org/10.1007/BF03173015

Oyserman, D., Elmore, K., & Smith, G. (2012). Self, self- concept, and identity. In M. Leary & J. Tangney (Eds). *Handbook of Self and Identity, 2nd Edition* (pp. 69- 104). New York, NY: Guilford Press.

Oyserman, D., Lewis Jr, N. A., Yan, V. X., Fisher, O., O'Donnell, S. C., & Horowitz, E. (2017). An identity-based motivation framework for self-regulation. *Psychological Inquiry*, *28*(2-3), 139–147. https://doi.org/10.1080/1047840X.2017.1337406

Pfeifer, J. H., & Berkman, E. T. (2018). The development of self and identity in adolescence: Neural evidence and implications for a value-based choice perspective on motivated behavior. *Child Development Perspectives*, *12*(3), 158–164. https://doi.org/10.1111/cdep.12279

Pfeifer, J. H., & Peake, S. J. (2012). Self-development: Integrating cognitive, socioemotional, and neuroimaging perspectives. *Developmental Cognitive Neuroscience, 2*(1), 55–69. https://doi.org/10.1016/j.dcn.2011.07.012

Pfeifer, J. H., Kahn, L. E., Merchant, J. S., Peake, S. J., Veroude, K., Masten, C. L., … Dapretto, M. (2013). Longitudinal change in the neural bases of adolescent social self-evaluations: Effects of age and pubertal development. *Journal of Neuroscience*, *33*(17), 7415–7419. https://doi.org/10.1523/JNEUROSCI.4074-12.2013

Pfeifer, J. H., Masten, C. L., Borofsky, L. A., Dapretto, M., Fuligni, A. J., & Lieberman, M. D. (2009). Neural correlates of direct and reflected self- appraisals in adolescents and adults: When social perspective- taking informs self- perception. *Child Development, 80*(4), 1016–1038. https://doi.org/10.1111/j.1467-8624.2009.01314.x

Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The Lancet Child & Adolescent Health*, *2*(3), 223–228. https://doi.org/10.1016/S2352-4642(18)30022-1

Schofield, G., Larsson, B., & Ward, E. (2017). Risk, resilience and identity construction in the life narratives of young people leaving residential care. *Child & Family Social Work, 22*, 782–791. https://doi.org/10.1111/cfs.12295

Sellers, D. E., Smith, E. G., Izzo, C. V., McCabe, L. A., & Nunno, M. A. (2020). Child Feelings of Safety in Residential Care: The Supporting Role of Adult-Child Relationships. *Residential Treatment for Children & Youth*, *37*(2), 136–155. https://doi.org/10.1080/0886571X.2020.1712576

Serpe, R. T., & Stryker, S. (2011). The symbolic interactionist perspective on identity theory. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity theory and research* (pp. 225–248). New York, NY: Springer.

Sindi, I., & Strompl, J. (2019). Who am I and where am I from? Substitute residential home children's insights into their lives and individual identities. *Child and Youth Services, 40*, 120–139. https://doi.org/10.1080/0145935X.2019.1591272

Smith, M., Cameron, C., & Reimer, D. (2017). From attachment to recognition for children in care. *British Journal of Social Work, 47*, 1606–1623. https://doi.org/10.1093/bjsw/bcx096

Stets J.E., Savage S.V., Burke P.J., Fares P. (2020). Cognitive and Behavioral Responses to the Identity Verification Process. In Serpe, R., Stryker, R., & Powell, B. (Eds.), *Identity and Symbolic Interaction* (65–88). Springer, Cham.

