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**DEVELOPMENT AND VALIDATION OF
A SELF-ESTEEM SCALE**

By

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CERTIFICATE

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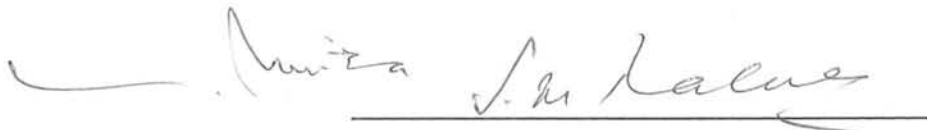
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*To Uniqueness and Oneness of 'Allah',
Whose reflection is in each 'Self'*



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ABSTRACT

The construct of Self-esteem has been explicated within the indigenous social context through development and validation of a Self-esteem Scale. Firstly, the dimensionality of the Self-esteem construct and internal consistency/reliability of the self-esteem scale were ascertained. For that, an item pool was developed from qualitative data obtained from two pilot studies and the translations of four existing Self-esteem Scales. After an extensive scrutiny and evaluation of the items, 72 items, most relevant to the construct and expressing evaluations of a global self and its various aspects, were phrased in self-reported statements with a five-point scale. This scale was given to a sample of 300 participants (150 boys and 150 girls). The Principal Component Factor Analysis revealed that most of the items of Self-esteem Scale were positively loaded on first four factors that explained 22.5% of the total variance. The eigenvalues for these factors were 7.4, 4.0, 2.5 and 2.2, respectively. The factor solution was rotated to get clear and interpretable dimensions of the self-esteem. The contents of the items with $>.30$ factor loadings on the four factors in rotated solution were examined in detail. The rotated factor solution was found to be more meaningful in terms of the theoretical interpretation of its factors. Following the criteria of Kline (1986), only those items were selected for further examination which had $>.30$ factor loading. An examination of the contents of these items yielded four factors which were labelled as Self-Acceptance, Self-Competence, Social and Physical Self-Acceptance and, Academic Self-Competence. There were 11 items with $>.30$ factor loading on first factor, i.e., Self-Acceptance. On second factor of Self-Competence 6 items were having $\geq.30$ factor loadings and on third factor, Social and Physical Self-Acceptance, 7 items were found to be having $>.30$ factor loading, whereas on fourth factor of Academic Self-Competence, there were five items which were having $\geq.30$ factor loadings. The Self-Esteem Scale was reduced to only those 29 items which received high factor loadings on four dimensions of self-esteem. These constituted the four subscales of the Self-Esteem Scale. These selected 29 items were positively correlated with the total score with an average correlation of .42. The Self-Esteem Scale (29 items) was found to be internally consistent and reliable as indicated by the alpha coefficient value .83 ($p<.00$). The split-half reliability was found

to be .72 ($p < .00$) with Spearman Brown correction. Boys scored higher on the Self-Esteem Scale as compared to girls supporting the hypotheses formulated in this regard. The difference of scores between boys and girls was found to be nonsignificant on the dimension of Academic Self-Competence.

In the second phase of the research, five validation studies were carried out to test the validity of Self-Esteem Scale. Study I conducted on a sample of 60 participants tested the concurrent/convergent validity of Self-Esteem Scale by finding its correlation with Rosenberg (1965) Self-Esteem Scale ($r = .62$, $p < .00$). The scores of the four subscales were also positively related with scores of Rosenberg Scale. Study II was conducted on sample of 60 participants to test the convergent validity of the subscale of Academic Self-Competence by finding its correlation with scores obtained through Academic Self-Concept Scale developed by Ahmed (1986) and achievement scores obtained in school examination. The results showed that the scores on the Academic Self-Concept Scale were positively related with scores of the subscale Academic Self-Competence ($r = .46$, $p < .00$), whereas the positive correlations with the other three subscales were less in magnitude and non-significant. The highly positive correlation coefficient provided the evidence of convergent validity of Academic Self-Competence scale and, non-significant and less positive correlation of Academic Self-Concept Scale with other subscales indicated the discriminant validity of these subscales. The correlation between the Academic Self-Competence and achievement scores indicated the concurrent validity of this subscale ($r = .29$, $p < .05$).

The other three studies were carried out for construct validation of Self-esteem by examining its relationship with Anxiety, Delinquency and Depression. Study III was conducted on a sample of 150 participants to explore the relationship between self-esteem and anxiety. High self-esteem and anxiety were found to be negatively related to each other ($r = -.48$, $p < .00$) and the hypotheses that low self-esteem individuals score high on Anxiety scale (t -value = 4.55, df 90, $p < .00$) was supported. Study IV was conducted on a sample of 100 participants to explore the relationship between self-esteem and self reported delinquency. The results showed that there was significant negative correlation between high self-esteem and delinquency ($r = -.23$, $p < .01$) and the participants with high

self-esteem scored low on delinquency scale (t-value=2.53 p<.01), thus indicating that the self-esteem and delinquency are negatively related to each other. The relationship of delinquency with subscales of Self-Competence and Academic Self-Competence was found to be negligible and non-significant. Study V, conducted on a sample of 145 participants, examined the relationship between depression and self-esteem. The analysis of data revealed the negative relationship between high self-esteem and depression (r=-.53, p<.00). The low self-esteem individuals scored high on SSDS and significantly differed from individuals scoring high on Self-esteem Scale (t-value=7.50, df=86,p<.00).

The findings of the present research have revealed a theoretically interpretable multidimensional structure of self-esteem within an indigenous context. The Self-Esteem Scale, was found to be a valid and reliable measure. The implications for future research have been discussed with reference to further validation and improvement in methodology.

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INTRODUCTION

Self-esteem is a personality construct which refers to the individual's feelings about the *self*, and is indicative of the value placed over one's *self*. Self-esteem is the individual's private feelings towards *self* that are derived from one's perceptions and appraisals of different attributes of the *self*. These are the general feelings of worth and competence associated with one's own *self*. These evaluations and feelings about the *self* affect the responses and shape one's behavior towards different aspects of life.

Self-esteem is a very personal experience for an individual. It is an important judgement that is passed by the person himself or herself. This judgement reflects the degree of self-respect and self-confidence that a person can have. The person whose self-esteem is high, feels worthy and important, and views himself or herself as a competent person who can live appropriately and happily in one's life. He or she feels capable, adequate and effective to deal with the demands of life and thinks himself or herself a likable person who can enjoy healthy relationships with other people. An individual of high self-esteem shows more resilience in times of despair or failure. On the contrary, the person whose self-esteem is low, feels less regard for *self*, lacks confidence and decisiveness. The person with low self-esteem is vulnerable to feel shattered and may become easily frustrated in difficult life situations. He or she tends to lose courage while facing the adversities of life.

Self-esteem is a sense of personal value and efficacy. These feelings may be derived from the appraisals and evaluations that one receives from significant others. The development of the individual's self-esteem is affected by the opinions and perceptions of

the significant others. The way a person is judged by others, it affects the opinion and perception that one may form about one's own *self*. The person, valued by others as worthy and competent, is more likely to have a positive view of one's *self*. The favorable opinions of parents, peers and others who are significant for the person may provide a fundamental base for the positive evaluation of the *self*. Later, throughout the life, that person keeps verifying these judgements in the light of the information that one may receive from the people in social environment.

The numerous researches on self-esteem indicate that the construct *self-esteem* is central to Personality Psychology (see, for example, reviews by Wylie, 1974, 1979). Psychologists have since long been interested in understanding and formulating a theory of *self*. A large number of self-referent constructs e.g. *self-acceptance* and *self-regard* (Rogers, 1959), *self-concept* (Wylie, 1974) and *self-esteem* (Coopersmith, 1967; James, 1890; Rosenberg, 1979) were introduced to theorize about *self*. Of these, the most important and quite frequently used constructs are *self-concept* and *self-esteem*. Self-concept, broadly defined, is a person's perceptions of him or her *self* (Rogers, 1959), whereas self-esteem is his or her evaluation of these perceived characteristics of *self* (Campbell, 1990). Self-esteem is considered a single most significant key factor in understanding human behavior. It is the important aspect of individual's overall psychological functioning that affects his attitude toward others and life (Branden, 1987).

Wide difference in definitions and theoretical orientations of the investigators of self-esteem have led to variation in the procedures for assessment and measurement of self-esteem and self-concept (Crandall, 1973; Wylie, 1979). In line with the suggestions given by Wylie (1979) and Crandall (1973) for improvement in measurement of self-

esteem and related constructs, a model for construct validation was proposed by Shavelson, Hubner and Stanton (1976). This multidimensional model has been extensively tested for its validity in the last two decades, (i.e., in 80s and 90s) and, to a large extent, has helped in removing the conceptual and methodological ambiguities associated with the construct (see, for example, Byrne & Shavelson, 1996; Byrne & Shavelson, 1986; Marsh & Byrne, 1988; Marsh & Shavelson, 1985; Shavelson & Bolus, 1982).

However, in Pakistan no effort has been directed towards construct explication and development of a self-esteem measure so far. The problem of defining terms and achieving appropriate observable indices is still apparent from the interchangeable use of the terms i.e., self-concept and self-esteem (see, for example, Khalid, 1990; Rani, 1983). These psychometric problems can be avoided only by a systematic work aimed at theoretical explication and construct validation which could improve conceptualization and theoretical status of the construct and moreover, it could provide a base for development of a valid and reliable method of measurement for self-esteem. The present theoretical and methodological status of research on self-esteem essentially requires improvement on its theoretical as well as in methodological aspects. Therefore, the present research has been designed to explicate the construct, namely, self-esteem by developing and validating an indigenous measure.

As mentioned above, the present research is an attempt to develop and validate an indigenous measure of self-esteem. The important role of society and culture in development of *self* has been emphasized by earliest self theorists like James (1890), Cooley (1902) and Mead (1934). Several researches have demonstrated that people raised in different cultures and subcultures differ not only with reference to their

behaviors but also in their subjective experience, its description and expression (see, for example, Markus & Kitayama, 1991). Therefore, in the light of the theory and research, it appeared relevant to study the construct of self-esteem in an indigenous context. In present research, the emphasis has been placed on the salient dimensions of self-esteem that are specific and relevant to the culture and on the peculiar expression of an individual's self-esteem. The gender difference with regard to self-esteem has also been explored in the present research.

For the validation of the instrument, the research also purports to examine the relationship of self-esteem with anxiety, delinquency and depression. In fact, the growing interest of the various researchers in the self-esteem construct is apparent from the studies which have found a relationship of self-esteem with many personality variables (e.g., Coopersmith, 1967; Rosenberg, 1965) and educational outcome (Bachman & O' Malley, 1977; O' Malley & Bachman, 1979; Purkey, 1970; Yamamoto, 1972). High self-esteem has been found to be associated with psychological and physical health (Brennan & O' Loidean, 1980; Rosenberg, 1965), whereas inverse correlations of self-esteem have been found with depression (Brockener & Guare, 1983) and anxiety (Rosenberg, 1965). Similarly studies by Kaplan (1974,1975), Rosenberg and Rosenberg (1978) and Bynner, O' Malley and Bachman (1981) have shown that there exists an association between self-esteem and delinquency. Though, it is true that no comprehensive theory of self-esteem has been formulated so far, especially to theorize about its role in development of psychopathology, yet this variable does occupy an important place in understanding of psychopathology. This is reflected from the fact that low self-esteem and worthlessness have been mentioned in DSM IV (American

Psychiatric Association, 1994) as an associated feature of many psychological disorders (for example see pages, 327, 345, 723).

In pages to follow, a review of the theory and empirical literature has been presented. First of all, basic theoretical formulations about self-esteem construct have been discussed. Then, various methods used to measure the self-esteem have also been examined with reference to psychometric and methodological aspects. Gender differences found with regard to self-esteem have also been discussed in a separate section. In the next section, a brief review of the findings of various studies has been given. These studies were aimed at testing the relationship between self-esteem with anxiety, delinquency and depression. Towards the end of the second chapter, a review of various self-esteem studies conducted in Pakistan has been presented. These researches have been discussed with particular reference to the conceptualizations and the methods that have been used to assess the construct of self-esteem. In the last section, rationale and scope of the present research have been mentioned.

The work has been accomplished in two phases. The main study, in the first phase was aimed at development of the Self-Esteem Scale. In the third chapter, method of the main study followed by results and discussion, have been mentioned. The work in the second phase was aimed at validation of Self-Esteem Scale. The details of the five validation studies conducted during phase II have been given in fourth chapter. In the fifth and last chapter, the general discussion of the results along with the implication for future research can be found.

THEORETICAL FORMULATIONS AND RELEVANT RESEARCH

One of the most distinct characteristics of human beings is the ability of being aware of one's unique existence, the *self*. Like the origin of most of the important subjects pertaining to human beings, discussions about *self* were started by Greek philosophers within the fields of Philosophy. The early definitions were imprecise and vague, and "usually equated with such metaphysical concepts as 'soul', 'will' and 'spirit'" (Burns, 1979, p.5). Discussions about *self* in pre-twentieth century era remained in the context of Philosophy and Christianity. Towards the beginning of the twentieth century, the focused interest in *self* increased to the extent that Psychology emerged as a separate discipline for scientific study of consciousness and human behavior; and the scientific approach and character of Psychology made it distinct from Philosophy.

During the first four decades of the twentieth century, the emergence of behaviorism as a dominant school of thought influenced the status of the concept of *self* greatly because the *self* was not something that could be investigated easily under rigidly controlled laboratory conditions. According to Behaviorism, the *self* as a subject for study was not appropriate for a scientific pursuit. Nonetheless, it was a topic of great interest during the early part of twentieth century for theorists like James (1890), Cooley (1902) and Mead (1934).

James (1890) discussed the topic of *self* in detail and presented his distinct views about *self* thus bringing a change in the older ways of thinking about it. He categorized two aspects of the *global self*. (a) the *self* as 'known' or 'me', the empirical ego, and (b) the *self* as

'knower' or the 'I' or the 'pure ego'. James considered the *global self* as simultaneously 'me' and 'I'. In James '(1892) words:

a man's 'me' is the sum total of all that he can call his" and 'I' is that which at any moment is conscious, where as the 'me' is the only one of the things which it is conscious of, I is the thinker (p.176).

He viewed pure experience 'I', and the contents of that experience 'me' as two discriminated aspects of the same entity'. This difference is quite apparent in the linguistic sense, emphasizing the obvious that humans have the characteristic of consciousness which permits the awareness of their own experience and of other environmental elements. Although, the distinction between *I* and *me* may appear to common sense but it seems difficult to differentiate at psychological level, since *I* the experience of the act which is involved in identifying the *me* and at the same time, integrating the 'knower' and the 'known', is the same one. Each cannot exist without the other. The *self* is simultaneously *me* and *I* so it is impossible to imagine either consciousness in an abstract form, lacking any context or content, and existing apart from the consciousness that permits awareness of it. James, himself was aware of this criticism and has noted that while language allows us to categorize in terms of the 'knower' and the 'known'; they are only discriminated aspects of the singularity of the process of experience, a global self which is no less than the person himself.

In the broadest sense, the *self* as 'knower' or 'me' is every thing that a person associates with one's *self*. James claimed that the constituents of the 'me' can be divided into three classes: the *material me*, the *social me*, and the *spiritual me*. The body is the innermost part of the 'material me' in each of us. *Bodily self* is the image of the body, one has about one's own body. *Material self* also includes one's clothing and material possessions which are viewed as part of the self. A man's 'social me' is the recognition

which one gets from the persons one interacts with. A person has as many different social selves as there are many individuals and groups about whose opinion one cares. By '*spiritual self*', James meant thinking and feelings, i.e. entire collection of states of consciousness. All selves combined in unique ways to constitute each person's view of oneself and in many respects cannot be neatly split up. For instance, clothing, so much a part of material self, enhances bodily self and satisfies social ends by gaining other's attention. Besides this comprehensive theorizing about *self* and its various dimensions, James also noticed the evaluative nature of *self*. He believed that evaluation of each component of *self* could arouse feelings and emotions. James elaborated on the determinants of the person's self-evaluation using '*self-feeling*' and '*self-regard*' as synonyms to it. He argued that it was the position a person held in the world contingent on his success or failure that determined the self-esteem. These feelings of the individual depend entirely on what one aspires to achieve for oneself.

James considered the spiritual self, social self and material self in descending order of implications for self-esteem. In his view, people may differ in the significance that they assign to different component of *self*, and the individual has the capacity to choose between several goals related with each component of *self* and to evaluate the success at them. The individual's self-esteem is determined by the performance outcome of an important task which is salient according to his or her preference. Success or failure at some task that is meaningful and significant for an individual, will greatly affect the self-esteem. The expectations and aspirations determine the salience of different aspects, and what condition is considered success or an enhancing experience for one can be a failure or deflating experience for another. In other words, succeeding on a particular task may have different meaning and salience for different people. There can

be individual differences when success is assessed either within or between component of *self*. For instance, one person may derive a sense of competence and high self-esteem from being intellectually capable; another, from being good athletically, and still another from being in positions of leadership and authority thus depending on the importance, they assign to spiritual, material and social components of *self*.

James (1890) produced a comprehensive formulation of the objective 'me' that provided the foundation for theory and research in later years. He detected the integrative aspect of the self-concept that included feelings, evaluations and attitudes as well as descriptive categories. This view later helped in understanding the evaluative aspect of *self*, namely 'self-esteem' which is a very significant component of self-concept. James' (1890) conceptualization of *self* in terms of material, social and spiritual, laid the foundations of the multidimensional and hierarchical structure of the construct (Shavelson, Hubner & Stanton, 1976). James' views that the feeling of self-worth and self-esteem is derived partially from one's perceptions about one's competence at important tasks in relation to others having similar skills and abilities existed in current theory and research. His views have also supported the importance of self-other comparison in self-esteem. Individual evaluates the worth in comparison to peers and how one feels depends heavily on how one perceives while comparing one's *self* with others whose skills, abilities, and talents are similar to one's own (Mettee & Riskin, 1974; Tesser & Palhaus, 1983).

Like James, who considered social factor important in development of *self*, Cooley (1902) and Mead (1934) emphasized the role of 'significant others' in development of *self*. Introducing symbolic interaction theory, they provided the basic ideas that linked the emergence and development of individual's self as a result of interaction with others. For example, Cooley (1902) viewed that individual's behavior and social pressures mutually

modify each other and defined the *self* as 'that which is designated in common speech by the pronouns of the first person *singular* "I" 'me' 'mine" and "myself" (p.136). He pointed out the importance of subjectively interpreted feedback from others as a main source of data about the self by introducing the theory of the "*looking glass self*", reasoning that one's self-concept is significantly influenced by what the individual believes that the others think about her or him. The looking glass reflects the imagined evaluations of others about one's self. The looking glass self arises out of symbolic interaction between an individual and his various primary groups that are characterized by face to face associations.

Cooley (1902) also provides an account of how self-feeling is developed in relation to the individual's interpretation of physical and social reality. The objects within this reality include the physical body, opinion, purposes, possessions, ambitions and, in fact, 'any idea or system of ideas drawn from the communicative life that the mind cherishes as its own' (Cooley, 1902, p.68). He considers the objects of self-feelings as social in nature because the meanings are furnished by the common language and culture; and secondly, self-conception and associated evaluations are derived from the person's subjective construction of the judgment that significant others held regarding actions and attributes of the individual. Self and society, thus, mutually define each other acting as point of reference for the other.

Mead (1934) elaborated on James' social self and developed the Cooley's theory further. He produced a more extensive theory of *self* and maintained that individual's *self* develops as the result of one's relations to the processes of social activity and experience with other individuals. The individual learns to interpret the environment as others do. The judgment and estimates about the individual's behavior by significant others influence one's behavior and provide the major origin of internal regulation that eventually comes to guide and maintain behavior even if external forces are no longer present. In this way, the

community exercises control over the behavior of each individual and it remains within the person in the form of “generalized others”.

Mead (1934), thus, believed that self is a social structure arising out of social experience. Once formed, it can provide social experience for itself. Mead saw language as the connection between self and society. The individual learns to respond to one’s self in a manner that one finds in congruence with others, and develops attitude toward self that is consistent with those expressed by others in the world. If others value the person, he or she values the *self* and if others reject or ignore, he or she demeans one’s *self*. Mead (1934) concluded what Cooley had already argued in a very similar theory, that the individual will conceive of oneself as having the characteristics and the values that others attribute to him. Mead suggested that *self* is composed of numerous elementary selves which mirror aspects of the structure of the social process. A reflection of the entire social process is contained in the structure of a complete self. It is the elementary *self* that enables the person to adjust with the social order and each person has many social identities that provide a major link between the *self* and the society.

The theory of symbolic interactionism (Cooley, 1902; Mead, 1934) has pointed out the important role of ‘others’ in development of *self*. The theory has discussed the formation and construction of *self* in detail, in context of primary and secondary social groups. These views have received support from several researches that indicated the importance of reflected appraisal by showing that how one feels about one’s self in term of self-worth and self-esteem is related to reflected appraisals one gets in the social world (Baumgardner & Arkin, 1987; Schlenker, 1980). The symbolic interaction theory also provided the rationale for the understanding of self-referent constructs especially self-concept and self-esteem from an indigenous perspective. The cultures and societies may differ in desirability and value that is

assigned to various attributes and characteristics of *self*. Markus and Kitayama (1991) conducted a study to investigate implications of culture on cognition, emotion and motivation and illustrated a contrast between self-concepts of Americans as *independent self* and Japanese as *interdependent self*. They found out that one major difference that occurred in individuals' conceptions of *self* was the interdependent view of self in eastern culture as compared to independent construal of self in individuals from western culture. Markus and Kitayama (1991) also mentioned the substantial within-culture variations in the construal of *self* on the basis of gender, ethnicity, religion, region of country, and according to the historical and generational cohort. They maintained that the bases of self-esteem vary cross-culturally which have an implication for various mental processes. They concluded their discussion by saying:

the most significant difference between these two construals is in the functional role of other individuals in self-definition. Others and surroundings are important in both construals, but for the interdependent self, others are directly involved in the self-definition because it is relations with others in specific contexts that are defining features of self (p.40).

The findings of the study by Markus and Kitayama (1991) have suggested the importance of a theoretical element about the self-referent variables that result from the culturally specific self-conception. It also has its implications for understanding of the self-esteem construct because self-esteem is derived from culturally valued aspects of self.

The concept of self-esteem has also received attention in another very important context of human motivation when mentioned by Maslow (1954) in his theory of motivation. Maslow (1954) has regarded self-esteem as an important need in the hierarchy of the needs that motivates the person towards self-growth. Though, he did not present any definition of

the concept 'self-esteem', still he seems to be the one who, for the first time, considered the positive self-esteem as the essential characteristic of a mentally healthy and normally functioning person. His thinking, thus, led to the development of the current view that considers self-esteem as a significant component of mental health (see, for example, Witmer & Sweeny, 1992). Raimy (1948) has also considered the implications of the self-concept from a clinical point of view. He defined the self-concept as " a learned perceptual system which functions as an object in the perceptual field" (p.154). He studied his clinical patients and classified their self-referent statements into different categories related to approval of the self, disapproval of the self and ambivalence towards self. He considered the change in the self-concept as an important factor to assess the process of counseling and psychotherapy because he believed that successful counseling involved a change in patient's attitude towards more approval of *self*. Raimy (1948) emphasized that a person's notion of one's self is a complex and significant factor that affects the behavior and social comprehension.

Rogers' (1951) theory of *self* and ideas about fully functioning person represent a synthesis of the views by theorists like Combs and Snygg (1976), Mead (1934), Cooley (1902), and Sullivan (1953). Rogers (1951) incorporated the concepts of *self*, *ideal self* and *self-regard* in his theory of psychopathology. He viewed the organism as 'the total person in phenomenal field' which is the totality of experience. The self is a differentiated portion of the phenomenal field. It consists of conscious perceptions and values of the "I" or "me". The self that is the nuclear concept in Rogers' theory, has numerous features. He viewed the two features of *self* as significant in development of *self*. Firstly, the *self* strives for consistency, which means that a person behaves in ways that are consistent with the *self* and those experiences that are not consistent with the *self* are perceived as threats and they are either

distorted or denied by the person. Secondly, the *self* may change as a result of maturation and learning, i.e., the *self* is capable of growth.

Rogers (1959) defined the self-concept as:

the organized, consistent conceptual gestalt composed of characteristics of the "I" or "me" and the perceptions of the relationships of the "I" or "me" to others and to various aspects of life, together with the value attached to these perceptions (p.200).

The *ideal self* is introduced in his theory as the self-concept which the individual would most like to possess, and upon which he or she places the highest value and importance. Rogers thus viewed self-concept as most significant determinant of responses to the environment as it governs the perception of meanings attributed to the environment. A need for positive self-regard or self-esteem, according to him, develops and emerges with the self-concept. Furthermore, it is learned through internalization of experience of positive regard by others. He viewed self-concept as a configuration in which the alteration in one aspect can completely alter the nature of the whole. Rogers used the term 'self-concept' to refer to the way a person sees and feels about himself. He viewed the perception of *self* as following the general rules of perception. It represents an organized and conceptual gestalt, a pattern of related perceptions, rather than aggregate of related parts. Despite its fluid and changing character, it retains its coherent and organized qualities. Most ways of behaving adopted by the normal individuals are those which are consistent with their concept of *self*. Therefore, Rogers suggested that personality disturbances are characterized by an unrealistic *ideal self*, and/or incongruence between the self-concept and the *ideal self*. This incongruence results in conflict and anxiety thus consequently leads to development of psychopathology.

Summing up Rogers' theory of *self*, it may be observed that he has incorporated almost all the previously existing ideas about *self* into his theory and also has highlighted the significance of self-concept with reference to the development of psychopathology. However, in terms of conceptualization and assessment of the self-concept, his attempt remained incomplete because he did not produce the empirical evidence to support his theoretical views. One of the early theoretical and empirical efforts to bridge up the gaps between theory and research, was made by Coopersmith (1967) who defined the term operationally, developed an instrument as well as an extensive method to study the self-esteem and its correlates. According to Coopersmith (1959,1960,1967), self-esteem could be defined as the evaluation a person makes of herself/himself. To him, self-esteem implies the maintenance of self-evaluation, expresses an attitude of approval or disapproval, and indicates whether or not the person believes her/himself to be capable, significant, successful, and worthy. Personal judgment of worthiness is expressed in the attitudes the individual hold toward one's self, as well as through the verbal reports and other overt expressive behavior. Coopersmith (1967) suggested four major factors that are important in development of self-esteem. These are: (a) the treatment and acceptance received from significant others in life; (b) a person's past successes; (c) the values and aspirations which modify or/and interpret a person's experiences, and (d) how a person responds to devaluation. Self-esteem has been defined by Coopersmith as a process integration, where the individual becomes a member of the group and internalizes their ideas and attitudes. The feedback of significant others provided through attitude and behavior affects the self-feelings. Coopersmith views self-esteem a form of self-protection since any loss of self-esteem can bring feelings of distress and the presence of anxiety can further minimize the self-esteem. In his views, the events and people that

surround the individual, have a direct relationship with the development and maintenance of self-esteem.

Branden (1969) and Brissett (1972) also conceptualized the self-esteem as an evaluation that a person makes about the *self*. Their views were similar to the ideas given by Coopersmith (1979). Branden (1969) viewed self-esteem as a standard by which a person judges her/himself, an estimate accompanied with the feelings and emotions. The self-evaluation is the single most significant factor that affects the thinking processes, emotions, desires, values and goals. Branden believes that to understand a person psychologically, it is vital to understand the nature and degree of self-esteem. Similarly, according to Brissett (1972), the self-esteem encompasses two basic psychological processes: (a) the process of self-evaluation and (b) the process of self worth, each complementary to the other. Brissett argues that self-worth is more fundamental to the human being than is the self-evaluation, as the former is related with the worth that a person considers of his existence and self-evaluation can be of any aspect of the self at any given moment. Both aspects were considered elements of self-esteem. These views appear to have an influence over the conceptualization proposed later on and two different conceptions of self-esteem seem to exist in theory and research. Some theorist conceptualize self-esteem as 'trait' and other view and study it as a particular 'state' within a situational context (for more detail, see Epstein, 1983; Heatherton & Polivy, 1991; Markus & Wurf, 1987; Rosenberg, 1979; Schlenker, 1985; Tesser, 1988).

Dissatisfied with the imprecision of terminology and conceptualization of self-referent terms, Burns (1979) has offered a theoretical structure of the self. He made an attempt to clarify it in a hierarchical manner with a set of terms already used in most psychological writings. According to him, 'self-esteem' in terms of self-evaluation refers to the making of

conscious judgment regarding the significance and importance of oneself or of facets of oneself. Anything related to the person is liable for such evaluation on the basis and criteria set by individual and society at large. Burns (1979) mentioned three reference points pertinent to self-evaluation. Firstly, the comparison of self-image with the ideal self-image or the picture of the kind of person one would wish to be. The second reference point involves the internalization of society's judgment. This assumes that self-evaluation is determined by the individual's belief as to how others evaluate the person. The third reference point indicates person evaluating oneself as a relative success or failure in doing what one's identity entails. It does not involve the judgment of the success at the task rather the success of the person who is doing that particular task is judged. Burns' (1979) views suggested the importance of the individual's aspirations and goals, perception of social appraisal and the relative comparison of the individual with others as all these factors affect self-esteem of an individual.

During the last two decades of the twentieth century, research in the areas of self-concept and self-esteem have taken a shift as a consequence of the analytic reviews of Crandall (1973) and Wylie (1974). The emphasis is now placed more on theoretical as well as methodological aspects of the research. For example, Shavelson, Hubner and Stanton (1976) and Shavelson and Bolus (1982) reviewed theoretical and empirical research in the field of self-concept and made advancement in self-concept theory by testing some of its critical assumptions. They presented methodological advancement integrating measuring approaches and theory into one conceptual framework. Shavelson et al. (1976) gave the definition of self-concept as a person's perceptions of him or herself. These perceptions, Shavelson et al. observe, are formed through one's experience with and interpretations of one's environment, which are influenced especially by reinforcement evaluations by significant others and one's attributions for one's own behavior (Shavelson, Hubner & Stanton, 1976). The construct,

self-concept is defined by him as hierarchical, stable and becoming increasingly multifaceted as the individual develops from infancy to adulthood. It has both descriptive and evaluative dimensions and can be differentiated from other constructs such as academic achievement, etc.. Focusing on the self-concept of Junior-high students, Byrne and Shavelson (1986) studied the structure of general self-concept and its components, namely, academic and nonacademic self-concepts, and supported the model given earlier by Shavelson, Hubner, Stanton (1976). Byrne and Shavelson (1986) concluded that self-concept is a multifaceted construct, general self-concept interpreted as distinct but also correlated with academic self-concept. Self-concept, they demonstrated, is a hierarchical construct with general self-concept at the apex and situation specific self-concepts at the base.

Byrne and Shavelson (1996) have tested the non-academic aspect i.e., social self-concept of the model by Shavelson, Hubner, and Stanton (1976). They have tested and validated the structure of social self-concept for three groups of adolescents. The study revealed a multidimensional social self-concept structure that becomes increasingly differentiated and a hierarchical ordering that becomes better defined with age. These findings supported the conceptualization of self-concept structure as proposed in the model by Shavelson, Hubner and Stanton (1976).

Drawing from analysis of theoretical advancements in the study of self-esteem, it appears that three issues prevail in the current literature pertaining to the conceptualization of the construct. First of these is in relation to the differentiation of cognitive and evaluative components of self. For example, Fleming and Watts (1980) Addeo, Greene and Geisser (1994) have particularly noted the differentiation between descriptive and evaluative aspects. They have observed that this distinction is still unclear because research has not shown any conclusive support. Earlier, in a deliberate effort to

disentangle evaluative from non-evaluative aspects, Shepard (1979) has reported modest, though favorable results. He measured three constructs, namely, self-acceptance, self-description and acceptance of others by employing seven methods. He has reported average convergent validity values of .55 for self-acceptance, .42 for self-description and .41 for acceptance of others, whereas, the discriminant validity coefficient was .41, which could be interpreted as slightly discriminated from self-description as compared to the convergent validity coefficient of .55 for self-acceptance as the difference between the coefficients of discriminant validity and convergent validity is smaller. This positive correlation of .41 between the self-acceptance and self-description was considered as parallel to the theoretical conceptualization of the constructs. Theoretically, both the constructs are expected to relate with each other. One of the plausible explanation of this positive relation between the two constructs may be that the essence of social judgement and norms is embedded already in self-descriptions that they may also predict the self-acceptance (Shepard, 1979).

In spite of moderately positive empirical results, Fleming and Courtney (1984) have preferred the term self-esteem to self-concept. They have noted that though it is not empirically demonstrated but appraisal of theoretical literature shows that self-concept is more general a term that subsumes the self-esteem. They argued that self-concept includes pure self-descriptions, which are distinguishable from self-esteem, because such descriptions do not imply judgments. Theoretically, the two terms may appear to differ in their semantics but the reasons for not being able to show the clear difference in empirical terms between self-concept and self-esteem are perhaps that they are not discriminant aspects of self rather they are close and overlapping in their theoretical meanings, sharing the same reference i.e., self. Theorizing about the self suggests that

conceptually, the self can be viewed as having both cognitive and evaluative components (Campbell, Chew & Scratchley, 1991; Hamachek, 1992). The cognitive component termed as self-concept is an organized schema that contains concrete and semantic memories about the self and controls the processing of self relevant information (Kihlstorm & Cantor, 1983; Kihlstorm, Cantor, Albright, Chew, Klien & Neidenthal, 1988). The evaluative component termed as *self-esteem* is the positivity of our resultant attitude when we evaluate our self as an object (Campbell, Chew & Scratchley, 1991). Rosenberg (1981) has viewed 'self-concept' as encompassing all of the individual's cognitions and emotions relating to self and evidently a great deal broader than self-esteem with which it is usually equated.

In a theoretical analysis of both the constructs, Demo (1985) has clearly mentioned that self-esteem is a specific component of self-concept. Zukerman (1985) has employed two independent scales to measure self-concept and self-esteem, namely the Personality Traits Checklist and Rosenberg Self-esteem Scale (Rosenberg, 1965) respectively. Pope, McHale and Craighead (1988) have differentiated self-esteem from self-concept, as the latter refers to the constellation of a things a person uses to describe himself whereas self-esteem is an evaluation of the information contained in the self-concept, and it is derived from a child's perceptions and feelings. Setterland and Niedenthal (1993) have used two different measures for assessment of self-concept and self-esteem, i.e. Self-concept Questionnaire and Self-esteem Scale by Rosenberg (1965). Considering that the self as a cognitive structure has yielded many new and provocative insights (Kihlstorm, Cantor, Albright, Chew, Klien & Neidenthal, 1988), theorists have also recognized that affect or evaluation (self-esteem) may play a critical role both

in structure of the self-concept and its interface with external information (see, for example, Rogers, 1981; Tesser & Campbell, 1983).

The second issue that has received much attention by the researchers is with reference to the nature of the construct itself. The review of the literature on self-esteem shows that there are two views about the nature of the construct: self-esteem as *trait* and self-esteem as *state*. In the first case, self-esteem is viewed as a global personal judgment of worthiness, that appears to form relatively early during development, remains fairly constant over time, and is resistant to change. *Trait self-esteem* is an enduring personality disposition characterized by temporal consistency in its behavioral manifestations (Branden, 1969; Coopersmith, 1967; Epstein, 1983; James, 1890; Rogers, 1959; Rosenberg, 1979, 1981). *The state self-esteem*, on the other hand, is conceptualized as a variable state of self-evaluation regulated by environmental events. In this way it is viewed as a temporary feelings of the self-regard that vary over situations, roles, feedback, events and reflected appraisals of others (Heatherton & Polivy, 1991; Markus & Wurf, 1987; Schlenker, 1985; Tesser, 1988).

The third issue related to the conceptualization of the construct self-esteem has occurred about its structure. The controversy construct revolves around it being unidimensional or multidimensional, and has generated a lot of interest among self-esteem researchers. Earlier theorists considered self-esteem to be a unidimensional construct but later many theorists demonstrated it to be a multidimensional and multifactorial structure. Most of the studies yielded two or more than two factors of self-esteem (Bailey, 1970; Berger, 1968; Fleming & Watt, 1980; Franks & Marolla, 1976; Shavelson, Hubner & Stanton, 1976). For example, Stake (1985) empirically differentiated between *Social Self-Esteem* and *Performance Self-Esteem*, whereas Lorr and Wunderlich (1986)

have identified two factors of self-esteem by employing the factor analysis to items of two measures of self-esteem, and named the factors as *Confidence* and *Popularity*.

We will see later in the chapter that the present study has employed the term 'self-esteem', as referring to the evaluative component of the 'self-concept', viewed as a trait that appears to be somewhat stable over time, and assumed to be having a multidimensional structure.

Measurement of Self-Esteem

Review of the literature reveals that self-report method has been employed to measure the self-concept of individuals in most of the researches (see, for example, Burns, 1979; Wylie, 1974). These self-report methods have mostly employed *rating scales* including the questionnaires, inventories and scales on 'Attitudes towards Self'. The rating scale technique, a most frequently used approach to measure the self-concept/self-esteem, is based upon the Likert model of scaling. Tennessee Self- Concept Scale by Fitts (1964) and Revised Janis-Field Scale by Eagly (1967) are two examples of Likert type of rating scales in self-concept/ self-esteem measurement.

Wylie (1961, 1968) has provided a thorough survey of published research on the self-concept utilizing rating scales and has indicated that most of the these studies have been inconclusive because of the flaws in the research designs. She has described about 80 such instruments of the rating scale and questionnaire type, most of which were used only once, and published reliability information is available for only one-third of them. Many studies have been conducted with samples from clinical population containing very small numbers of cases, and have been one-shot efforts without replication or cross-validation of instruments.

One of the limitations of self-report method that has been pointed out by Burns (1979), is that the rating scale produces a total score which is usually obtained by summing the rating assigned to each item. This summation process tends to obliterate the uniqueness of individual item responses and, thus, obscures important clues to certain important elements of self-perception. In a rating scale, it is inherently assumed that all the items on the questionnaire are equal in importance. Moreover, this technique is also considered more contaminated than others by response set such as acquiescence and social desirability. The 'halo' effect or the carryover effect from one item to the other is also prevalent (see Burns, 1979 for detail).

In a *Checklist*, on the other hand, an individual merely checks the appropriate adjectives or statements that best describe him or her. Only those items are checked that apply to the individual. It is essentially a yes/no or like me/unlike me response scale. The all or none checking prevents any determining of the degree of involvement that the items have for the individual. Coopersmith Self-Esteem Inventory by Coopersmith (1967) and the Piers-Harris Children's Self-Concept Scale by Piers (1969) are examples of the checklists used to measure the self-concept and self-esteem. Comparatively less structured is the method called *Q sorts*, a sorting technique developed by Stevenson (1953). The most extensively used set of Q-sort items for indexing the self-concept is the group of 100 self-referent items derived from the therapeutic protocols and later, were used by Butler and Haigh (1954). These personality descriptive items that tend to be very general assertions and not situation specific, (e.g. 'I am shy') are sorted by the individual into nine piles that are arranged on a continuum according to the degree to which the individual claims they are characteristic of himself (see, for details, Stevenson, 1953). An individual may do several sorts under different instructions, e.g. self-concept, ideal-self, mother's self-concept, etc. Rapid calculation of correlation coefficients is

possible between several sortings of one individual or between one sorting each by several individuals. If correlation between subjects are close to +1.0 then they have highly similar self-concepts; a low or negative correlation identifies differences in self-concept that can be considered in detail by inspecting the distribution of the cards. The problem with this technique is that many sets of Q sorts have been used once only. For 20 out of 22 sets described by Wylie (1961), no information regarding validity is available and for 16 of the sets no published reliability data are available. Moreover, as an individual technique, it is lengthy and time consuming.