Sulimani-Aidan, Y. (2016). In between formal and informal: Staff and youth relationships in care and after leaving care. *Children and Youth Services Review*, *67*, 43–49. https://doi.org/10.1016/j.childyouth.2016.05.025

Van der Cruijsen, R., Peters, S., Zoetendaal, K. P., Pfeifer, J. H., & Crone, E. A. (2019). Direct and reflected self-concept show increasing similarity across adolescence: A functional neuroimaging study. *Neuropsychologia*, *129*, 407–417. https://doi.org/10.1016/j.neuropsychologia.2019.05.001

van Doeselaar, L., Becht, A. I., Klimstra, T. A., & Meeus, W. H. J. (2018). A review and integration of three key components of identity development: Distinctiveness, coherence, and continuity. *European Psychologist*, *23*(4), 278–288. https://doi.org/10.1027/1016-9040/a000334

Vazire, S., & Carlson, E. N. (2011). Others sometimes know us better than we know ourselves. *Current Directions in Psychological Science, 20*(2), 104–108. https://doi.org/10.1177/0963721411402478

Wallace, H. M., & Tice, D. M. (2012). Reflected appraisal through a 21st-century looking glass. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (2nd ed., pp. 124–140). New York, NY: Guilford.

Zhao, S. (2015). Reconceptualizing the self phenomenon: toward an emic conception of the self. *Symbolic Interaction*, *38*(2), 235–260. https://doi.org/10.1002/symb.151

Figure 1. Visual representation of the hypothesized model

Click here to access/download;Figure;Figure 1.jpg

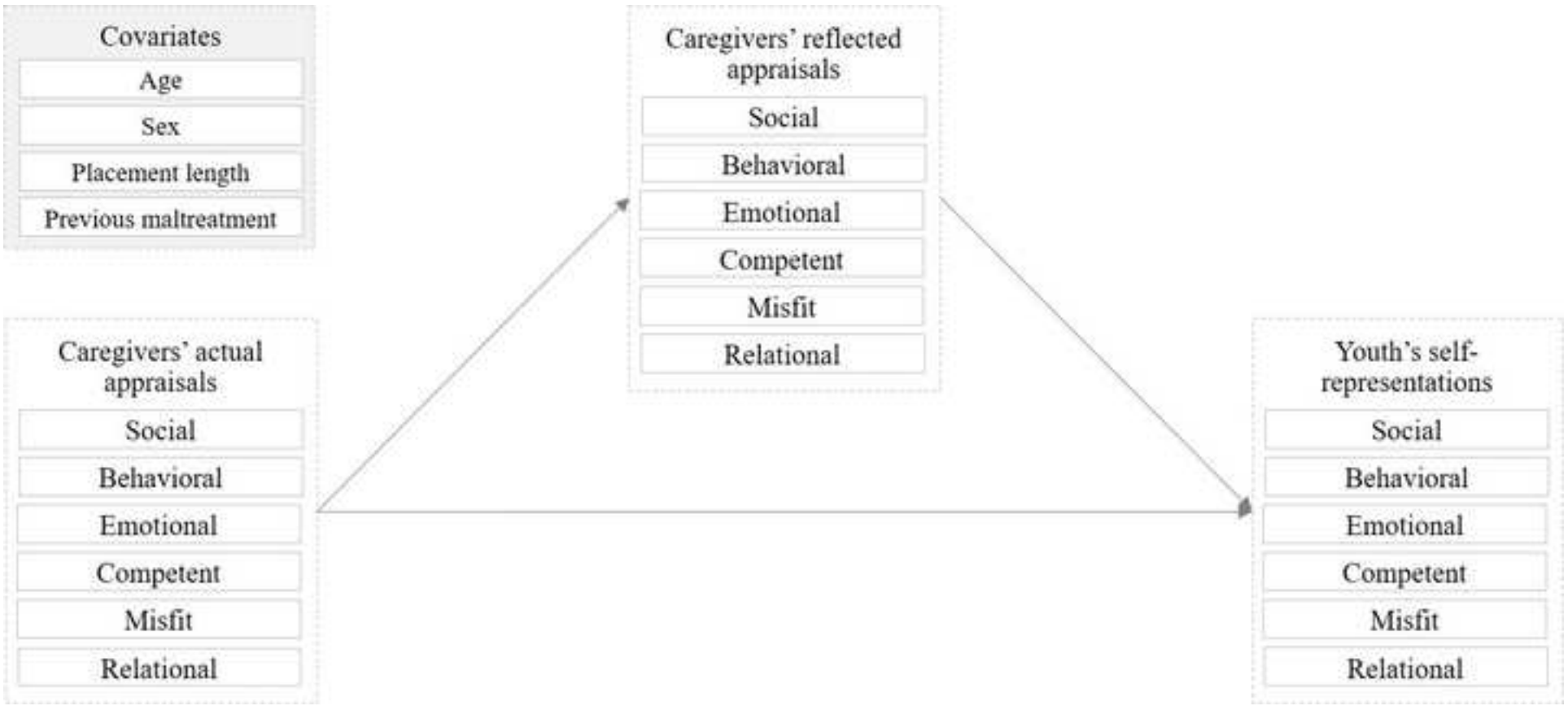

Figure 2. Model examining the Looking-glass Self Hypothesis in the youth-caregiver relationship: The mediating role of Caregivers' Reflected Appraisals (RA) in