Semantic Differential, an extremely flexible technique, originally developed to measure the connotative aspect of meaning, has been used in many studies to assess the individual's attitude toward *self* (Burns, 1975; Hardstaffe, 1973; Oles, 1973; Osgood, Suci, & Tennenbaum, 1957). Although, Osgood, Suci and Tennenbaum, (1957) have viewed the semantic differential an appropriate method to assess individual's attitude toward self, Wylie (1974) has criticized the use of Semantic Differential as it has failed to provide any evidence for the construct validity of the self-concept. One reason of this failure could be that the studies using the Semantic Differential chose different scales of Semantic Differential to measure the self-concept. This lack of uniformity in selection of scales represents the absence of theoretical and logical ground for its use in measurement of self-concept as Wylie (1974) says "the most basic trouble lies in the attempt to apply the instrument which is based on rationale and procedures not ideally applicable to self-concept measurement" (p.226).

Several researches have employed the *unstructured and free response method* to assess the self-concept. It requires an individual to provide informative material about oneself, usually by generating a list of adjectives that best describe him or by completing sentences or

writing an essay. Allen and Potkay (1973) employed an adjective generation technique to study the favourability of self-descriptions. This technique allows the individual to produce one's own self- descriptive traits and in this way the individual gives the phenomenological perspective of the self. These adjectives, then, are compared with a set of 555 adjectives previously judged in terms of their favourability on a seven point scale (Anderson, 1968). Allen and Potkay (1973) provided another list of 1,700 adjectives. The ratings of these adjectives act as weights for the adjectives generated by the individual. A mean score is calculated which provides a measure of the favourability of the individual's description. Allen and Potkay report test-retest reliabilities of 0.41 over a two weeks interval and 0.74 over a longer period. In terms of construct validity a correlation of 0.40 was produced with the Self-Regard sub-scale of Shostrom's (1966) Personal Orientation Inventory.

Another technique to measure self-esteem is the sentence completion test in which the individual is presented with a number of incomplete statements that he is asked to complete. Two examples are 'Who Are You?' by Bugental and Zelen (1948) and one of its variation, i.e., 'Who Am I?' in which individual is asked to write twenty statements about himself, and these statements are then classified in various categories according to the content of the statements given by individuals.

Another variation of unstructured method is the one in which the person is asked to write an essay on 'Myself'. Jersild (1952) and Strang (1957) have both based their major researches on this essay writing method. The value of free response and unstructured technique lies in the removal of the restriction imposed by the rating scale technique where the individual is forced to choose among limited alternatives to circumscribe questions causing the individual to provide a response that does not accurately reflect his feelings. But the freedom to respond brings with it the difficulty of classification of responses. The

projective quality of the obtained responses means that the scoring procedure rests for the most part on the subjective judgment of the scorer himself despite the application of pre-selected categories. The scorer must still decide if a response fits into one category or the other. Moreover, the validity is difficult to ascertain and face validity is often the only form that can be found in this method.

The issues of reliability and validity of the various self-concept and self-esteem measures were discussed by Wylie (1974), Crandall (1973) and Burns (1979). Burns (1979) has mentioned that usually the reliability of self-concept rating scale is calculated with split-half method because it is assumed that test-retest method would not avoid the errors that are time associated. Burns (1979) has reported the reliability estimates of only two longitudinal studies. Engel (1959) re-tested a group of adolescents, two years after the original test and the correlation between these two occasions was 0.78. Constantinople (1969), in her attempt to measure status and change in the self-concept, categorized according to Erikson's psychosocial adolescent stage characteristics, found a six week test-retest correlation as high as 0.81 for intimacy with a median correlation of 0.70 for all the various measures. Burns (1979) has regarded these levels of reliability fairly high for personality measures. Silber and Tippett (1965) have obtained a two week test-retest reliability of 0.85 for Rosenberg Self-esteem Scale, and a test-retest reliability for Coopersmith Self-Esteem Inventory has been reported as 0.88 over five weeks with ten year old children and with a different sample of 55 students as 0.70 over three years (Coopersmith, 1967, p.10), which can be considered fairly satisfactory. Burns (1979) has viewed the split-half method as a preferable method to calculate reliability of self-esteem measures because test-retest method is affected by memory of specific items, loss of motivation, individuals missing the retest and by actual changes in the individuals over the time interval.

The question of validity with reference to self-concept and self-esteem measurement is critically important because the field is encountering the problems of construct definition and operationalization (Crandall, 1973; Wylie, 1974). As far as the content validity of self-concept/self-esteem measures is concerned this is almost equivalent to face validity of the items that they should contain self-evaluative content. Strong and Feder (1961) claim that every evaluative statement made by a person about one's *self* can be considered a sample of one's self-concept. If we agree with this definition then this criterion of content and face validity appears to be met easily in self-concept scales. Concurrent validity has been demonstrated by Calvin, Wayne and Holtzman (1953) who studied the relationship of self-concept scores and individual's level of adjustment in life. Tuinen and Ramanaiah (1979) explored the convergent and discriminant validity of six selected measures of global self-esteem and found statistically significant coefficients indicating the convergent and discriminant validity of these measures. Construct validity of self-concept/self-esteem has suffered the most because no thorough efforts for construct definition/operationalization and theoretical development were made till the 1970s (see, for example, a review by Burns, 1979). The researchers focused their interest to construct validation when Crandall (1973), Wylie (1979) and Shavelson, Hubner, Stanton (1976), in their critical and extensive reviews of the field, clearly pointed out the need for development of theory and method in correspondence to each other. The earliest effort in this regard was advanced by Shavelson et. al. (1976), who presented a theoretical model of hierarchical structure of self-concept and developed a method to test that model. Later, Marsh and Shavelson (1985) tested this multifaceted, hierarchical structure model of self-concept. In other studies, Fleming and Watts (1980) and Fleming and Courteny (1984) tested the dimensionality of the construct self-esteem. They determined the convergent and discriminant validity of self-esteem by MTMM

(Multitrait-Multimethod) matrices and the correlation between self-rating scale and Rosenberg's Scale was found to be .82 ($p < .001$).

The review of research literature revealed that a lot of variation existed in methods for assessment and measurement of self-concept/self-esteem. Wylie (1961) has maintained that like all psychologists, who deal with inferred variables, personality theorists face many problems in defining terms and achieving appropriate observable indices for their constructs. Researchers, who are studying hypothetical personality variables e.g. self-esteem, encounter the problem of conceptual confusion and it consequently results in problem of psychometric nature. Brookover, Erikson and Joiner (1967) have made an important note that sometimes the only similarity found in the literature between one study and another is the use of the term self-concept. Wylie (1979) has reasoned that lack of formal theories has resulted in methodological problems to measure these self-referent constructs and that has led to the development of instruments that are not checked for reliability and validity. Moreover, these methods are often inadequately described and impossible to locate, preventing the opportunities for replication. Many of the instruments applied in self-concept studies have been used only once. The current theories of self-referent constructs lack a single operational definition and it appears that studies applying such terms *self-concept*, *self-acceptance*, *the self*, or *self-esteem*, may or may not be investigating the same phenomena. Wylie (1974), viewing the inadequate methodological situation as a result of unrefined and less elaborated theorizing of self-referent constructs, suggested that methodological adequacy and appropriate measurement design can only be developed on the basis of clear theoretical conceptualization and operational definition of the construct. Improvement in theorizing about the self-referent construct has important implications for measurement of the construct.

Moreover, the theoretical explication of the construct would make it possible to remove methodological and practical difficulties of the measurement.

Coming back to the methodological problems of measurement through self-report method, we may now particularly discuss the rating scales. Wylie, (1961) and Burns, (1979) have pointed out that measurement of self-concept or self-esteem has encountered a problem derived from the basic assumption of the phenomenological approach. The phenomenological approach holds that each individual has its own perspective. The approach in the field of self-concept, operates without the advantage of external criterion unlike all other typical psychological experiments in which a stimulus is provided to individual for interpretation and then the interpretation is compared with the external criterion, set by consensus of many independent observers.

In self-concept research, the interest is located simply in the stimulus as the individual perceives and interprets it. The stimulus is inferred from the individual's report of it. The researcher is unable to check the report independently since there is no immediate stimulus, and no body can ever claim to pronounce on what the individual should presumably have experienced. Thus, the phenomenal approach towards measurement of self-referent construct reflects the assumption that self-reports are valuable in the assessment of self-concept and self-esteem. The self-concept must necessarily be inferred from the behavior of the individual, and what the individual says about oneself is based on his private and subjectively interpreted experiences.

Contrary to phenomenological approach towards measurement of self-concept, Combs, Soper and Courson (1963) have argued that most of the studies purporting to measure the self-concept are not studies of the self-concept at all; they are studies of self-report and these two terms are not synonymous. Combs and Soper (1957) differentiate them

clearly by emphasizing that the self-concept is how the individual perceives oneself, while the self-report is what the individual is willing to say about himself to an outsider. Various attempts have been made to remove the difficulties of the self-report by methods of forced choice or making individuals categorize statements about themselves. Stevenson (1953) introduced the method, Q technique that requires the individual to sort out a large number of self-referent statements into a series of piles to form a normal distribution. Despite the limitations of self-report, the self-report technique is considered a useful method to assess various personality variables, including self-concept. Freeman (1950) has regarded the self-reports as important and valuable instrument to assess various aspects of personality.

The second important aspect of self-reported technique is about the representativeness of the items in the measure that is used to assess the self-concept and self-esteem. This presents a possibility of such items for not being able to consider the unique and individual aspect of many persons for whom this unique dimension may be the main source of self-esteem. The question arises whether the items in self-esteem measure are representative of all the self-esteem dimensions. Snygg and Comb (1949) have suggested that different people derive esteem from widely different sources; in such cases the score obtained would not be a true reflection of individual's self-esteem. According to Crandall (1973), one possible solution to this problem can be the inclusion of large number and broad range of items with reference to their content. Secondly, one can do this by letting people define their own dimensions, and thirdly, a gain in precision of measuring overall self-esteem can be accomplished by weighing various components of self areas according to their significance and salience to different people rather than by just combining them additively. Though these points seem worth considering but so far little efforts have been made to empirically validate them. Sherwood (1962)) has allowed the individuals in his scale to define some rating scales

for themselves, but no gain of such effort has been reported by the authors with reference to an increase in the validity of the measurement.

Third problem faced in the measurement of self-esteem with self-report method or rating scale seems to result from the response biases that may occur in individual's responses due to the social influences. Psychological research is mostly a social interaction situation and it represents an interpersonal situation between the researcher and the research participants. Self-esteem research is faced with this problem of response set. Response set were defined by Cronbach (1946) as stylistic consistencies, stimulated by the form of response of personality inventory item. Though these dimensions are usually difficult to assess but they are of vital importance because they can affect the validity of the measurement. In self-esteem research, two response set variables are specifically considered to be operative. These are "acquiescence" and "social desirability". Acquiescence is defined as the tendency to agree with an item regardless of the content (see, Messick, 1962). Studies on acquiescence response set have shown that upto 25 percent of the variance, a sizeable component in other words, of test scores of scales whose statements are worded in single direction is due to acquiescence (Couch & Kenniston, 1960; Jackson & Messick, 1957). One possible way to avoid this problem can be to include the positive and negatively worded items in the scale to prevent the individual to respond the items in the same column (Burns, 1979). Guilford (1959) has also suggested that items that are clear, unambiguous and referring to specific behavior are least likely to face the problem of acquiescence.

Social desirability, as Edwards (1955, 1957) has described, is the tendency among individuals to respond in a manner that would be expected of well adjusted people, thereby presenting themselves in a socially accepted light. Self-presentation variables can create various distortions that can affect the individual's report about the self. Dicken (1959)

suggests that this may operate to bias the test scores not only by deliberate 'faking' by individuals intending to deceive the researcher but also by individuals responding in terms of an ideal self-concept or an 'honest' but inaccurate self appraisal. This potentially invalidating influence has received an enormous amount of conceptual and empirical attention (e.g., Block, 1965; Crown & Marlow, 1964; Crown, Stephan & Kelly, 1961; Edwards, 1957, 1967a, 1967b, 1970; Jackson, 1967).

Wylie (1974) has argued about the possible effects of social desirability on self-reporting of individuals about their self-concept. She has viewed that even if the social desirability has an effect on individual's self-reporting, this does not invalidate the report and assessment of self-concept as the report itself indicates the phenomenal 'self'. As Wylie (1961) admits, "no way has been worked out to determine in what cases and under what circumstances, the social desirability variable distorts individual self-reports away from validity in reflecting S's phenomenal field" (p.28). Burns (1979) viewed that in terms of phenomenological approach towards self-concept, the factor of social desirability can be considered a part of the one's attitude towards one's self.

After the survey of the self-report methods, both structured or unstructured, which have been used by various researches to assess the self-concept and self-esteem, it may be observed that each of these methods has its own merits and deficiencies in relation to the psychometric issues of validity and reliability. It may also be assumed that the Likert format of rating scale guided from a clear conceptualization and precise operational definition of the construct seems an appropriate method that could render a valid assessment of self-esteem. Some other researchers have also observed that employing the rating scale method, self-esteem can be measured by means of structured multiple choice evaluative questions about the self (Baumeister, Tic & Hutton, 1989).

Gender and Self-Esteem

The theorists like Freud (1927,1932) and Horney (1967) have suggested that men and women tend to feel differently about their self. This difference is because of the differences in their bodily characteristics and functions that boys and girls perceive as they pass through the stages of the psychosexual development. In girls, a sense of inferiority originates when they realize the anatomical difference of genitals and interpret this difference as some deficiency in their self. According to Freud (1927), she “develops, like a scar, a sense of inferiority” (p. 138). On the contrary, the little boy’s feeling of superiority originate when he discovers that he possesses a body that is different from girls. Later, the maternity provides an opportunity to women for satisfaction and pride and she tries to restore her self-worth through the experience of maternity. Although, Freud’s theorizing suggests that these initial feelings of inferiority and superiority are carried to the adulthood by boys and girls but these theoretical formulations do not clarify that whether these views about the self operate on conscious or unconscious level. These also do not answer many other questions that may arise with reference to the differing degrees of inferiority and superiority feelings. Freud also has ignored the role of social and cultural factors in development of these inferiority or superiority feelings.

Horney (1967) has argued about the importance of the social context which promotes the women subordination. From a very early age the girl is reminded of her inferiority, and when she reaches adulthood, her opportunities for achieving a fulfilling role in life are limited by the society which discourages women from undertaking meaningful work outside the home. This attitude of the society restricts the women to realize their potentials and makes them more vulnerable to feel inadequate and low in self-esteem. In fact, biological difference of men and women are not the only source for the self-esteem and self-regard rather it is the

interpretation of these difference by the society and culture that affect the self-esteem of men and women.

Thompson (1943) has mentioned that in the industrialized societies, the devaluation of the women's unique biological contribution-the bearing of the children and the women's social and economic dependency result in less empowered status of women in social order and this position consequently causes a woman to feel less worthy and competent.

Adler (1973) has also stated that the western sex-role ideology, namely the complementary beliefs in inferiority of women and superiority of men, affects the feelings of women and men which they develop towards their own selves. Smith (1975) assessed self-concept of 171 upper primary children and found that sex differences occurred in most aspects of the self-concept. Boys consistently rated themselves more favorably than girls on seven out of nine subscales (physical ability, appearance, convergent mental ability, divergent mental ability, social relations, social virtues, school performance). On the remaining two scales (work habits and happy qualities) the boys were slightly but not significantly ahead. These findings indicate that as early as middle childhood girls were beginning to evaluate themselves less favorably than boys.

Bardwick (1980) has viewed sex-roles important in development of self-esteem of women. Bardwick believed that women may differ in the roles which they idealize for themselves and therefore, there is no single route for self-esteem. Some may derive esteem and worth from an entirely feminine role and others may feel worthy and esteemed by being successful in both traditionally feminine and masculine roles. The girls suffer low self-esteem when fulfillment of both roles becomes difficult. Research has indicated that the girls who try to pursue both affiliation and achievement motives, may experience role conflict and consequently may have lower self-esteem than boys (Fein, O'Neill, Frank & Velit, 1975).

Bardwick (1980) has also explained the bases of the self-regard for men and women in terms of achievement and affiliation motives, respectively. Beginning in adolescence, boys and girls diverge in their paths towards self-esteem. For boys, achievement is the paramount source of self-esteem in childhood and remains so in adolescence. Girls when they reach adolescence, derive self-regard from satisfaction of the affiliation motive. Thus, in adulthood the self-esteem of men is rooted primarily in achievement and secondarily in affiliation, whereas the situation is reversed for women. Earlier, Carlson (1965) had similar views about the different source of self-esteem for men and women, proposed the possibility of no difference in degree of self-esteem despite the differences across genders in the content of the self-esteem

Piers and Harris (1964) found no consistent significant differences in samples of third graders (56 girls, 63 boys), sixth graders (56 girls, 71 boys) and tenth graders (53 girls, 64 boys). Similarly, several other studies that used Coopersmith Self-esteem Inventory to measure the self-esteem of boys and girls revealed no significant difference of self-esteem among the two groups (Primavera, Simon & Primavera, 1974; Reschley & Mittman, 1973; Simon & Bernstein, 1971). Tennessee Self-Concept Scale was used to assess the self-concept of girls and boys in the study conducted by Healey and Blassie (1974) and the findings revealed no significant sex differences on the variable of self-concept. Hulbary (1975) found small and statistically nonsignificant difference between girls and boys' self-esteem as measured by the Rosenberg Self-Esteem Scale (1965).

The brief review of the empirical literature reveals mixed results about the relationship of gender and self-esteem and this inconclusive situation suggests that this area needs further exploration.

Self-Esteem and Psychopathology

Many researches tend to show that self-esteem is one of the most important factors that affect individual's growth and behavior (see, for example, Frey & Carlock, 1989; Witmer, 1985). Among these, a few researches have been carried out to investigate the relationship between psychopathology and self-esteem. For example, self-esteem was found significantly related to physical and mental health in a large survey conducted by California Department of Mental Health (1979). The survey indicates that those who have high self-esteem report having better mental and physical health and low self-esteem goes along with self-reported physical illness and with disturbances such as insomnia, anxiety, and depression. Similarly, low self-esteem has also been related to higher frequencies of marital, financial, emotional problems and problems experienced within self. A study, commissioned by the California State legislature revealed that self-esteem was the likeliest candidate for a social vaccine to empower an individual live responsibly and inoculate against the personal and social problems which are prevalent in the society (California State Department of Education, 1990).

Other investigations have reported that emotionally disturbed adolescents show self-image deficits and low self-esteem (Offer & Marohn, 1979; Offer, Ostrov & Howard, 1981). Using Offer Self-image Questionnaire, Koeing, Howard, Offer and Cremerius (1984) studied self-image of three groups of adolescents who were diagnosed earlier as having depression, conduct-disorders and eating disorders. Depressed adolescents displayed self-image deficits in five areas of functioning: impulse control, emotional tone, social self, familial self and mastery of external world. Adolescents with conduct disorders were characterized by severely disturbed family interactions and adolescents with eating disorders displayed the most deviant profile on Offer Self-image Questionnaire, both in terms of the number of deviant scales and

of the magnitude of deviation on these scales. These adolescents were found disturbed in all the areas of the psychological *self*. They reported feeling depressed and anxious, and they were distressed by their lack of control over their mood states. They also indicated that they had low tolerance for frustration and they often acted impulsively.

The evidence, cited above, tend to establish the possibility of a relationship between self-esteem and psychopathology. Apparently the researchers have generally focused their interest in examining the relationship between three manifestations of psychopathology, i.e., anxiety, delinquency and depression. In relevance to these three indicators of psychopathology, a brief overview of the relevant literature has been presented in the following pages.

Self-Esteem and Anxiety

Wylie (1979) reports the studies that have shown that neurotic patients with high anxiety have lower score on measures of self-esteem than the comparable normal individuals. For example, in a study involving a comparison between high and low self-esteem individuals, Lamp (1968) observed that the low self-esteem individuals were higher in anxiety than the high self-esteem individuals. Similarly, studies by Wittrock and Husek (1962), Coopersmith (1967), Imbler (1967) and Ausubel and Robinson (1969) have provided evidence that a negative relationship between levels of anxiety and favorableness of self-concept or self-esteem appears to exist.

Many and Many (1975) examined the relationship between a measure of self-esteem and two measures of anxiety in a large sample of students. They assessed the self-esteem with Coopersmith Self-Esteem Inventory. For generalized anxiety and test anxiety, the Sarason's General Anxiety Scale for Children, and Test Anxiety Scale for Children were used respectively.

The findings of the study showed that there were statistically significant negative correlations (-.24 to -.42) between a measure of self-esteem and measures of general and test anxiety when scores of the group were analyzed by grade and sex. Such findings are consistent in suggesting a negative relationship between a measurable construct of self-esteem with general anxiety and test anxiety (Many & Many 1975).

The relationship between high anxiety and low self esteem has also been observed among adolescents by Rosenberg (1965), Long, Ziller & Banks (1970) and Orne (1970). Rosenberg (1965) has found that low self-esteem individuals were more likely to report experiencing various indicators of anxiety such as hand trembling, sick headaches, heart pounding, etc. Rosenberg (1965) has argued that the anxiety tends to generate low self-esteem. He has also subscribed to the view that for some individuals low self-esteem produces anxiety through different psychological processes. In people with low self-esteem, the unstable and fluctuating self-image can create anxiety. The low self-esteem persons usually present a false front to the world and this can create strain and tension, thus resulting in anxiety. Similarly, the low self-esteem person is very sensitive to the evidence that confirms the inadequacy and this vulnerability may increase the anxiety. Feelings of worthlessness and inadequacy can create social isolation and a person with low self-esteem usually does not share his problems with others. He or she tries to face them alone and, therefore, this remains a source of anxiety for him/her.

Self-Esteem and Delinquency

Arbuthnot, Gorden and Jurkovic (1987) have discussed the important role of self-concept in various explanatory models of delinquency in the light of the findings of various researches, and have also reviewed many cross-sectional studies. Their review shows that most of the studies have used 'Tennessee Self-Concept Scale (TSCS) (Fitts, 1964). Fitts and

Hammer (1969) have reported that delinquents scored lower on various scales of TSCS as compared to non-delinquents. Subsequent research with the TSCS has confirmed the earlier findings (Eyo-Isidore, 1981; Lund & Salary, 1980). Research with other standard or ad hoc scales produced less consistent results. For example, Dietz (1969), using a semantic differential format, compared self-concept of institutionalized delinquents males with non-delinquent high school males, and found no difference in the self evaluations of the two groups (Hughes & Dodder, 1980; Long, Ziller and Bauber, 1970; Teichman, 1971; Thompson, 1974). Research providing generally consistent results with various scales other than the TSCS include Burke, Zilberg, Amini, Salasnek, and Forkin (1978), Dorn (1968), and Jensen (1972).

Arbuthnot, Gorden and Jurkovic (1987) have mentioned that

Among the more consistent findings which emerge from the cross-sectional studies comparing nondelinquents with delinquents are, with respect to delinquents: a negative self-concept, with little liking, valuing, or respect of the self; an uncertain and unclear picture of the self; a confusing and contradictory self-concept; difficulty in coping with external pressure, frustration, and stress due to lack of personality integration or inner strength; considerable tension, dissonance, and discomfort; and a pervasive discrepancy between the self-view and the beliefs about how they are seen by their parents or teachers (with the latter generally being more negative) (p.152).

One of the interpretations of the self-concept/delinquency relationship is the “esteem enhancement” model (Kaplan, 1975, 1980; Wells, 1978). This model assumes that low self-esteem acts as a “drive mechanism” which propels individual toward behavior choices that

would lead to an increased regard for the self. Delinquency is seen as an adaptive or defensive response to self-devaluation (see, for example, Gold, 1978; Gold and Mann, 1972; Kaplan, 1975, 1980). The empirical support for this model is yet inadequate and non-conclusive as the model is developmental, whereas most of the studies that support the "self enhancement model" (Fitts and Hamner, 1969; Gold, 1978; Kaplan, 1975) are limited to apprehended delinquents and are cross-sectional in nature. Among the longitudinal studies, Rosenberg and Rosenberg (1978) explored the causal relationship between delinquency and self-esteem. Using cross-lagged correlations to examine whether self-esteem has a greater effect on delinquency than delinquency has on self-esteem, they found that self-esteem was a more potent causal determinant and contributed more to delinquency than vice versa. Bynner, O' Malley, and Bachman (1981), extended the Rosenberg and Rosenberg's analysis, by employing a "causal modeling approach", using the total sample as well as two subsamples, the highest and lowest quartiles in initial self-esteem that was measured in the beginning of the study. The analyses suggested that self-esteem play little part in influencing the teenage behaviors and orientations that follow in time. They reported a negative correlation between self-esteem and delinquency and a positive effect of delinquency on self-esteem, thus consistent with Kaplan's prediction that for the young men, who enter high school with low self-esteem, the effect of delinquent behavior may tend primarily to be self-enhancing. Kaplan (1980) has also summarized a series of his own studies and presented mixed findings that negative social experiences are related to lowered self-esteem, self-derogation is associated with subsequent delinquency, and such behavior is related to increased self-esteem among self derogatory youth.

Self-Esteem and Depression

Many studies have documented a strong negative correlation between self-esteem and depression (see, for example, Battle, 1987; Brockner & Guare, 1983; Harrow, Fox, Markus, Stillman & Hallowell, 1973; Tennen & Herzberger, 1987). Researchers have suggested that there can be considerable overlap in the processes that underlie low self-esteem and depression (see, for example, Watson & Clark, 1984). Similarly, Kernis, Brockner, and Frankel (1989) and Carver & Ganellen (1983) reported that like depressed people, the individuals with low self-esteem are also especially prone to over-generalize the negative implications of specific failures to other aspects of their identities. Other researchers have suggested that it is the negative self-evaluative component of depression that mediates depressives' reactions to positive and negative outcomes (Tennen & Herzberger, 1987).

The relation between low self-esteem and depression has also been emphasized by Beck (1967) who holds that negative self-evaluation is an important component (perhaps as a causal determinant) of depressive episodes. Beck's model of depression directly has addressed to the depressed person's view of himself. Beck, Rush, Shaw and Emery (1979) wrote that

(the depressed individual) sees himself as defective, inadequate, diseased, or deprived. He tends to attribute his unpleasant experiences to a psychological and moral, or physical defect in himself. In his view, the patient believes that because of his presumed defects he is undesirable and worthless. Finally, he believes he lacks the attributes he considers essential to attain happiness and contentment (p.11).

Abramson, Seligman, and Teasdale (1978) have concluded that lowered self-esteem is actually one of the outcomes of depression and feelings of helplessness whereas other

theoretical formulations and empirical studies view self-esteem as an intervening process in causation and reversal of both depression and helplessness.

In short, the centrality of impaired self-esteem in some types of depression is emphasized by many other theorists like Bibring (1953), Blatt, D' Afflitti, and Quinlan (1976), Cohen, Baker, Cohen, Fromm-Reichman, and Weigert(1954), Jacobson(1971), Melges and Bowlby (1969), and Sullivan (1956). Pluthik, Platman, and Fieve (1970), for example, found that feelings of depression are experienced as the "least liked" me. Cameron (1963) states that some of the factors which lead to depression are the loss of love, status, and prestige. Such factors are known as components of self-esteem (Sullivan, 1956).

Harter and Marold (1991) have repeatedly found the correlation between global self-worth and depressed affect to be quite high ($r = .80$), consistent with the results reported by other investigations (Battle, 1987; Beck, 1975 and Kaslow, Rehn & Siegal, 1984). Moreover, the Diagnostic and Statistical Manual of Mental Disorders IV lists negative self-feelings as one of the diagnostic criteria for depression (American Psychiatric Association, 1994).

Harter and Marold (1991) have shown that there appeared two different patterns of responses when they tried to find out directionality of link between low self-worth and depression. Individuals who reported that depressed affect precede low self-worth, described those events which they considered, were performed against their self. The individuals who reported that low self worth preceded depressed affect, cited examples in which they were dissatisfied with self attributes classified in three clusters: physical appearance, competence and social behavior.

The review of the researches examining the relationship between self-esteem and psychopathology suggests the importance and relevance of the construct i.e., self-esteem with various aspects of psychopathology. Therefore, exploration of the relationship of self-esteem

with the anxiety, delinquency and depression may not only provide an insight into the psychopathology but may also help validate the construct, namely, self-esteem.

Self-Esteem Research in Pakistan

Several researches (for example, Ahmed, 1986; Durrani, 1989; Khalid, 1988, 1990; Rafiq 1991; Rani, 1983) have been conducted in Pakistan to study various aspects of self-concept and self-esteem, employing different measurement approaches.

Among the earlier attempts to explore the self-concept in Pakistan's context, one made by Rani (1983) assessed the self-concept of primary school children with an instrument consisting of 24 items on a five-point scale. The items of the scale were related to three broad areas: physical appearance, social relations and academic performance. It was probably the first systematic attempt to study the construct and it lacked a precise and operational definition. Moreover, it was not based on any particular theory and the rationale to select the three dimensions and particular set of characteristics was also not made clear. Except an item-total correlations, no other psychometric properties of the scale were reported (Rani, 1983). Later, Durrani (1989) tested the scale for its factorial structure and discarded three items as they were found to be having less than .30 factor loading on the first factor.

In 1986, Ahmed conducted a study to develop and validate a scale of academic self-concept, a component of self-concept, for high school students. The academic self-concept scale, consisting of 40 self-reported statements in Likert type format, is reported to have satisfactory psychometric quality (Ahmed, 1986). The alpha coefficient reported was .89 ($p < .001$) and the concurrent validity demonstrated by the correlation coefficient of academic self-concept scale scores with school achievement scores is .37 ($p < .01$).

The predictive validity of the scale with the academic achievement (matriculation, 10th grade examinations result) was found to be .36 ($p < .01$). The discriminant validity was examined by correlating its scores with that of Students Problems Checklist (SPCL) and a significant negative correlation between academic self-concept and the problem areas of SPCL was considered a strong evidence of the discriminant validity of the academic self-concept.

Other studies have investigated self-concept of some specific samples. For example, Shafiq (1987) conducted a study to assess the self-concept of heroin addicts and non-addicts by using Urdu Adjective Checklist developed by Ansari, Farooqi, Yasmin, Khan and Farooqi (1982). Shafiq (1987) found that heroin addicts had an unfavorable body image and expressed a poor ability to form social relationship. Tariq (1992) used the abbreviated version of Urdu Adjectives checklist (UACL) developed by Ansari, et al. (1982) to assess the self-esteem of professional and nonprofessional criminals. The findings indicated that the self-esteem was significantly low among professional criminals as compared to non-professional criminals (Tariq, 1982). Hassan (1982) also used the Urdu Adjective Checklist to measure the self-concept of rural women employing those 65 adjectives which had yielded highly positive and negative values (for details, see Ansari et al., 1982).

Khalid conducted a few studies on self-esteem and its various correlates in cross-cultural context, comparing Pakistani children' self-esteem with that of English children. The main purpose of these studies was to investigate the difference of self-esteem in relation to gender, achievement and ethnic background. The measures used to assess the self-esteem were Piers-Harris Self-Concept Scale (1964) and 10 bipolar adjectives of Semantic Differential Scale (Osgood, Suci & Tennenbaum, 1957). The first study

conducted by Khalid (1988) explored the consequences of minority status for Pakistani children's self-esteem with that of Scottish children. The results indicated that the minority status of the Pakistani community in Scotland did not have any negative effect on the children's self-esteem. There was similar level of self-esteem among children of Pakistani minority and Scottish nationality. The second study by Khalid (1990) examined the relationship between children's self-esteem and academic performance as a function of ethnic or sex differences. The results showed significant correlation between self-esteem and the academic performance of children ($p < .05$) but no significant ethnic and sex differences were observed.

Khalid (1991) conducted another research that was aimed at testing the relationship between the perceived maternal behavior and masculinity of self-concept among two groups i.e., early father-absent and late father-absent boys. The measure of the self-concept consisted of a checklist of 56 adjectives, which were selected from a list of adjectives generated by the high school children. There were 28 adjectives associated with masculinity (e.g., adventuresome, competitive, forceful, independent) and 28 adjectives were associated with femininity (e.g., charming, gentle, graceful, sensitive). The study found significant positive relationship between perceived maternal encouragement of masculinity of self-concept in early father-absent boys.

In 1991, Rafiq conducted an investigation to explore the spontaneous self-concept of Pakistani male and female adolescents, by employing the unstructured technique "Who are you". The study revealed that there are significant differences between two genders. Differences were also observed across the individuals belonging to four different educational levels from 10th grade to 14th grade. A review of the measures used to study self-concept and self-esteem in studies by Pakistani researches showed that

most of the studies have used Urdu Adjective Checklist (UACL), Semantic Differential (semi-structured methods) and unstructured measures like 'Who are you' (Rafiq, 1991). Academic Self-concept Scale by Ahmed (1986) may be regarded the only specifically designed measure of the academic self-concept which has been tested for its validity and reliability. Academic Self-Concept Scale has been used by many researchers in their studies. For example, Aziz (1991) used this scale to assess the academic self-concept of addict and non-addict university students.

Rationale and Scope of the Present Research

As observed earlier, Self-esteem research has been lacking in conceptualization and theoretical explication (Wylie, 1979). Crandall (1973) has also observed that despite the considerable attention given to the construct of self-esteem, no standard theoretical and operational definition existed. We have also noticed that the empirical studies on self-referent constructs, have much variations among hypotheses, research designs and measuring instruments. This led Shavelson, Hubner and Stanton (1976) to the observation that the field of research is faced with theoretical and conceptual confusions which may have caused the problems of psychometric nature.

In Pakistan, research on self-esteem has been sparse. Therefore, the present theoretical and methodological status of research on self-esteem warrants the need to advance work on its theoretical as well as in methodological aspects so that valid and reliable measurement of the construct could be possible. This reasoning is in consonance with the suggestions of Crandall (1973), Wylie (1974) and Shavelson, Hubner and Stanton (1976), who have recommended that methodological adequacy and appropriate measurement design can only be developed on the basis of clear theoretical

conceptualizations and operational definition of the construct. The theoretical explication is essentially required to remove methodological and practical difficulties of the measurement. With these arguments in focus, the present research has been designed to explicate the personality construct of self-esteem through development of an indigenous measure.

In fact, the inadequate situation of self-esteem theory and measurement may be attributed to two problems which are encountered in self-esteem research. The first problem is of formulating an operational definition of the construct "self-esteem" and, second is the difficulty in obtaining its observable properties and behavioral indicators. The present study addresses to these two issues by making an effort to develop a measure of self-esteem that emphasizes the selection of relevant and culturally appropriate indicators related to different salient aspects of self-esteem.

Generally, some theoretical conceptions of a specific construct guide the development of the instrument that could measure it. However, in absence of the theoretical conceptualization about self-esteem, one can proceed the construct validation from an informal and a priori definition of the construct self-esteem as it has been suggested by Nunnally (1967), Cronbach (1970), Kifer (1977), Peterson and Kellam (1977), Shavelson, Hubner and Stanton (1976), Shavelson and Stanton (1975) and Shavelson, Burestein and Keesling (1977).

The present research conceptualized the construct of self-esteem as suggested by the definitions of Rosenberg (1965), Coopersmith (1967) and Burns (1979). Rosenberg (1965) defines self-esteem as "a positive or negative attitude towards a particular object, namely, the Self" (p.30). By self-esteem, Coopersmith (1967) refers to

the evaluation that the individual makes and customarily maintains with regards to himself; it expresses an attitude of approval or disapproval and indicates the extent to which the individual believes himself to be capable, significant, successful and worthy. In short, self-esteem is a personal judgement of worthiness that is expressed in the attitude the individual holds toward himself (p.4).

According to Burns (1979), "self-esteem in terms of self-evaluation refers to the making of a conscious judgement regarding the significance, and importance of oneself or of facets of oneself" (p.55).

For this study the construct of self-esteem is defined as

" individual's feelings about his or her worth as a person, derived from the evaluation of various salient dimension of the self, namely, psychological, social, physical and academic or any other ".

The present research aims at developing an indigenous measure and the work has been guided by the aforementioned theoretical considerations about the importance of society and cultural background in formation and development of self-esteem (see also Cooley, 1902; Markus & Kitayama.1991; Mead, 1934). We learnt that researchers like Markus and Kitayama (1991) have clearly demonstrated that the cultural differences existing between western and eastern world are extended to affective aspects of the self. These researchers also observe that culture has a definite impact over the intrapersonal phenomena of self-esteem. The self-concept of the individual develops in the context of "significant others" who themselves are a part of the society and culture, whereas self-esteem is derived from those evaluations which society maintains towards the self.

Therefore, it has been considered more important to explicate and study the indigenous structure of the construct in our socio-cultural context. Pakistan's culture being predominantly eastern and Islamic in its philosophy, have a peculiar structure and social mechanism. To illustrate, the family is a very strong social unit and seems to have powerful influence on the self-conceptions of the individual. Consequently, the basis or salient dimensions of self-concept emerge from the individual's perceptions of the well-integrated social environment. Similarly, the social and cultural values determine those aspects, traits and characteristics of the personality which are to be valued and liked by individuals. This suggests that the construct of self-esteem can only be studied and interpreted within the context of peculiar social values and cultural norms of a society. Moreover, only an indigenously developed measure of self-esteem could render the valid assessment of the socially relevant and salient dimensions of self-esteem and that too through a measure which is in the native language. The present research is an attempt to explicate the construct of self-esteem by developing and validating such an instrument.

The present work on self-esteem has also been inspired by the suggestions of Marsh, Smith, Barnes and Butler (1983) that the measurement and research in the area of self-esteem can only be improved by carrying out the within network and between network studies. Within network studies are essential for advancement of the conceptual understanding of the construct and between network studies can clarify the theoretical status of this construct in understanding of other psychological variables by examining its relation with other variables.

They observe

within network studies explore the multidimensionality of the self-concept and attempt to show that it has consistent, distinct components (e.g., physical, social, academic). These studies typically employ factor analysis or

multitrait-multimethod analysis. Between network studies attempt to demonstrate a theoretically consistent (or at least logical) patterns of relationships between measures of self-concept and other constructs (e.g., performance, anxiety, socio-economic status etc.) (p.773).

The present research, therefore, has adopted within network as well as a between network approach. To accomplish these twin-fold objectives, studies have been designed and accomplished in two phases. These studies aim at explication of the construct, validation of the scale by relating its scores with other measures of self-esteem, and achieving its construct validation by investigating its relationship with anxiety, delinquency and depression.

The Self-esteem Scale has been tested for factorial structure, concurrent/convergent, discriminant and construct validity. In fact, earlier researchers like Nunnally (1978) have also suggested that factor analysis can play an important role in cleaning up the psychometric and conceptual confusion that is caused by the proliferation of the personality scales within a particular content area. During the last two decades, the technique of factor analysis has been employed in a great deal of self-esteem research for explicating the construct of self-esteem (for example, Franks & Marolla, 1976; Fleming & Courtney, 1984; Fleming & Watts, 1980; Marsh & Shavelson, 1985; Shavelson, Hubner, Stanton, 1976) and has demonstrated its usefulness in the explication of the construct of self-esteem.

In the present research, certain assumptions about the dimensionality of self-esteem have been tested through factor analysis. This has been done in the light of the findings of a number of previous studies (see, for example, Briggs & Cheek, 1986) and on the basis of a priori definition and conceptualization about the structure of self-esteem. First assumption is that the factor analysis of the items of indigenous self-esteem scale may yield a multidimensional structure of the construct self-esteem. Secondly, the factor analysis may

extract the factors that can be related to psychological, social, physical and academic dimensions of self-esteem or any other dimension may emerge from the indigenous data. The split-half reliability of the scale and internal consistency of the items have also been tested.

The present study also purports to examine the gender differences as regard to the self-esteem and its various dimension. As the present investigation has adopted an approach to explicate the self-esteem construct within an indigenous context, therefore it appears appropriate to explore the gender differences in self-esteem which may be existing in our social and cultural context.