Click here to access/download;Figure;Figure 2.jpg

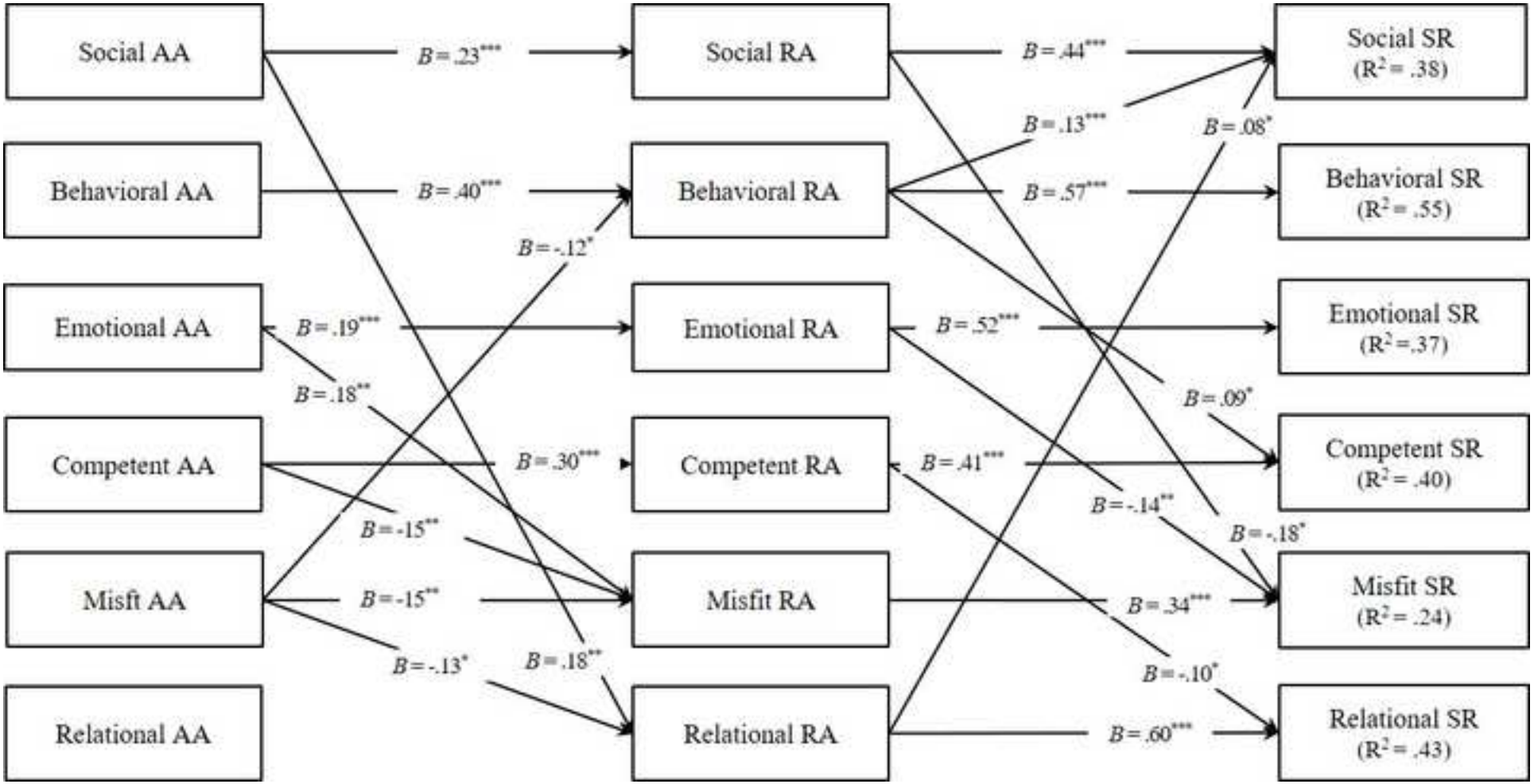

Table 1. *Descriptive statistics and bivariate correlations between study variables*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1. Sex [1)]	–																							
2. Age	-0.06	–																						
3. P.L.	-0.01	0.38***	–																					
4. Abuse	0.07	0.06	-0.05	–																				
5. Neg 1	0.09*	-0.01	0.13**	0.29***	–																			
6. Neg 2	0.16***	0.03	-0.09*	0.39***	0.59***	–																		
7. AA S	-0.01	0.01	0.08*	-0.03	0.10**	0.01	–																	
8. AA B	0.00	-0.20***	-0.11**	0.08*	-0.04	0.02	-0.39***	–																
9. AA E	-0.03	-0.01	-0.08*	0.07	0.03	0.03	-0.33***	0.36***	–															
10. AA C	-0.07	0.13**	0.13**	0.01	0.08*	0.03	0.55***	-0.33***	-0.21***	–														
11. AA M	0.05	-0.04	-0.12**	0.05	0.02	0.04	-0.31***	0.42***	0.56***	-0.30***	–													
12. AA R	-0.05	-0.06	0.09*	-0.12**	0.02	-0.03	0.55***	-0.32***	-0.34***	0.45***	-0.41***	–												
13. RA S	-0.04	-0.01	0.07	-0.00	-0.03	-0.01	0.21***	-0.05	-0.05	0.15***	-0.05	0.10*	–											
14. RA B	-0.08	-0.08*	-0.11**	0.03	-0.05	-0.07	-0.20***	0.39***	0.07	-0.21***	0.08*	-0.19***	-0.27***	–										
15. RA E	-0.15***	0.02	-0.10*	-0.02	-0.03	-0.02	-0.14**	0.06	0.20***	-0.12**	0.08	-0.14***	-0.23***	0.40***	–									
16. RA C	0.00	0.13**	0.10*	0.06	0.02	0.08	0.11**	-0.04	0.00	0.25***	-0.06	0.06	0.64***	-0.27***	-0.15***	–								