The present research also undertakes to provide construct validity of the construct, self-esteem. We have seen that progress in the development of self-esteem theory based on empirical research has been hampered by lack of construct validation research. A review of a few studies conducted on self-concept/self-esteem in Pakistan has shown that no effort has been made for construct validation of self-esteem, especially through systematic network studies. Therefore, the present research also attempts to validate the construct by investigating its relationship with two measures of the self-esteem and also with anxiety, delinquency and depression.

PHASE I

DEVELOPMENT OF THE SELF-ESTEEM SCALE

The objectives of first phase of the present research are as the following:

1. To develop an Item Pool for the Self-Esteem Scale: This has been achieved through two pilot studies and from translations of some of the existing self-esteem measures.
2. To test the Dimensionality and Reliability of the Self-Esteem Scale developed: This has been achieved in the Main Study through a factor analysis expected to yield a multidimensional structure of self-esteem, related to such dimensions as psychological, social, physical and academic. For Reliability, measures of internal consistency and split-half reliability have been used.
3. To explore the gender differences in level of self-esteem: This has been done by comparing the self-esteem scores of boys and girls who participated in the Main Study.

Pilot Studies

Two pilot studies were conducted for empirical exploration of the self-esteem. More specifically, the purpose was to explore the descriptions and evaluations of the self and its various dimensions that are maintained by the people living in Pakistani culture. A brief description of these two pilot studies has been given below.

Pilot Study I

In the first pilot study, the concept of *self* was explored with the help of an open ended questionnaire (appendix I). The questionnaire was given to 50 participants (age between 15 to 22) from schools and colleges of Rawalpindi and Islamabad. The purpose was to obtain the perceptions and evaluations of themselves and also to find out the dimensions underlying those perceptions and evaluations. Participants were asked to describe their feelings and thoughts about themselves. The responses were content analyzed. Only those items that reflected evaluative content about the self were extracted from the data. The items were also analyzed for their relevance to different domains and it was observed that participants expressed their evaluations related to psychological, social, physical and academic aspects of the self. However, most of the evaluative statements were related to the psychological and social aspect of self-esteem and the statements related to physical and academic self-esteem were comparatively less in number. Thus, the content analysis of the items revealed the salience of four dimensions of self-esteem, which were psychological, social, physical and academic.

Pilot Study II

The second pilot study was carried out to obtain the self-evaluative descriptors specific to those four dimensions the salience of which were revealed during the first study. The purpose was to obtain the items that are related to four dimensions namely, psychological, social, physical and academic. There were 20 participants, (age 15 to 21) from schools and colleges of Rawalpindi and Islamabad. These participants were to respond to an open ended question that asked them to describe their feelings and

perceptions which they had with reference to the psychological, social, physical and academic dimensions of the self (see appendix II for details). From the responses of participants, the evaluative statements about the various dimensions of the self were extracted and were combined with the list developed previously through first pilot study, which finally resulted in a list of 73 items (see appendix III).

Translation of the four Self-Esteem Scales

To develop the item pool further and to make it more exhaustive, the items of four Self-Esteem Scales were translated in Urdu. These scales were based on the similar definition of the construct that was followed in the present study. The scales are: Rosenberg Self-Esteem Scale (Rosenberg, 1965), Coopersmith Self-esteem Inventory (Coopersmith, 1967), Revised Janis-Field Self-Esteem Scale (1967) and Self-Rating Scale (Fleming & Courteny, 1984). Three of these scales were chosen because they have been rated among the best ten self-esteem measures in terms of the overall quality (Crandall, 1973).

The items of these four scales were evaluated for their appropriate Urdu translation. A list of 73 items (equal to the items generated through two pilot studies) was obtained. A questionnaire consisting of 73 items was given to seven judges (three of these judges had conducted research in the area of the self-concept, see for detail, Aziz, 1991; Durrani, 1989; Rafiq, 1991). These judges were asked to evaluate and rate the relevance of each item according to the definition of the construct 'self-esteem' on a three-point scale (see appendix IV). Only those items were selected which were judged as highly relevant by at least four judges. In this way, only 10 items were dropped, (No. 28, 35, 41, 43, 47,

50, 51, 54, 56 and 61 in appendix IV) as they were considered less relevant to the construct 'self-esteem'.

Both the lists, one containing the 63 translated items and the items obtained from the pilot studies, were merged to have an item pool of 136 items. These 136 items were content analyzed and classified into four dimensions of self-esteem (see appendix V). These items were evaluated for overlapping and repetitive content. The redundant items were dropped and remaining items were checked for their appropriate wording and were improved through rephrasing. Finally, excluding sixty-four items, 72 items were selected on the basis of face validity to form the Self-Esteem Scale (see appendix VI). Among these 72 items, 40 were negatively phrased and 32 were positively phrased. The negative and positive items were enlisted in random sequence. These items were written in self-reporting statements with five response categories to form the Self-Esteem Scale to be tested further for its dimensionality, internal consistency and reliability as well as to explore the gender differences in level of self-esteem. This work was carried out in the Main Study.

Main Study

The objectives of the 'Main Study' as mentioned earlier, were to test the dimensionality, internal consistency and reliability of the Self-Esteem Scale. The research also aimed at studying the gender differences in self-esteem.

Sample

The size of the sample was decided keeping in view the requirement of the sample size for factor analytic study. Gorsuch's (1974) rule of thumb states that the minimum adequate sample size for factor analysis is five individuals per variable. He viewed a sample of less than 100 inappropriate for any type of factor analytic study. Guilford (1956) suggests the proportion of 2:1 whereas Kline (1986) has mentioned that a ratio of 3:1 gave loadings essentially identical to those with a ratio of 10:1. Taking a moderate stance in this regard, a sample of 300 respondents was taken for the present study. It consisted of 100 students each from secondary, higher secondary and graduate or postgraduate classes. From each category, equal number of boys and girls were included in the sample. The age of the participants ranged from 16 to 22 years ($M=18.56$, $SD=2.35$). The schools and colleges from where the sample was selected were situated in Rawalpindi, whereas the post graduate students were studying at Quaid-e-Azam University, Islamabad. These students belonged to the families of middle socio-economic class.

Instrument

The initial form of the Self-Esteem Scale (appendix VI) was used to assess the self-esteem of the respondents. There were 72 Self-reported statements with five response categories, reflecting how much the individual considers the statement true or false about his or her self. The five categories were 'extremely true', 'somewhat true', 'neither true nor false', 'somewhat false' and 'extremely false'. These response categories were to be scored as 4, 3, 2, 1 and 0 for positively phrased items and this scoring was reversed for negative items thus a high score on the scale reflect a high self-esteem. A separate

questionnaire was given to participants to obtain some personal information (see appendix XVI).

Procedure

The participants were approached through the educational institutions and after having their consent for participation, they were given the Self-Esteem Scale in small groups. They were told that the present research is an academic activity and it aimed at studying the personality in general. The real nature of the scale was not told deliberately to avoid the possible effect of social desirability. They were asked to read each statement and to indicate the response by selecting the appropriate response category, which they considered in their opinion appropriate and applicable about their own self. The participants completed the scale in about half an hour. The participants were acknowledged for their cooperation and participation.

Results

This section describes the findings on the dimensionality, reliability and internal consistency of the Self-Esteem Scale and also about gender differences with regard to self-esteem.

Dimensionality

For testing the dimensionality of the self-esteem, the 72 items of the Self-Esteem Scale were factor analyzed through Principal Component Factor Analysis. The first five factors in the solution were examined in detail. The content of items whose factor loadings on these five factors are greater than .30 have been considered relevant for detail

examination in terms of their content. This criterion of .30 factor loading has been chosen in accordance with Kline's (1986) notion that item inclusion in the scale requires consideration of the magnitude of their loadings. Table 1 shows the factor matrix obtained through Principal Component Analysis.

Table 1

Factor Matrix of the 72 items of the Self-Esteem Scale obtained through Principal Component Analysis (N=300)

Factor loadings					
Item no.	F1	F 2	F 3	F 4	F 5
1	.04	.07	.05	-.07	.19
2	.14	.12	-.00	-.22	-.27
3	.21	-.38	.01	.26	.17
4	<u>.37</u>	-.25	.25	.20	-.09
5	<u>.37</u>	-.13	-.25	-.12	.26
6	<u>.36</u>	-.29	<u>.34</u>	.07	-.04
7	.21	-.34	-.14	<u>.31</u>	<u>.41</u>
8	.10	.08	.24	-.10	.10
9	<u>.35</u>	-.06	-.17	-.40	.20
10	.09	-.01	-.21	-.13	-.17
11	-.01	-.34	-.08	.24	.30
12	<u>.37</u>	-.26	.23	.19	-.19
13	.11	.12	.13	-.31	.19
14	.25	-.18	-.02	-.16	-.30
15	.08	<u>.32</u>	.16	-.05	-.00
16	.10	.15	<u>.31</u>	-.11	.17
17	<u>.49</u>	-.20	-.11	-.21	.14
18	.16	.19	.10	-.16	.17

Continued ...

19	.26	-.15	.04	.03	.00
20	.20	.25	.18	.25	-.03
21	<u>.36</u>	.20	-.01	-.22	-.05
22	.06	.31	.16	.13	-.06
23	-.14	.01	.06	.19	.07
24	.22	.32	.09	-.17	.01
25	.27	-.12	.07	-.09	.00
26	<u>.48</u>	.23	-.02	.17	-.20
27	<u>.60</u>	-.12	-.08	-.29	.03
28	<u>.44</u>	-.28	<u>.42</u>	.03	-.21
29	.17	.24	-.05	.08	.07
30	<u>.44</u>	-.15	-.11	-.35	.20
31	<u>.37</u>	-.33	-.03	.28	<u>.44</u>
32	<u>.43</u>	.19	-.18	-.03	-.11
33	<u>.34</u>	<u>.37</u>	.17	-.03	.29
34	<u>.39</u>	.16	.10	.26	.04
35	.08	<u>.32</u>	-.02	-.07	-.00
36	.25	-.20	.06	.02	-.02
37	.09	.28	-.07	.06	.15
38	.29	-.25	<u>.36</u>	-.00	-.17
39	.17	.24	.06	-.12	.28
40	<u>.45</u>	-.11	-.08	-.18	.00
41	<u>.38</u>	-.37	-.03	.18	.30
42	.01	<u>.39</u>	.19	.00	.09
43	<u>.53</u>	-.25	.11	.05	-.12
44	<u>.39</u>	-.16	-.10	.01	.08
45	<u>.39</u>	.30	.08	.02	-.09
46	.04	.26	.22	.28	.12

Continued ...

47	<u>.34</u>	-.12	.30	.01	-.00
48	.20	-.10	-.24	.23	.25
49	<u>.32</u>	.17	-.25	.15	.13
50	<u>.41</u>	.13	-.26	.19	-.15
51	.22	<u>.36</u>	.07	-.11	.27
52	<u>.46</u>	.25	-.06	.19	-.06
53	.17	.01	.21	-.14	.15
54	-.00	.23	.13	.14	.08
55	.03	.22	.11	.03	.12
56	<u>.49</u>	-.07	-.13	-.32	-.00
57	.21	<u>.39</u>	.10	.11	.04
58	-.07	-.12	<u>.53</u>	-.18	-.05
59	<u>.52</u>	.06	-.38	.02	-.15
60	.23	<u>.35</u>	.27	.02	.22
61	<u>.44</u>	.15	-.15	.16	-.28
62	.16	<u>.31</u>	-.04	<u>.31</u>	-.03
63	<u>.45</u>	.21	-.26	-.03	-.14
64	.10	.16	-.05	-.04	.17
65	<u>.41</u>	-.31	.08	-.02	-.08
66	<u>.47</u>	-.09	.06	-.05	-.07
67	.22	<u>.36</u>	-.04	-.01	.08
68	<u>.36</u>	.26	-.05	.10	-.09
69	<u>.59</u>	-.08	.07	-.08	-.10
70	.12	-.12	<u>.41</u>	-.06	.05
71	<u>.43</u>	.18	-.06	.25	-.20
72	<u>.37</u>	-.07	-.04	.11	-.12

Note: Factor loading >.30 have been underlined and boldfaced.

It is evident from the Table 1 that there are 34 items on the first factor, 10 on the second, 6 on the third, 2 on the fourth and 3 on fifth factor which have a factor loading greater than .30. A detailed examination of the contents of highly loaded items on each of these five factors reveals the low interpretability of each of these factors in terms of various dimensions of self-esteem construct. Therefore, a varimax rotated factor solution is obtained for clarification of underlying dimensions of Self-Esteem Scale items.

The varimax rotation of the factor matrix resulted in theoretically meaningful and more interpretable factor solution (see appendix VII, VIII & IX). Table 2 shows the factor matrix obtained through varimax rotation of factor matrix and Table 3 shows the eigenvalues and percentages of variances for the four factors.

Table 2

Factor Matrix of the 72 items of the Self-Esteem Scale obtained through Varimax rotation (N=300)

Item no.	Factor loadings				<i>h</i>
	<i>F1</i>	<i>F 2</i>	<i>F 3</i>	<i>F 4</i>	
1	.01	.06	-.01	.04	.01
2	.05	.08	.04	-.18	.08
3	.05	.09	.22	<u>.35</u>	.26
4	.14	.07	<u>.53</u>	.09	.31
5	.10	<u>.67</u>	-.00	.17	.24
6	.00	.09	<u>.64</u>	.11	.34
7	-.00	.12	.04	<u>.56</u>	.28
8	-.08	-.06	.00	-.03	.09
9	.01	<u>.56</u>	-.03	.07	.33
10	.03	.05	.04	-.03	.07

Continued ...

11	-.07	-.01	.01	.19	.18
12	.12	-.01	<u>.56</u>	-.01	.29
13	-.10	.03	-.00	.03	.14
14	.06	.04	.10	.02	.12
15	.06	.00	-.03	-.03	.14
16	.00	.03	.13	.01	.14
17	-.04	<u>.47</u>	.14	.19	.34
18	.07	.05	.00	.00	.10
19	.07	.03	.18	.17	.09
20	.05	-.10	.00	.06	.20
21	.01	.18	.07	.03	.23
22	.24	-.13	-.12	.02	.14
23	-.11	-.07	.03	.01	.06
24	.06	.14	.08	-.10	.19
25	.08	.08	.07	.08	.10
26	<u>.60</u>	.09	.18	-.08	.32
27	.13	<u>.57</u>	.21	.14	.47
28	.05	.05	<u>.71</u>	.06	.46
29	.06	.04	-.08	.06	.10
30	.14	<u>.70</u>	.10	.04	.35
31	.01	.08	.09	<u>.78</u>	.33
32	<u>.35</u>	.07	-.00	.09	.26
33	.14	.10	.01	.00	.29
34	<u>.39</u>	-.08	.09	.25	.26
35	.03	-.05	-.06	-.15	.12
36	.04	.12	.13	.12	.10
37	.12	-.02	-.08	.03	.09
38	.09	.01	<u>.57</u>	.13	.28

Continued ...

39	.02	.14	-.01	.01	.10
40	.14	.18	.08	.08	.26
41	.04	.12	.17	<u>.71</u>	.32
42	.03	.01	-.04	-.07	.19
43	.09	.31	<u>.57</u>	.16	.36
44	.13	.12	.03	.22	.19
45	<u>.40</u>	-.06	.12	-.05	.25
46	.04	-.00	.02	-.12	.20
47	-.00	.07	<u>.30</u>	.03	.22
48	.20	.13	-.08	<u>.30</u>	.16
49	.19	.21	.05	.06	.22
50	<u>.63</u>	.04	.01	.11	.29
51	.14	.12	-.04	-.11	.19
52	<u>.61</u>	.08	.06	.08	.33
53	.07	.12	-.09	-.00	.09
54	.04	-.03	.03	-.02	.09
55	-.06	-.02	.07	-.12	.06
56	.04	<u>.52</u>	.11	-.13	.37
57	.16	-.8	.01	.04	.22
58	-.12	-.00	.21	-.04	.34
59	<u>.37</u>	.28	-.09	.06	.43
60	.09	-.01	.03	.09	.25
61	<u>.42</u>	.06	.04	-.13	.27
62	.17	-.25	.03	-.02	.22
63	<u>.52</u>	.23	-.10	.02	.33
64	.03	.07	-.07	.05	.04
65	-.02	.17	.22	.06	.28
66	.27	.23	.24	.08	.23

Continued ...

67	.03	.02	-.05	-.02	.18
68	.43	.11	.02	-.09	.22
69	.14	.19	.20	.13	.37
70	-.01	-.06	.13	.02	.21
71	.58	.06	.12	.00	.21
72	.18	.04	.07	.11	.28

Note: factor loading $\geq .30$ have been underlined and boldfaced.

An analysis of Table 2 reveals that on the first factor, there are 11 items which are loaded $> .30$ and on second and third factor, there are 6 and 7 items respectively, whereas on fourth factor, 5 items are having factor loading $\geq .30$.

For identification of the dimensions and labelling of the factors, the content of items with a factor loading equal to or greater than $.30$ have been examined in detail. It is revealed that those items which are having $\geq .30$ factor loading on each of these factors are showing a consistent pattern in their content and could be interpreted in terms of different dimensions of self-esteem. For example, the items which have $\geq .30$ loadings on first factor are related to general evaluation and acceptance of the self. The items on second factor are expressing a sense of confidence in and efficacy of the self. The items which loaded high on third factor are reflecting two intermingled themes of social acceptance of self and approval of physical appearance from other's as well as from one's own perspective. The items relevant to fourth factor are related to academic performance and competence.

On the bases of the content of these highly loaded items, these four factors have been, therefore, labelled as "Self-Acceptance", "Self-Competence", "Social and Physical Self-Acceptance" and "Academic Self-Competence". It may be noted that as

only those 29 items having $\geq .30$ factor loadings on the four factors have been selected to form the Self-Esteem Scale. These 29 items related to four dimensions may constitute the four subscales of the Self-Esteem Scale, consisting of 11 items in first subscale (assessing the level of Self-Acceptance), 6 items in the second subscale, (assessing the Self-Competence), 7 items in third subscale, (assessing the Social and Physical Self-Acceptance), and 5 items in the fourth subscale, (assessing Academic Self-Competence) (see appendix VII & VIII).

Table 3

Eigenvalues and Variance explained by Four Factors (N=300)

Factor	Eigenvalue	Percentage of Variance	Cumulative Percentage
1	7.46	10.4	10.4
2	4.01	5.6	15.9
3	2.5	3.5	19.4
4	2.2	3.1	22.5

Cattell's (1966) scree test supported the determination and selection of four factors as indicated by the high eigenvalues of these factors. Table 3 shows that first factor explains 10.4 % of the total variance, second factor explains 5.6 % , third and fourth factor explain 3.5% and 3.1% , respectively. The eigenvalues of these four factors ranged from 7.1 to 3.1. Table 4 shows factor loadings of 29 items on the four factors as well as commonality of these items.

Table 4

Factor Loadings of the selected 29 items of the Self-Esteem Scale on the four factors

(N=300)

<i>Factor loadings</i>						
		<i>Factor 1</i>	<i>Factor 2</i>	<i>Factor 3</i>	<i>Factor 4</i>	
Sno	Item no in scale	Self-Acceptance	Self-Competence	Social & Physical Self-Acceptance	Academic Self-Competence	<i>h</i>²
1	50	<u>.63</u>	.04	.01	.11	.29
2	52	<u>.61</u>	.08	.06	.08	.33
3	26	<u>.60</u>	.09	.18	-.08	.32
4	71	<u>.58</u>	.06	.12	.00	.21
5	63	<u>.52</u>	.23	.10	.02	.33
6	68	<u>.43</u>	.11	.02	-.09	.34
7	61	<u>.42</u>	.06	.04	-.13	.28
8	45	<u>.40</u>	-.06	.12	.05	.25
9	34	<u>.39</u>	-.08	.09	.25	.26
10	59	<u>.37</u>	.28	-.09	.06	.43
11	32	<u>.35</u>	.07	.00	.09	.26
12	30	.14	<u>.70</u>	.10	.04	.35
13	05	.10	<u>.67</u>	.00	.17	.24
14	27	.13	<u>.57</u>	.21	.14	.47
15	09	.01	<u>.56</u>	.03	.07	.33
16	56	.04	<u>.52</u>	.11	.13	.14
17	17	-.04	<u>.47</u>	.14	.19	.34
18	28	.05	.05	<u>.71</u>	.06	.46
19	06	.00	.09	<u>.64</u>	.11	.34
20	38	.09	.01	<u>.57</u>	.13	.28

Continued ...

21	43	.09	.31	.57	.16	.36
22	12	.12	-.01	.56	.01	.14
23	04	.14	.07	.53	.09	.31
24	47	-.00	.07	.30	.03	.22
25	31	.01	.08	.09	.78	.33
26	41	.04	.12	.17	.71	.32
27	07	-.00	.12	.04	.56	.28
28	03	.05	.09	.22	.35	.26
29	48	.20	.13	-.08	.30	.16

Note: factor loading $\geq .30$ have been underlined and boldfaced.

Table 5 shows the correlation of the four subscales of Self-Esteem Scale computed with each other and with total composite score of the Self-Esteem Scale.

Table 5

Intercorrelation of the Self-Esteem Scale and Subscales (N=300)

		1	2	3	4	Self-Esteem Scale
Subscales						
1	Self-Acceptance	--	.34****	.27****	.17***	.76****
2	Self-Competence		--	.32****	.29****	.71****
3	Social & Physical Self-Acceptance			--	.31****	.64****
4	Academic Self-Competence				--	.56****

**** $p < .000$, *** $p < .001$

It is evident from the matrix of intercorrelations that the correlation coefficients between four subscales and Self-esteem are highly positive and significant. Among these the highest correlations of Self-esteem i.e., $r = .76$ ($P < .000$) and $r = .71$ ($P < .000$)

are with Self-Acceptance and Self-Competence, respectively. The correlation coefficient between Self-esteem and Social and Physical Self-Acceptance is .64 ($P < .000$) whereas it is .56 ($P < .000$) with Academic Self-Competence. This indicates that the facet of Academic Self-Competence make less contribution towards the overall self-esteem of the individual. It is also observed that the magnitude of the intercorrelations among subscales (with an average correlation of .28) is relatively small as compared to the average correlation of .66 that is obtained between the scores of Self-Esteem Scale and the scores of its subscales. On the basis of these correlations, it can be assumed that the Self-Esteem Scale measures an overall, general construct of self-esteem and its subscales which are modestly related to each other, assess four different dimensions of the self-esteem.

For achieving a more stringent index of relationship between Self-Esteem Scale and its four subscales, the correlation of four subscales of self-esteem with the total score subtracting the relevant subscale score were computed. These have been shown in Table 6.

Table 6

The Correlation between Self-Esteem Score (corrected by subtracting the score of the respective subscale) and four Subscales

	Subscales	Total Score on Self-Esteem Scale by subtracting the score of the respective Subscales
1	Self-Acceptance	.44****
2	Self-Competence	.44****
3	Social & Physical Self-Acceptance	.44****
4	Academic Self-Competence	.31****

**** $P < .000$

Reliability

The statistical analyses for estimation of the reliability of the Self-Esteem Scale has been conducted using full 72 items Scale as well as with reduced version of 29 items. As regards the internal consistency of the 72 items of Self-Esteem Scale, the correlation of these items with total score have been computed. The item analysis shown in Table 7 reveals that there are 51 items which are positively correlated with the total and the correlations range from .21 to .52 ($p < .000$). However, among them, there are only 36 items which have correlation with the total equal or greater than .30. The rest of the items also have positive correlation with the total but that is below .30 with the exception of the item 23 that is negatively related with the total. This item analysis seems to support the decision made earlier of selecting only those 29 items from the 72 items of the Self-Esteem Scale that are highly correlated with the four factors. The item analysis further demonstrates that the same 29 items are found highly correlated with the total.

Table 7

Internal Consistency of the Self-Esteem Scale (72 items, N=300)

Item No	Correlation with total score	Item No.	Correlation with total score
1	.12	37	.19***
2	.17	38	.26****
3	.16	39	.26****
4	.32****	40	.38****
5	.32****	41	.33****
6	.32****	42	.15

Continued ...

7	.19***	43	.45****
8	.18	44	.32****
9	.33****	45	.41****
10	.12	46	.15
11	.00	47	.32****
12	.31****	48	.21****
13	.18***	49	.31****
14	.22****	50	.37****
15	.19***	51	.30****
16	.18***	52	.46****
17	.40****	53	.22****
18	.24****	54	.10
19	.24****	55	.15
20	.27****	56	.44****
21	.37****	57	.29****
22	.17	58	.01
23	-.04	59	.43****
24	.27****	60	.33****
25	.24****	61	.37****
26	.47****	62	.22****
27	.52****	63	.41****
28	.38****	64	.16
29	.26****	65	.34****
30	.39****	66	.40****
31	.33****	67	.29****
32	.41****	68	.38****
33	.40****	69	.51****
34	.41****	70	.15
35	.17	71	.40****
36	.24****	72	.31****

Correlation coefficient > .30 have been boldfaced. *** $p < .001$; **** $P < .000$.

The item-total correlations computed with the selected items of the scale reveal that the magnitude of the correlation of items with the total score increased (average correlation = .42). This provides a verification of enhanced internal consistency of the selected items of the Self-Esteem Scale. This can be seen in table 8 which shows the item-total score correlation of 29 items of the Self-Esteem Scale, all positively related with total score ($p < .000$).

Table 8

Internal Consistency of the Self-Esteem Scale (29 items)

Sno	Item No. in scale	Item-Total Score Correlation
1	3	.33****
2	4	.42****
3	5	.43****
4	6	.39****
5	7	.30****
6	9	.39****
7	12	.40****
8	17	.48****
9	26	.48****
10	27	.56****
11	28	.43****
12	30	.48****
13	31	.43****
14	32	.42****
15	34	.40****
16	38	.30****

Continued ...

17	41	.45****
18	43	.54****
19	45	.35****
20	47	.32****
21	48	.29****
22	50	.43****
23	52	.48****
24	56	.48****
25	59	.59****
26	61	.41****
27	63	.44****
28	68	.36****
29	71	.45****

**** ($p < .000$)

For the estimation of reliability of the Self-Esteem Scale, alpha coefficient, an indicator of internal consistency of the scale (Cronbach, 1971) and split-half reliability have also been computed. Tables 9 to 11 show the results of these indices of reliability. The high values of correlation coefficient indicate the internal consistency of the Self-Esteem Scale. Table 9 indicates the internal consistency of the Self-Esteem Scale.

Table 9
Alpha Reliability of the Self-Esteem Scale.

No. of Items	Alpha Coefficient
72	.82 ****
29	.83 ****

**** ($p < .000$)

The estimates of internal consistency have also been obtained for four Subscales of the Self-Esteem Scale. The first three Subscales, namely Self-Acceptance scale, Self-Competence scale, and Social and Physical Self-Acceptance scale are highly internally consistent as indicated by the coefficient alpha for these scales, with an average of .75 (as shown in table 10). However, the fourth scale, namely the Academic Self-Competence scale is found to be quite satisfactory in terms of internal consistency as reflected by coefficient alpha .64 ($p < .000$).

Table 10

Alpha Reliability of four Subscales of the Self-Esteem Scale.

Factor	Subscale	Total no. of items	Coefficient Alpha
1	Self Acceptance	11	.78****
2	Self-Competence	6	.73****
3	Social and Physical Self- Acceptance	7	.73****
4	Academic Self-Competence	5	.64****

****($p < .000$)

For testing the reliability of the Self-Esteem Scale, the split-half correlation has also been computed by dividing the scale into two equal halves, 36 items in each, and for selected 29 items of Self-Esteem Scale, the items are divided into two unequal halves, first half with 15 items and second consisting of 14 items. Table 11 shows the positive correlation between two halves, $r = .79$ for 72 item scale and $r = .72$ for 29 items scale. This indicates a high split-half reliability of the Self-Esteem Scale.

Table 11
Split-half Reliability of Self-Esteem Scale.

Self-Esteem Scale	Split-half Correlation
72 items	0.79****
29 items	0.72****

**** $P < .000$

Table 12 presents the mean and standard deviation of the scores on the Self-Esteem Scale. The mean score on Self-Esteem Scale has been found 80.2 and standard deviation is 16.3. The score on the Self-Esteem Scale can range from 0 to 116 and the higher the score, the greater is the self-esteem.

Table 12
Mean Score and Standard deviation for the Self-Esteem Scale and its four Subscales
($N=300$)

Scale/Subscales	Total items	<i>M</i>	<i>SD</i>	<i>SE</i>
Self-Esteem	29	80.2	16.3	.94
Self-Acceptance	11	30.6	9.5	.55
Self-Competence	6	16.6	4.9	.28
Social and Physical Self-Acceptance	7	19.9	4.2	.24
Academic Self-Competence	5	13.1	3.9	.23

The score on the Self-Acceptance scale can range from 0 to 44 whereas the score on Self-Competence scale can range from 0 to 24. The score on Social and Physical Self-Acceptance can range from 0 to 28 and for Academic Self-Competence

it can range from 0 to 20. The higher score reflects the greater degree of the variable.

The mean and standard deviations for the four subscales can be seen in the table 12.

Table 13 presents the percentile scores calculated from scores of the whole sample including both girls and boys. Table 14 shows the percentile scores calculated from scores obtained by girls and boys, separately. The present study did not intend to develop norms of the Self-Esteem Scale but these percentile scores can be used tentatively as substitute for norms. The percentile scores calculated for the whole sample showed that the individual who obtains a score of 81 on the Self-Esteem Scale may be experiencing the self-esteem greater than the 50% of the sample which was taken in the present study.

Table 13

Percentile Scores for Self-Esteem Scale (N=300)

<u>Percentiles</u>	<u>Scores</u>
10	60
20	67
30	73
40	76
50	81
60	85
70	90
80	94
90	100
95	104

Table 14 shows separate percentile scores for each of the subsamples that is, girls and boys. These percentile scores were computed from the scores of girls and boys that were included in the sample. A review of the percentile scores showed that the scores for girls in all the categories of percentiles are lower than the percentile scores of boys. This difference of percentile scores among girls and boys imply that the a girl and a boy with the same self-esteem score may be placed in two different percentile categories and though they appear to be experiencing the same level of self-esteem yet their score would be interpreted differently if they are compared with their own gender group.

Table 14

Percentile Scores of Self-Esteem Scale for Boys (n=150) and Girls (n=150)

Percentiles	Boys	Girls
10	66	56
20	72	64
30	75	68
40	80	72
50	84	75
60	87	79
70	90	83
80	95	89
90	101	94
95	103	96

Differences of Self-Esteem among Boys and Girls

The data were analysed to explore the gender differences with regard to self-esteem. Following hypothesis were formulated:

1. The boys will have higher self-esteem as compared to girls.
2. The boys will have higher self-acceptance as compared to girls.
3. The boys will have higher self-competence as compared to girls.
4. The boys will have higher social and physical self-acceptance as compared to girls.
5. The boys will have higher academic self-competence as compared to girls.

The results presented in table 15 show that the first hypothesis namely, the boys will have higher self-esteem as compared to the girls, is accepted. The mean score obtained by the boys ($M= 84.68$, $SD= 15.3$) is higher than the mean scores obtained by girls ($M= 76$, $SD= 16.1$) and t -test analysis showed that the difference between these two groups is significant ($t = 4.72$, $p<.000$, $df = 298$).

The second hypothesis that the boys will have higher Self-acceptance as compared to the girls, is also accepted as boys obtained higher mean score ($M= 32.73$, $SD=8.8$) than the mean score obtained by girls ($M= 28.44$, $SD= 9.7$) and t -test analysis indicated that the difference between the Self-Acceptance mean scores is significant ($t = 3.93$, $p<.000$, $df = 298$).

The third hypothesis that the boys will have higher self-competence as compared to girls, was also approved as the mean score on Self-Competence scale was higher ($M=18.39$, $SD=3.7$) than the mean score obtained by girls ($M=14.91$, $SD=5.2$).

The results of *t*-test showed that the difference of scores between the two groups is significant ($t=6.56$, $p<.000$, $df=298$).

Table 15

Difference of Mean Scores between Boys and Girls on Self-Esteem Scale and four Subscales

Scale/Subscales	Boys		Girls		<i>t</i>
	<i>(n=150)</i>		<i>(n=150)</i>		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Self-Esteem	84.68	15.3	76.00	16.1	4.72 ****
Self-Acceptance	32.73	8.8	28.48	9.7	3.93****
Self-Competence	18.39	3.7	14.91	5.2	6.56****
Social and Physical Self-Acceptance	20.47	4.6	19.36	3.6	2.29**
Academic Self-Competence	12.98	3.9	13.24	4	-.54 ns

df = 298. **** $P<.000$ ** $P<.02$.

It is evident from the table 15 that the mean score of boys on Social and Physical Self-Acceptance ($M=20.47$, $SD=4.6$) is higher than the mean scores obtained by girls ($M=19.36$, $SD=3.6$) and the difference between the two mean scores is significant ($t=2.29$, $p<.02$, $df=298$). This result supported the fourth hypothesis that the boys will have higher social and physical self-acceptance as compared to girls.

The fifth hypothesis that the boys will have higher academic self-competence as compared to girls, was not accepted as the mean score of boys on Academic Self-Competence ($M=12.98$, $SD=3.9$) was slightly lower than the mean score ($M=13.2$, $SD=4$) obtained by girls. However, this difference between the mean scores was found to be nonsignificant as indicated by the results ($t=-.54$, *ns*, $df=298$).

Discussion

The work accomplished in the first phase was aimed at the construct explication of self-esteem by determining the dimensionality of the self-esteem. The findings of the study in Phase I demonstrate that self-esteem is a multidimensional construct with four facets, which have been labeled as ‘Self-Acceptance’, ‘Self-Competence’, ‘Social and Physical Self-Acceptance’ and ‘Academic Self-Competence. The Self-Esteem Scale constructed is found to be internally consistent and reliable. Thus, these findings are consistent with the findings of the previous researches which identified specific dimensions of self-esteem. In the previous literature on structure and dimensionality of the self-esteem, many researchers had found the multidimensional structure of self-esteem (for a review, see Briggs & Cheek, 1986). Similarly, in the present research, the expectation of obtaining a multidimensional structure received support from the results of factor solution through varimax rotation which revealed the four underlying dimensions of self-esteem. Although the number and type of the factors have varied across studies (see, for example, Franks & Marolla, 1976), most investigations have yielded the factors associated firstly with feelings of acceptance or ‘Self liking’; and secondly, with the feelings of adequacy and competence, ‘Self-Competence’ (Tafrodi & Swann, Jr. , 1995). Similar to these two dimensions, the first factor that has emerged from our data

is reflecting the dimension of “Self-Acceptance” and second factor indicates the ‘Self-Competence’ aspect of self-esteem.

In the first factor, items that loaded high reflect the evaluation of the worth of individual, feelings of disliking and disappointment with the overall self, and a sense of inferiority about self. On the second factor, there are six items that are highly loaded and these items reflect an individual’s adequacy to face life situations, sense of confidence over one’s abilities, decisiveness and self-satisfaction.

The third factor in the factor solution reflected intermingled themes of social and physical self-acceptance as shown by item 28 that had the highest loading on this factor (.71). This factor reflected acceptance of the physical appearance from social point of view and other items reflected the social acceptance of one’s general self. The third dimension of ‘Social and Physical Self-Acceptance’ closely resembles with the dimension of social appraisal and approval, identified by other researchers. For example, Franks and Marolla (1976) have identified two dimensions, labelling them as ‘Inner self-esteem’ (or feelings of Self-Competence) and ‘Outer self-esteem’ (or feelings of being accepted and valued by other people). Lorr and Wunderlich (1986) have obtained similar findings when they named the dimensions they discovered as ‘Sense of Self Confidence’ and ‘Sense of Positive Appraisal/Approval from Significant Others’.

The notable feature of the dimensionality of self-esteem obtained in present research is the emergence of the factor that reflected the social as well as physical Self-Acceptance. In the qualitative data obtained through pilot studies, a close examination of the items reveals that physical competence and ability aspect of physical self-acceptance is not very relevant for people of our culture as no item related to these

aspects were judged as relevant in reflecting the self-esteem. Though, a few descriptors reflecting evaluation of physical aspect of self were mentioned by subjects (see appendix V) and some of these items were included in 72 items of Self-Esteem Scale but in results obtained from factor analysis of these items, the physical self aspect failed to emerge as independent dimension of self-esteem and it appeared in conjunction with social self-acceptance. This might be indicative of the important role of physical appearance and pleasing looks which help an individual gain social acceptance and approval. This particularly seems true in our culture that places much importance on looks and appearance of the individual for social approval. Thus, we may say that an individual derives the feelings of acceptance and approval of physical self from the reflected appraisals of the social group. An individual usually feels and views one's appearance as one perceives others viewing it and opinion of others have a very strong impact on the opinions about physical self.

This important finding has provided an insight into the indigenous structure of self-esteem and also revealed the salience of this dimension in our socio-cultural context. One may, therefore, say that obtaining a peculiar characteristic of the dimensionality of self-esteem, that is Social and Physical Self-Acceptance, has provided support to our rationale of an indigenous approach towards understanding self-esteem in the context of our socio-cultural milieu.

The fourth factor, Academic Self-Competence indicates the dimension of self-esteem that has also been found earlier by many researchers. For example, Fleming and Watts (1980) , Marsh and Shavelson (1985) and Piers and Harris (1966) have found a factor which is associated with domains of academics and achievement. In the present work, the items of the Self-Esteem Scale that are found to be highly loaded on the

fourth factor i.e., the dimension of Academic Self-Competence, were related to the perception of academic abilities, feelings about academic activities and the evaluations associated with individual's academic performance.

On the basis of the intercorrelations of subscales and the correlations of Self-Esteem Scale with these subscales, it may be observed that the Self-Esteem Scale constructed in present research measures a general construct of self-esteem and the four subscales measure its four dimensions. The correlation among subscales ranged from .17 to .34 with an average correlation of .28. The magnitude of average correlations ($r = .28$) among the subscales is less than the magnitude of the average correlation ($r = .66$) between Self-esteem and its four subscales.

These results have an important bearing on both the convergent and discriminant validity of multidimensional conceptualization of self-esteem. Therefore, it can be observed that the small correlation among subscales is indicative of somewhat independent and distinct nature of different dimensions of the self-esteem. On the other hand, the correlation of the Self-Esteem Scale with its subscales, is indicative of a general, overall and superordinate construct of Self-esteem.

The reliability estimates have revealed the homogeneity of the Self-Esteem Scale. The positive and significant correlation coefficient between items and the total score have indicated that items are measuring the same underlying construct. (Nunnally, 1978). The average correlation ($r = .42$) between items and the total score of the Self-Esteem Scale has indicated that all the items were moderately positively related with the total score.

The other indices of the reliability have also provided an evidence about the reliability of Self-Esteem Scale. A significantly high coefficient alpha showed that the

items of the Self-Esteem Scale are internally consistent and measure the same construct. The split-half correlation ($r = .72, p < .000$) between the two halves of the Self-Esteem Scale showed that the items of the scale are internally consistent.

Although, the Self-Esteem Scale, on the bases of its above mentioned psychometric characteristics, can be regarded a valid and reliable instrument to assess the self-esteem, there are few limitations observed which need to be discussed. Firstly, the mean score of Self-Esteem Scale obtained from the present sample was a bit high and the distribution of scores obtained was positively skewed ($M=80.2, SD=16.3$). The score on Self-Esteem Scale may range from 0 to 116 and the above mentioned mean score indicates the quite high level of the self-esteem among participants. The positive skew shows that the rating on items of the Self-Esteem Scale clustered on the upper end of the five-point scale and this might have reduced the variance in scores as well. This positive skew in distribution of scores may be the result of the fact that the sample for the present research was homogenous. This homogeneity of the sample may have other unknown implications for dimensionality and reliability of the Scale. Jones and Crandall (1986) have also encountered this problem in validation of a Short Index of Self-Actualization. They studied the effect of the restrictions imposed by the skew on coefficient alpha and have found an increase in the values of the variance and alpha, when only top and bottom quarters of the sample were utilized for analysis. Any such possible weakness of the Self-Esteem Scale needs to be explored. One of the ways to address this problem is getting this scale tested against heterogeneous samples, especially the clinical samples, who may have low scores on the Scale as the theory assumes that the self-esteem will be low among patients of depression and anxiety.