17. RA M	-0.03	-0.01	-0.03	-0.01	-0.00	-0.02	-0.08	0.07	0.14***	-0.12**	0.00	-0.05	-0.24***	0.28***	0.52***	-0.21***	–							
18. RA R	-0.03	-0.06	0.01	0.01	-0.01	-0.00	0.15***	0.00	-0.03	0.12**	-0.10*	0.10*	0.61***	-0.13**	-0.12**	0.55***	-0.19***	–						
19. SR S	-0.05	0.03	0.07	-0.04	-0.05	-0.06	0.17***	-0.09*	-0.20***	0.09*	-0.13**	0.08*	0.55***	-0.02	-0.14***	0.30***	-0.16***	0.38***	–					
20. SR B	-0.11**	-0.09*	-0.15***	0.01	-0.04	-0.02	-0.18***	0.38***	0.10**	-0.19***	0.12**	-0.13**	-0.16***	0.72***	0.31***	-0.17***	0.25***	-0.05	-0.10*	–				
21. SR E	-0.24***	0.09*	-0.03	0.00	0.01	0.01	-0.10**	0.03	0.24***	-0.04	0.10*	-0.08*	-0.14***	0.23***	0.58***	-0.06	0.30***	-0.08*	-0.18***	0.31***	–			
22. SR C	0.06	0.20***	0.12**	0.05	-0.03	0.05	0.14***	-0.07	-0.09*	0.28***	-0.11**	0.05	0.39***	-0.09*	-0.07	0.58***	-0.12**	0.36***	0.46***	-0.18***	-0.07	–		
23. SR M	0.00	0.02	-0.03	-0.02	-0.04	-0.02	-0.10*	0.11**	0.15***	-0.07	0.09*	-0.10**	-0.24***	0.21***	0.35***	-0.15***	0.43***	-0.12**	-0.23***	0.22***	0.39***	-0.12**	–	
24. SR R	0.02	-0.02	0.01	-0.01	-0.03	0.03	0.08*	0.01	-0.14***	0.04	-0.08*	0.08*	0.41***	-0.10*	-0.14***	0.31***	-0.12**	0.62***	0.48***	-0.04	-0.19***	0.35***	-0.24***	–
M	0.47	16.36	3.71	1.32	1.47	1.75	4.21	2.52	2.21	3.71	1.77	3.84	3.97	2.44	1.99	3.70	1.69	3.75	3.47	2.49	2.27	3.15	1.96	3.24
SD		2.22	3.72	0.58	0.59	0.68	0.64	0.81	0.83	0.72	0.83	0.83	0.80	0.94	0.83	0.85	0.83	0.88	0.71	0.91	0.79	0.73	0.83	0.73