Future research, focusing on this aspect, can devise a method to remove this possible limitation of the Self-Esteem Scale.

Second limitation of the Self-Esteem Scale can be observed with reference to the possible effect of the response set, i.e., social desirability on the Self-Esteem Scale. Self-esteem research has been found contaminated with social desirability effect (Crandall, 1973; Burns, 1979). The relationship of social desirability with Self-Esteem Scale has not been studied as it was not in the scope of the present research. The reason for not including this aspect of validation in present research was that it focused on studying the indigenous construct of self-esteem and, apparently the relationship of the indigenous construct can not be appropriately tested with some scale of social desirability, which is not validated for the Pakistani population. Therefore, this relationship remained unexplored. Another argument, against including this aspect in the present research was that of phenomenal approach towards the study of the construct self-esteem. Wylie (1974) and Burns (1979) have regarded the social desirability inherent in self-esteem and have advocated the phenomenal approach of measuring 'the phenomenal self.' To conclude, it can be said that this unknown aspect of Self-Esteem Scale presents a possible shortcoming that needs attention in future research for the validation of the Self-Esteem Scale.

The findings related to gender differences in self-esteem are consistent with the findings of previous studies (Connel, Strootbant, Sinclair, Connel, & Rogers, 1975; Freiberg, 1991; Skaalvik, 1986; Smith, 1975, 1978) which have shown large gender differences with boys showing higher self-concept than girls. However, the gender differences that were found with regard to the level of self-esteem and its four dimensions is quite an important finding of the present study which may be interpreted

within our particular social and cultural context. According to the findings of the present study, the girls had lower self-esteem than boys. The low self-esteem among girls may be attributed to the socially subservient role and status, given to a girl in our society. However, the finding is consistent with the theoretical formulation that women are found globally to be having an unfavourable view of the self as compared to men (Freud, 1932; Horney, 1967). Although, Wylie (1974) who reviewed numerous studies has concluded that there is no established evidence of sex differences in overall self-regard and this appears consistent across the studies that employed psychometrically sound and idiosyncratic measures, she did consider the possibility of sex differences in specific components of self-concept.

In the context of Pakistani culture, the findings which deserve further comment are the two dimensions of the self-esteem on which there is reasonably large significant difference between girls and boys namely, Self-Acceptance and Self-Competence. The findings show that the girls have less acceptance of the self as compared to boys. Girl child, in our society is not cherished by most of the parents and relatively less attention is paid to her needs as she grows up. Boys are considered more valued because they carry the name of the family in next generation whereas girls remain economically dependent on the male family member and are considered as a burden and an obligation. This attitude of the parents and society towards the girls make them feel less important and inadequate. From the appraisal that she receives from parents and society, she can hardly derive any feelings of worth and value and may adopt a submissive, dependant and subservient role which may help her win the approval of significant others. She is usually devalued for being a girl and considered incapable of taking care of her own self. Independence and autonomy are not associated with a girl in Pakistani

culture and she is not allowed to have freedom to take decisions related to her own life. She internalises these negative evaluations from significant others and experiences the feelings of low worth as a person. These findings consistent with the theory of symbolic interactionism by Cooley (1902) and Mead (1934) who emphasise the role of significant others in development of the feelings toward one's self.

On the dimension of Self-Competence too, boys have obtained significantly higher score than girls. The largest difference that occurred between the two groups was on the dimension of Self-Competence. This observation is consistent with the social position and value which are attached to boys. They are generally viewed as more confident, adequate and competent and they are given more freedom and independence in different matters of life as compared to girls. They are not watched over by the parents and elders, whereas girls always have a chaperone. Girls are considered fragile and vulnerable to get into some problematic situations and they are not perceived as capable to handle these situations alone whereas the boys are perceived as efficacious in dealing with different situations. These perceptions and differential treatment towards girls by significant others inculcate a feeling in them that they lack competence to deal with life. The finding that boys perceive themselves as more self-competent, is in agreement to what Cooley's theory (1902) of "looking glass self" predicts that one's self-concept is significantly influenced by what the individual believes that the others think about him.

The differences between girls and boys on the dimension of Social and Physical Self-Acceptance were small but significant. Boys were found having high social and physical self-acceptance, that reflected that boys receive more approval and positive evaluations from others and this finding is in agreement with those of Marsh, Relich, &

Smith (1983) and Marsh, Smith, Barnes and Butler (1983) who found that Boys had higher concept of physical abilities. Boys usually are more encouraged to participate in activities that can enhance their physical ability. Boys are also more confident about their evaluation of physical and social self as they receive a lot of attention by significant others. This finding also verified the observation that boys receive more importance from significant others in our society as much as elsewhere.

The only finding contrary to the expectations is with reference to the dimension of Academic Self-Competence. The scores obtained by the boys on this subscale were lower than the scores obtained by the girls. Though the difference was negligible one, but this seems interesting to note that girls have higher self-esteem as far as the academic competence is concerned. This may be attributed to the efforts that the girls are believed to make to get approval and acceptance from others. Academics may be the only field in which they are allowed to excel. Moreover, through the expression of the academic interest and academic achievements, girls try to get acknowledgement and validation of their self which otherwise is overshadowed by the status given to boys by the society. This may also help them get social approval because in most of the situations, good academic achievements of the girls are appreciated and are also regarded non-threatening as long as it does not bring independence and autonomy in them. At least it does not seem probable that girls with higher academic achievement also become independent and autonomous.

PHASE II

VALIDATION OF THE SELF-ESTEEM SCALE

In the second phase of the present research, five validation studies were conducted to establish the construct validity of self-esteem. Study I and II were aimed at exploring the convergent and discriminant validity of the Self-Esteem Scale whereas Study III, IV and V were conducted to test the construct validity by examining the relationship of self-esteem with anxiety, delinquency and depression.

Campbell and Fisk (1959) have suggested that assessment of convergent and discriminant validity is essential for construct validation. Correlational techniques have been mentioned as an appropriate method to test the convergent and discriminant validity (Shavelson, Burstein and Keesling 1977).

Shavelson, Burstein and Keesling (1977) discussed the methodological consideration in interpretation of self-concept research in detail and have remarked;

Construct validation refers to the procedures and evidence used in support of a construct interpretation of a measurement. As with all science, construct validation works by disconfirmation: a construct is set forth and validation studies pose and attempt to disconfirm counterinterpretations to the proposed construct interpretations. If these challenges are disconfirmed, support is gained for the proposed interpretation (p. 296).

Convergent validity can be established by obtaining high positive correlation between different measures that are based on different methods, of the same trait (Campbell & Fisk, 1959). Discriminant validity, more difficult to achieve, can be ascertained when a particular measure has a very low correlation

with the measure of some other trait or construct which is predicted to be a distinct and unrelated to the construct being studied. In line with these suggestions, five studies were designed in the phase II to validate the Self-Esteem Scale

STUDY I : CONVERGENT VALIDITY OF SELF-ESTEEM SCALE

As mentioned above, the objective of the study I was to test the convergent validity of the Self-Esteem Scale. The convergent validity of the scale was explored by finding out the relationship between the scores of Self-Esteem Scale and the scores on Rosenberg Self-Esteem Scale (Rosenberg, 1965). Among the many available measures, the Rosenberg Self-Esteem Scale was selected because the evidence for its validity is more extensive than for the most other measures.

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) was developed as a unidimensional measure of global self-esteem. However, Barber (1990), Owens (1993) and Tafrodi and Swann, Jr (1995) have identified two other distinct but moderately correlated factors namely 'Self-Liking' and 'Self-Competence', underlying the Rosenberg Self-Esteem Scale. Therefore, the Rosenberg's scale may also be used to test the convergent validity of 'Self-Acceptance' and 'Self-Competence' scales and to test the discriminant validity of the other two subscales, namely 'Social and Physical Self-Acceptance' and 'Academic Self-Competence'. The convergent and discriminant validity of these four subscales of the Self-Esteem Scale was tested by finding the correlation with the Rosenberg's Scale. It was assumed that the Rosenberg's scale will positively relate with Self-Esteem Scale and also with its four subscales. It was also speculated that the correlation of Rosenberg's Scale will be higher with two subscales, namely, Self-Acceptance and Self-Competence as compared to its correlations with the other two subscales, i.e., Social and Physical Self-Acceptance and Academic Self-Competence.

Sample

The sample employed in Study I consisted of 60 participants, 30 girls and 30 boys, aged between 15 to 17 years ($M=18.64$ and $SD=.69$). These participants were students of secondary and higher secondary classes of different schools and colleges of Rawalpindi and Islamabad. They belonged to families of middle socio-economic class.

Instruments

Two instruments, the Self-Esteem Scale developed in the first phase of the present research (see appendix X) and the Rosenberg Self-Esteem Scale (Rosenberg, 1965) were used to assess the self-esteem of the respondents. The Rosenberg Self-Esteem Scale (Rosenberg, 1965) is based on Guttman model, and has a reproducibility index of 0.93 and an item scalability of 0.73. The Rosenberg's Scale consists of ten statements, 5 of which are phrased in positive direction with the other five in a negative direction to control for acquiescence. These statements are rated on a four-point scale ranging from strongly agree, to strongly disagree. The positive statements are scored if they are disagreed with and negative ones are scored when agreed with by the respondent in such a way that a high score reflects low self-esteem. However, this scoring procedure may cause confusion (Burns, 1979). Therefore, to make the scoring process more convenient in the present study, an agreement with the positive items is scored in such a way that a high score is indicative of high self-esteem.

The alpha coefficient of the Rosenberg Self-Esteem Scale computed for the present sample was 0.69 and all the items of Rosenberg Self-Esteem Scale correlated with total at an average correlation of 0.50 ($p<.00$). A questionnaire to obtain some personal information was also given to the participants (see appendix XIV).

Procedure

The participants for the study, who were students of various schools and colleges were contacted through the educational institutions. They were given these instruments i.e., Self-Esteem Scale and Rosenberg Self-Esteem Scale (1965) in the form of a booklet, in a group setting. They were asked to read each item and to give rating to the response categories applicable to them. They completed these questionnaires in about 20 minutes time. They were acknowledged and appreciated for their participation in the study.

Results and Discussion

Table 16 presents the correlational matrix showing the correlations of Rosenberg Self-Esteem Scale with the Self-Esteem Scale and its subscales. The coefficients of correlation in the first row are the convergent validity coefficients for the Self-Esteem Scale and its subscales. The correlation ($r=.70$; $p<.000$) indicated a highly positive relation between the scores on both the scales and provided the evidence of the convergent validity of the Self-Esteem Scale.

Table 16

Convergent Validity Coefficients of the Self-Esteem Scale and four Subscales (N=60)

	RSES	SA	SC	SPSA	ASC	SES
RSES	--	.64****	.58****	.40***	.39***	.70****
SA		--	.50****	.36***	.37***	.81****
SC			--	.43***	.41***	.79****
SPSA				--	.52****	.70****
ASC					--	.68****

Note. In the first row, the values in boldface are convergent validity coefficients. Abbreviations mean the following: RSES = Rosenberg Self-Esteem Scale; SA = Self-Acceptance scale; SC = Self-Competence scale; SPSA = Social and Physical Self-Acceptance scale; ASC = Academic Self-Competence scale; SES= Self-Esteem Scale. *** $p<.001$ **** $p<.000$.

The correlations between the four subscales and the Rosenberg Self-Esteem Scale were also computed. The correlation of Rosenberg Self-Esteem Scale with scores on Self-Acceptance scale ($r=.64, p<.000$) indicated the convergent validity of the Self-Acceptance scale. The correlation between scores on Rosenberg Scale and the scores on Self-Competence scale ($r=.58, p<.000$) indicated that the scores on both scales are reasonably positively related with each other. The correlation of scores on Rosenberg Scale with the Social and Physical Self-Acceptance scale ($r=.40, p<.001$), is indicative of moderately positive relation between the scores on two scales. Similarly, the correlation between scores on Rosenberg scale and scores on Academic Self-Competence ($r=.39, p<.001$) show less than moderate positive relationship between the two. The appraisal of the magnitude of the correlations between the score on Rosenberg Self-Esteem Scale and the scores on the four subscales of the Self-Esteem Scale shows that the positive correlations between the scores on Rosenberg's Scale and Self-Acceptance scale was higher ($r=.64, p<.000$) than its correlations with Social and Physical Self-Acceptance and Academic Self-Competence ($r=.40$ and $r=.39; p<.001$, respectively). This observation provided the evidence of convergent validity for Self-Acceptance scale.

The positive correlations between the scores on Rosenberg's Scale and Self-Competence scale was also higher ($r=.58, p<.000$) than its correlations with Social and Physical Self-Acceptance and Academic Self-Competence ($r=.40$ and $r=.39; p<.001$, respectively). This observation provided the evidence of convergent validity for Self-Competence scale. On the other hand, the positive correlations of Rosenberg's Self-Esteem Scale with the third subscale namely, Social and Physical Self-Acceptance ($r=.40; p<.001$) and with the fourth subscale i.e., Academic Self-Competence ($r=.39; p<.001$) are comparatively less positive in their magnitude as compared to the correlations with Self-Acceptance and Self-Competence. The comparatively low correlation with these two

components were according to the expectations as Rosenberg's Scale is a measure of global self-esteem whereas Social and Physical Self-Acceptance and Academic Self-Competence are considered two specific components of self-esteem. This observation may also provide an evidence of the discriminant validity of third and fourth subscales i.e. Social and Physical Self-Acceptance and Academic Self-Competence.

STUDY II : CONVERGENT AND DISCRIMINANT VALIDITY OF SELF-ESTEEM SUBSCALES

The objective of the study II was to test the convergent validity of the Academic Self-Competence, and discriminant validity of the three subscales namely, Self-Acceptance, Self-Competence and Social and Physical Self-Acceptance of Self-Esteem Scale, constructed in the first phase of the present research.

Academic self-concept in particular appears to be a potentially valuable construct for educators to understand individual students' level of achievement (Haque & Khan, 1998). The multidimensional construct model of Shavelson, Hubner and Stanton (1976) proposes that 'Academic Self-Concept' is a distinct dimension and can empirically be separated from 'Social Self-Concept'. Later, Marx and Winne (1980) have argued about the multidimensional model of self-esteem by questioning the discriminant validity of a separate academic self-confidence factor. Several studies have demonstrated that self-reported grade average scores correlate significantly with Academic Self-confidence dimension (Fleming & Courtney, 1984; Fleming & Watts, 1980; Mamrus, O' Conner & Cheek, 1983). However, it was considered important to test further the convergent validity of Academic Self-Competence scale in addition to obtaining its correlation with achievement scores. Therefore, the Study II was designed to test the convergent validity of Academic Self-Competence scale by finding its correlation with the scores obtained

through Academic Self-Concept Scale (ASCS) developed by Ahmed (1986) and with the achievement scores obtained in school examinations. It was assumed that the scores on ACSC and Academic Self-Competence will positively relate with each other. The discriminant validity of the rest of three subscales were assessed by finding the correlations of Academic Self-Concept Scale's scores with three subscales namely, Self-Acceptance, Self-Competence and Social and Physical Self-Acceptance. It was also assumed that the scores on the Academic Self-Competence may positively correlate with self-reported Achievement Scores obtained in School examination.

Sample

The sample included 60 participants. There were 30 boys and 30 girls whose age ranged between 15 to 17 years ($M=15.44$ and $SD=.70$). These participants were the students of secondary class at three different schools of Rawalpindi.

Instruments

The two measures i.e., Self-Esteem Scale constructed in the present research and the Academic Self-Concept Scale of Ahmed, (1986) (see appendix XII) along with a questionnaire on some personal information, were given to participants (see appendix XVI). Academic Self-Concept Scale (ASCS), (Ahmed, 1986; Haque & Khan, 1998) consists of 40 self-reported statements with five point rating scale. ASCS has been reported to be a reliable and valid instrument to assess the specific facet of self-concept of high school students. The concurrent validity of the ASCS has been ascertained by correlating the scores of the scale with achievement scores, $r = .37$ ($p < .01$). The predictive validity of the scale was assessed by obtaining the correlation between academic self-concept of the participants and their matriculation result ($r = .39$, $p < .01$). The discriminant validity was demonstrated by the significant negative correlation between academic self-concept and the scores on Students Problem Checklist (SPCL) (Ahmed, 1986). For the

present sample, the alpha coefficient for ASCS is .87 and the item-total score correlations ranged from .28 to .64 with an average correlation of .45.

Procedure

The participants were given both the scales i.e., Self-Esteem Scale and Academic Self-Concept Scale in a form of booklet, in small groups. They were asked to read each statement carefully and rate the response category, which seemed applicable to them.

Results and Discussion

The correlations of the scores of Academic Self-Concept Scale (ASCS) with the scores on Self-Esteem Scale and its four subscales have been computed. Table 17 presents the results of correlational analysis. The coefficient correlation between ASCS and Self-Esteem Scale shows less than moderate positive correlation between two measures ($r=.35$; $p<.00$). However the correlation of the scores on ASCS with the scores on subscale i.e., Academic Self-Competence is relatively high which indicated the convergent validity of the subscale ($r=.46$; $p<.00$).

Table 17

Convergent Validity Coefficients of the Academic Self-Competence scale and Discriminant Validity Coefficients of the Self-Acceptance, Self-Competence and Social and Physical Self-Acceptance scales (N=60)

	ASCS	SA	SC	SPSA	ASC	SES
ASCS	--	<i>.15 ns</i>	<i>.11 ns</i>	<i>.16 ns</i>	.46***	.35***
SA		--	<i>.13 ns</i>	<i>.01 ns</i>	<i>.14 ns</i>	.69****
SC			--	.24**	<i>.13 ns</i>	.61****
SPSA				--	.52****	.51****
ASC					--	.50****

Note. In the first row, the values in boldface are convergent validity coefficients of Academic Self-Competence and the italicized values are discriminant validity coefficients of three subscales. Abbreviations

mean the following: ASCS = Academic Self-Concept Scale; SA = Self-Acceptance scale; SC = Self-Competence; SPSA = Social and Physical Self-Acceptance; ASC = Academic Self-Competence; SES= Self-Esteem Scale

*** $P < .001$ **** $P < .000$.

Table 17 presents the correlation between ASCS and four subscale of Self-Esteem Scale. The appraisal of magnitude of these correlations between ASCS and subscales of the Self-Esteem Scale indicated the convergent validity of Academic Self-Competence scale. It is evident from the comparison that the correlation of ASCS with Academic Self-Competence scale ($r = .46$; $p < .00$) is significantly higher than the correlation coefficient of ASCS with Self-Acceptance ($r = .15$). The correlation of ASCS with Academic Self-Competence ($r = .46$; $p < .00$) is greater in magnitude as compared to its correlation with Self-Competence ($r = .11$) and the correlation of ASCS with Academic Self-Competence ($r = .46$) is reasonably higher than its correlation with the Social and Physical Self-Acceptance ($r = .16$). The correlations with three subscales namely, Self-Acceptance, Self-Competence and Social and Physical Self-Acceptance were negligible and nonsignificant as speculated ($r = .15$, $r = .11$ and $r = .16$ respectively). These observations indicated the convergent validity of Academic Self-Competence scale. On the other hand, it also indicated the evidence for discriminant validity of the other three subscales. In Table 17, discriminant validity of three subscales, other than Academic Self-Competence may be ascertained by comparing the bold faced convergent validity coefficient ($r = .46$) with the italicized discriminant validity coefficients in the same row ($r = .15$, $r = .11$ and $r = .16$ respectively). The positive correlation of ASCS with Academic Self-Competence ($r = .46$) is higher than the average of its correlations ($r = .14$) with the other three subscales. Substantially lower correlations of ASCS with Self-Acceptance, Self-Competence and Social and Physical

Self-Acceptance ($r = .15$, $r = .11$ and $r = .16$ respectively, thus are providing evidence of discriminant validities of these three subscales, namely, Self-Acceptance, Self-Competence and Social and Physical Self-Acceptance.