Note: P.L.=Placement length (in years); Neg 1=Physical neglect; Neg 2=Psychological neglect; AA=Actual appraisals; RA=Reflected Appraisals; SR=Self-representations; S=Social; B=Behavioral; E=Emotional; C=Competent; M=Misfit; R=Relational. [1)]Sex: 1-Male 0-Female; the proportion of males is reported. $^{*}p < 0.05$ $^{**}p < 0.01$ $^{***}p < 0.001$

Table 2. *Total and direct effects of the predictor variables on youth's self-representations*

Variables	Social SR			Behavioral SR			Emotional SR			Competent SR			Misfit SR			Relational SR		
	B	*SE*	95%CI	*B*	*SE*	95% CI	*B*	*SE*	95% CI	*B*	*SE*	95%CI	*B*	*SE*	95%CI	*B*	*SE*	95%CI
Total Effects																		
AA Social	0.13**	0.04	0.03, 0.00	-0.02	0.06	-0.13, 0.09	-0.07	0.06	-0.17, 0.04	0.02	0.05	-0.01, 0.04	-0.02	0.05	-0.13, 0.08	0.07	0.06	-0.05, 0.19
AA Behavioral	0.00	0.03	0.06, 0.74	0.34***	0.04	0.25, 0.41	-0.04	0.04	-0.12, 0.04	0.06	0.04	-0.01, 0.13	0.06	0.04	-0.03, 0.13	0.09*	0.04	0.01, 0.17
AA Emotional	-0.13**	0.02	-0.39, -0.22	-0.03	0.05	-0.12, 0.06	0.25***	0.05	0.16, 0.34	-0.04	0.04	-0.12, 0.04	0.13**	0.05	0.04, 0.23	-0.14**	0.05	-0.24, -0.05
AA Competent	-0.02	0.04	0.02, 0.49	-0.08	0.05	-0.18, 0.02	-0.01	0.05	-0.10, 0.10	0.29***	0.05	0.20, 0.38	-0.02	0.06	-0.14, 0.09	-0.01	0.05	-0.11, 0.09
AA Misfit	-0.02	0.04	-0.35, 0.06	-0.04	0.05	-0.14, 0.05	-0.02	0.05	-0.11, 0.08	-0.05	0.04	-0.13, 0.03	-0.03	0.05	-0.12, 0.07	-0.02	0.05	-0.11, 0.08
AA Relational	-0.05	0.04	0.02, 0.44	0.00	0.05	-0.10, 0.09	0.02	0.06	-0.09, 0.13	-0.10	0.05	-0.19, 0.01	-0.04	0.05	-0.14, 0.07	0.03	0.06	-0.08, 0.14
Direct Effects																		
Sex (1 = boys)	-0.02	0.04	-0.11, 0.06	-0.09	0.05	-0.17, 0.01	-0.26***	0.06	-0.38, -0.15	0.13**	0.05	0.04, 0.23	0.03	0.06	-0.09, 0.15	0.07	0.05	-0.05, 0.17
Age	0.01	0.01	-0.01, 0.03	0.01	0.01	-0.02, 0.03	0.02	0.01	-0.01, 0.05	0.04	0.01	0.02, 0.06	0.01	0.02	-0.02, 0.04	0.02	0.01	-0.00, 0.05
Placement length	0.01	0.01	-0.01, 0.02	-0.02	0.01	-0.03, -0.00	-0.00	0.01	-0.02, 0.02	0.00	0.01	-0.01, 0.02	0.00	0.01	-0.02, 0.02	-0.00	0.01	-0.02, 0.01
AA Social	0.01	0.05	-0.07, 0.10	-0.02	0.05	-0.12, 0.06	-0.03	0.05	-0.12, 0.06	-0.02	0.05	-0.11, 0.08	0.01	0.06	-0.10, 0.12	-0.06	0.05	-0.17, 0.04
AA Behavioral	-0.06	0.03	-0.12, -0.01	0.10**	0.03	0.04, 0.16	-0.03	0.04	-0.10, 0.05	0.00	0.04	-0.06, 0.07	0.06	0.04	-0.03, 0.13	0.05	0.04	-0.02, 0.12
AA Emotional	-0.11**	0.04	-0.18, -0.04	-0.01	0.03	-0.08, 0.06	0.15**	0.05	0.06, 0.24	-0.05	0.04	-0.12, 0.03	0.03	0.04	-0.05, 0.12	-0.16***	0.04	-0.25, -0.08
AA Competent	-0.02	0.04	-0.11, 0.06	-0.01	0.04	-0.09, 0.07	0.03	0.05	-0.06, 0.13	0.17***	0.04	0.09, 0.26	0.05	0.06	-0.07, 0.16	-0.02	0.05	-0.11, 0.07
AA Misfit	0.00	0.04	-0.07, 0.08	0.04	0.04	-0.04, 0.11	0.01	0.04	-0.06, 0.09	-0.01	0.04	-0.09, 0.07	0.04	0.05	-0.05, 0.13	0.05	0.05	-0.05, 0.13
AA Relational	-0.02	0.04	-0.09, 0.05	0.05	0.04	-0.03, 0.13	0.05	0.05	-0.04, 0.14	-0.05	0.04	-0.14, 0.03	-0.04	0.05	-0.14, 0.06	0.04	0.05	-0.05, 0.12

Note: *B*=Unstandardized estimate; *SE*=Standard error; CI=Confidence interval; AA=Actual appraisals; SR=Self-representations.

*$p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Conflict of Interest

I declare that there are no interests to declare. I also declare that the work described has not been published previously, that it is not under consideration for publication elsewhere, that its publication is approved by all authors and explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder.

Carla Sofia Silva

Author Statement

Carla Sofia Silva: Conceptualization, Methodology, Data curation, Formal analysis, Writing - original draft preparation, Writing - review and editing.

Maria Manuela Calheiros: Conceptualization, Methodology, Investigation, Resources, Writing - review and editing, Supervision, Project administration, Funding acquisition.