Table 18

Correlation of Academic Self-Competence scale with self-reported Achievement Scores in School examination (N=60).

Academic Self-Competence scale	
Achievement Scores obtained in School Examinations	.29 *

* $p < .05$

Table 18 indicates that the Academic Self-Competence and self-reported Achievement Scores are found to be positively related ($r = .29$; $p < .05$). This finding is similar to the findings obtained by Fleming and Courtney, (1983) who have reported the correlation of .32 between self-reported grade point average and School Abilities, a factor in the multifaceted self-esteem model.

In the present research, the magnitude of the correlation between Achievement Scores obtained in school examinations and the Academic Self-Competence is found moderately low ($r = .29$; $p < .05$), therefore this finding may be taken as a less strong indication of concurrent validity of the Academic Self-Competence scale. Earlier, Ahmed (1986) reported a positive correlation between Academic Self-Concept Scale and Academic Achievement scores ($r = .25$; $p < .05$). A slightly higher correlation ($r = .29$; $p < .05$) was observed between Academic Self-Competence and Achievement Scores. However, one can say that both the researches found a low positive correlation. One of

the possible reasons for these low correlations for both the measures may be the fact that the achievement scores in both the studies were obtained from the students themselves and no cross examination of the validity of these scores was conducted.

One may conclude that the findings of the present study have provided a modest indication of the convergent and concurrent validity of the Academic Self-Competence scale and, which suggested that this subscale should be investigated further for its convergent and discriminant validity especially if this subscale is to be used independently.

STUDY III : RELATIONSHIP BETWEEN SELF-ESTEEM AND ANXIETY

The study III was designed to explore the relationship between self-esteem and anxiety. It has been earlier seen that the review of relevant research literature indicated a negative relationship of high self-esteem with anxiety (Coopersmith, 1967; Fleming & Courteny, 1984; Many & Many, 1975; Wylie, 1979). Therefore, in the present study, following hypotheses were formulated:

1. Self-esteem and anxiety will be negatively related with each other.
2. Self-Acceptance and anxiety will be negatively related with each other.
3. Self-Competence and anxiety will be negatively related with each other.
4. Social and Physical Self-Acceptance and anxiety will be negatively related with each other.
5. Academic Self-Competence and anxiety will be negatively related with each other.

Sample

The sample consisted of 150 participants. There were 75 boys and 75 girls whose age ranged between 15 to 17 ($M=15.44$ and $SD=.70$). These participants were the students of graduate classes at various colleges of Rawalpindi and Islamabad.

Instruments

Self-Esteem Scale constructed by the present researcher and Anxiety Scale developed by Siddiqui and Hasnain, (1993) were given to assess the self-esteem and the anxiety level of participants. Anxiety Scale consisted of 25 items with four-point scale (see appendix XIII). These four response categories are labeled as 'never' 'sometimes' 'often' and 'all the time'. It has been developed to assess the anxiety in clinical as well as in non-clinical settings. The scale has been found to be a reliable and valid instrument to assess the anxiety in student sample and clinical sample of patients with diagnosed anxiety (Siddiqui & Hasnain, 1993). The alpha reliability of the Anxiety Scale is .91 for the present sample. The average item- total score correlation for the items of the Anxiety Scale is .60 ($p < .00$). Along with these scales, a questionnaire was also given to participants to obtain some demographic information.

Procedure

The participants were given both the scales, namely, the Self-Esteem Scale and the Anxiety Scale in small groups. They were asked to read the statements carefully and rate the response category, which seemed applicable to them. The participants completed the questionnaires in about thirty minute times. They were acknowledged for their participation.

Results and Discussion

The data were analysed to examine the relationship of self-esteem and anxiety. Table 19 shows the correlation coefficient between the scores on the Self-Esteem Scale

and Anxiety Scale. The results show that self-esteem is negatively related with anxiety ($r = -.48$; $p < .000$), thus supporting the first hypothesis that self-esteem and anxiety will be negatively related with each other.

Table 19

Correlation Coefficients of Anxiety with the Self-Esteem and its four dimensions

($N=150$)

Scale/Subscales	Anxiety
Self-Esteem Scale	-.48***
Self-Acceptance	-.55***
Self-Competence	-.32***
Social & Physical Self-Acceptance	-.16*
Academic Self-Competence	-.16*

*** $p < .000$ * $p < .05$

The correlations between four dimensions of the Self-Esteem Scale and Anxiety Scale were also obtained. Table 19 shows these correlations between anxiety and the four dimensions of self-esteem measured through the four subscales. The correlation between Self-Acceptance and anxiety indicates a negative relation between the two variables ($r = -.55$; $p < .000$), thus, supported the second hypothesis. It is also observed as the highest negative correlation found among all the correlations that were obtained between anxiety and four dimensions of self-esteem. The correlation of Self-Competence was also found to be negative with anxiety ($r = -.32$; $p < .000$) thus providing support to the third hypothesis that Academic Self-Competence and anxiety will be negatively related with each other.

The negative correlations were found to be smaller but significant with the two dimensions, namely, Social and Physical Self-Acceptance ($r = -.16$; $p < .05$) and

Academic Self-Competence ($r = -.16$; $p < .05$). These results supported the fourth hypotheses that Social and Physical Self-Acceptance will be negatively related with anxiety and fifth hypothesis that Academic Self-Competence will be negatively related with anxiety.

The findings of the present study were consistent with those found earlier by Fleming and Courteny (1984) who have reported negative correlation ($r = -.62$) of self-esteem with anxiety scores. They also found negative correlation between different components of self-esteem and anxiety, for example the magnitude of the correlation between Self-Regard and anxiety was largest one i.e., $-.63$ and similarly, the results of our study indicate the correlation of $-.55$ between Self-Acceptance and Anxiety.

In addition to correlational analysis, a more specific index of relationship between self-esteem and anxiety was obtained through further statistical analysis aimed at comparing the level of anxiety between two subsamples, scoring low and high on the variable of self-esteem. With this objective, a comparison of mean anxiety scores was made between the two subsamples, namely, Low Self-Esteem and High Self-Esteem. Similar comparisons were made between the groups scoring low and high on each of the four dimensions of self-esteem. The percentile scores obtained for the present sample ($N=150$) were used as a criterion to select an individual for inclusion in any of the two groups. These two groups were formed in such way that all the individual who obtained the score equal or below 30th percentile were included in the Low Self-Esteem group and the individuals who obtained scores equal or greater than the 70th percentile were included in the High Self-Esteem group. In this way, the individuals who scored equal or less than 76 (30th percentile) formed the Low Self-Esteem group and those individuals who scored equal or greater than 91 (70th percentile) formed the High Self-Esteem group.

Following hypotheses were formulated to test the difference of anxiety between Low and High Self-Esteem groups.

6. Low Self-Esteem group will have higher level of anxiety as compared to High Self-Esteem group.
7. Low Self-Acceptance group will have higher level of anxiety as compared to High Self-Acceptance group.
8. Low Self-Competence group will have higher level of anxiety as compared to High Self-Competence group.
9. Low Social and Physical Self-Acceptance group will have higher level of anxiety as compared to High Social and Physical Self-Acceptance group.
10. Low Academic Self-Competence group will have higher level of anxiety as compared to High Academic Self-Competence group.

The *Low Self-Esteem group* and *High Self-Esteem group* were compared on the variable of anxiety. The *t*-test was employed to see the difference in degree of anxiety between *High and Low Self-Esteem groups*. The results show (see table 20) that both groups differed significantly from each other on the variable of anxiety and *Low Self-Esteem group* scored high on Anxiety scale ($t = 4.55, p < .000, df = 90$), thus supported the sixth hypothesis that *low Self-Esteem group* will have higher level of anxiety than *high Self-Esteem group*. The *Low Self-Esteem group* have high score on Anxiety Scale ($M=49.15, SD=11.98$) as compared to the score of *high Self-Esteem group* ($M=39.19, SD=8.72$) as shown in table 20.

Table 20

Difference of Anxiety level between Low Self-Esteem group and High Self-Esteem group

Group	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>
Low Self-Esteem	46	49.15	11.98	4.55****	90
High Self-Esteem	46	39.19	8.72		

Note. The higher the score on Anxiety Scale, the greater is the anxiety.

**** $P < .000$

Similar criterion that was followed earlier to form low and high self-esteem groups, namely the 30th and 70th percentiles, were taken to form the low and high groups for each of the four dimensions. For instance, *Low Self-Acceptance group* included those individuals who scored equal or less than 29 (30th percentile) on the Self-Acceptance scale and *High Self-Acceptance group* included those individuals who scored equal or greater than 36 (70th percentile) on the Self-Acceptance scale. Table 21 presents the results of the analysis indicating differences of mean anxiety scores between the low and high scorer on these four subscales.

The difference of the mean scores on the Anxiety Scale was obtained between Low and High Self-Acceptance groups. The results of *t*-test analysis show that the high and low Self-Acceptance groups differed significantly on the mean anxiety score ($t = 4.14, p < .000, df = 100$). This finding provided the support to the seventh hypothesis that the *Low Self-Acceptance group* will have high scores on Anxiety Scale than the *High Self-Acceptance group*. It may be seen in Table 21 that the *Low Self-Acceptance group* ($M = 48.86, SD = 11.85$) has scored high on Anxiety Scale as compared to *High Self-Acceptance group* ($M = 40.14, SD = 9.22$).

Table 21

Difference of Anxiety level between Low and High Scorer on the four Subscales of Self-Esteem Scales

Groups	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>
Low Self-Acceptance	52	48.86	11.85	4.14****	100
High Self-Acceptance	50	40.14	9.22		
Low Self-Competence	51	48.50	12.56	2.81***	101
High Self-Competence	52	42.05	10.71		
Low Social and Physical Self-Acceptance	46	46.36	11.68	1.41 ns	89
High Social and Physical Self-Acceptance	45	42.88	11.93		
Low Academic Self-Competence	55	46.96	12.33	2.01*	105
High Academic Self-Competence	52	42.51	10.35		

Note. The higher the score on Anxiety Scale, the greater is the anxiety.

**** $p < .000$ *** $p < .001$ * $P < .05$

Low Self-Competence group included the respondents whose score was equal or less than 15 (30th percentile) on the Self-Competence scale and *High Self-Competence group* include those individual whose score was equal or greater than 20 (70th percentile) on the Self-Competence scale. The difference of anxiety score was also found significant on Self-Competence scale ($t = 2.8$ $p < .001$, $df = 101$), thus the eighth hypothesis was accepted that the anxiety level of *Low Self-Competence group* will be higher than the *High Self-Competence group*. As shown in Table 21, the mean anxiety score obtained by *Low Self-Competence group* was higher ($M = 48.50$, $SD = 12.56$) than the score obtained by *High Self-Competence group* ($M = 42.05$, $SD = 10.71$).

Low Social and Physical Self-Acceptance group included those respondents whose scores were equal or less than 17 (30th percentile) on the Social and Physical

Self-Acceptance scale. *High Social and Physical Self-Acceptance group* included those respondents whose scores were equal or greater than 23 (70th percentile) on the Social and Physical Self-Acceptance scale. The ninth hypothesis that the *low Social and Physical Self-Acceptance group* will have high anxiety level than the *High Social and Physical Self-Acceptance group*, was not accepted. As shown in Table 21, the mean anxiety scores obtained by *Low Social and Physical Self-Acceptance group* ($M=46.36$, $SD=11.68$) and *High Social and Physical Self-Acceptance group* ($M=42.88$, $SD=11.93$) indicated the smallest and non significant difference of anxiety scores that was observed between the Low and High Social and Physical Self-Acceptance groups ($t = 1.41$, ns, $df = 89$).

Low Academic Self-Competence group consisted of the respondents whose scores were equal or less than 13 (30th percentile) on the Academic Self-Competence scale and *High Academic Self-Competence group* consisted of the respondents whose scores were 16 (70th percentile) score on the Academic Self-Competence scale. With regard to the tenth hypothesis, the difference of mean score of anxiety was significant between low Academic Self-Competence group and high Academic Self-Competence group ($M=46.96$, $SD=12.33$ and $M=42.51$, $SD=10.35$ for Low and High groups respectively). On the basis of the result, the tenth hypothesis that Low Academic Self-Competence group will have higher level of anxiety than the High Academic Self-Competence group, was accepted ($t = 2.01$, $p < .05$, $df = 105$).

The findings of the present research support the theoretical assumptions that individuals with low self-esteem are more anxious than high self-esteem individuals (Coopersmith, 1967; Lamp, 1968; Rosenberg, 1965). The high self-esteem individuals are generally more confident of their abilities and competence. They are more decisive and clear in their thoughts, whereas the individuals with low

self-esteem are vulnerable to mood variability and are not sure about their own self. Low self-esteem individuals lack self-confidence and, generally, when they are faced with demanding situations in life, they tend to get anxious as they assume themselves deficient in capability to cope with the challenges of the situation.

STUDY IV : RELATIONSHIP BETWEEN SELF-ESTEEM AND DELINQUENCY

The objective of the study IV was to explore the relationship between self-esteem and delinquency. The literature review has shown that the findings of most of the studies, aimed at studying the relationship of self-esteem with delinquency tend to show inconsistent results and a complex relationship between the two variables (Arbuthnot, Gordon & Jurkovic, 1987; Lund & Salary, 1980). For the present study, the following hypotheses were formulated:

1. Self-Esteem and delinquency will be negatively related with each other.
2. Self-Acceptance and delinquency will be negatively related with each other.
3. Self-Competence and delinquency will be negatively related with each other.
4. Social and Physical Self-Acceptance and delinquency will be negatively related with each other.
5. Academic Self-Competence and delinquency will be negatively related with each other.

Sample

The sample consisted of 100 participants. Only boys were taken in the sample as delinquent behavior is considered to be more relevant to boys in Pakistani socio-cultural context. The age ranged from 17 to 19 ($M=18.07$ and $SD=1.44$). These participants were students of higher secondary class at two colleges of Rawalpindi and Islamabad.

Instruments

An instrument for the assessment of delinquency was developed specifically for this study, as there existed no scale which could be used to assess the delinquency in Pakistani population. For this purpose, the items of Self-reported delinquency scale developed by Gibson (1971) were translated into Urdu by three judges. As the content of many items was not relevant to Pakistani culture, therefore, most of the items were changed and rephrased to represent the delinquent behavior as perceived and defined in our society. To cover the whole range of delinquent behavior which is manifested in our population, interviews were conducted with teachers and with a researcher, who had conducted research in the field of delinquency and crime (see for example, Tariq, 1986; Tariq, 1989; Tariq, 1992 and Tariq & Durrani, 1983) From the information obtained from the interviews, more items were added to the list. Finally, in Self-reported Delinquency Checklist, a total of 37 items were written in statement with dichotomous response mode i.e., yes and no. (see appendix XIV). The Checklist was given to 100 participants. The data were analyzed to test the psychometric properties of the Checklist. The analysis indicated the alpha reliability of .90 for Self-reported Delinquency Scale (SRDC). The item-total correlations ranged from .32 to .64 with an average of .43, thus indicating a high internal consistency among items of the scale. Factor analysis of the scale's items revealed one major factor that explained 26% of the total variance. The 37 items were having $>.30$ factor loadings on the factor. This provided the evidence of the factorial validity of Self-reported Delinquency Checklist. A questionnaire was also given to participants to obtain some demographic information (see appendix XVI).

Procedure

The participants were given Self-reported Delinquency Checklist (SRDC) and the Self-Esteem Scale. They were instructed to read the statements of SRDC and to

respond to these statements in the light of their experience. If they ever had indulged in any activity listed in the checklist they were to mark “yes” and if they had never participated in any such behavior then they had to mark the “no” category.

Results and Discussion

The correlational analysis was performed to test the hypotheses. The results presented in Table 22 indicates the negative correlation coefficient between self-esteem and delinquency ($r = -.23, p < .01$). This proves the first hypothesis that self-esteem and delinquency will be negatively related with each other. Table 22 also shows the correlation coefficients between four dimensions of self-esteem measured through four subscales and the scores on SRDC. The second hypothesis was also accepted as the Self-Acceptance was found to be negatively correlated with delinquency ($r = -.22, p < .05$).

As regards the third hypothesis, the scores on SRDC were non-significantly related with the Self-Competence scale ($r = -.06, ns$), thus rejecting the hypothesis that Self-Competence will be negatively related with each other. The scores on SRDC was found to minimally and nonsignificantly related with the Social and Physical Self-Acceptance scale ($r = .01, ns$) which rejected the fourth hypothesis that the Social and Physical Self-Acceptance will be negatively related with each other.

The fifth hypothesis that Academic Self-Competence will be negatively related to delinquency was approved as the correlation of Academic Self-Competence with delinquency was found to be negative ($r = -.36; p < .001$).

It can be observed that the correlations of SRDC with Self-Acceptance and Academic Self-Competence were found to be negative and less than moderate in their magnitude ($r = -.23; p < .01$ and $r = -.36; p < .00$ respectively).

Table 22

Correlation of Self-reported Delinquency Checklist with Self-Esteem Scale and four subscales (N=100)

Scale/subscales	Self-reported Delinquency Checklist
Self-Esteem Scale	-.23 **
Self-Acceptance	-.22 *
Self-Competence	-.06 ns
Social & Physical Self-Acceptance	.01 ns
Academic Self-Competence	-.36***

*** $p < .00$ ** $P < .01$ * $P < .02$

In addition to correlational analysis, a more specific index of relationship between self-esteem and delinquency was obtained through further analysis aimed at comparing the level of delinquency between two subsamples scoring low and high on the variable of self-esteem. With this objective, a comparison of mean delinquency scores was made between the two subsamples, namely, Low Self-Esteem and High Self-Esteem. Similar comparisons were made between the groups scoring low and high on each of the four dimensions of self-esteem. As in Study III, the percentile scores obtained for the present sample (N=100), were used as a criterion to select an individual for inclusion in any of the two groups. These two groups were formed in such way that all the individual who obtained the score equal or below 30th percentile were included in the *Low Self-Esteem group* and the individuals who obtained scores equal or greater than the 70th percentile were included in the *High Self-Esteem group*. In this way, the individuals who scored equal or less than 80 (30th percentile) formed the *Low Self-Esteem group* and those individuals who scored equal or greater than 93 (70th percentile) formed the *High Self-Esteem group*.

Following hypotheses were formulated to test the difference of delinquency between Low and High Self-Esteem groups.

6. Low Self-Esteem group will have higher level of delinquency as compared to High Self-Esteem group.
7. Low Self-Acceptance group will have higher level of delinquency as compared to High Self-Acceptance group.
8. Low Self-Competence group will have higher level of delinquency as compared to High Self-Competence group.
9. Low Social and Physical Self-Acceptance group will have higher level of delinquency as compared to High Social and Physical Self-Acceptance group.
10. Low Academic Self-Competence group will have higher level of delinquency as compared to High Academic Self-Competence group.

The *Low Self-Esteem group* and *High Self-Esteem group* were compared on the variable of delinquency. The *t*-test was employed to see the difference in degree of delinquency between *High and Low Self-Esteem groups*. The results show (see table 23) that both groups differed significantly from each other on the variable of delinquency and Low Self-Esteem group scored high on SRDC ($t = 2.53, p < .01, df = 70$), thus supported the sixth hypothesis that the *Low Self-Esteem group* will have higher level of delinquency than the *High Self-Esteem group*. The *Low Self-Esteem group* have high score on SRDC ($M=9.07, SD=7.50$) as compare to the score of *High Self-Esteem group* ($M=5.23, SD=4.97$) as shown in Table 23.

Table 23

Difference of Delinquency level between Low Self-Esteem group and High Self-esteem group

Group	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>
Low Self-esteem	38	9.07	7.50	2.53**	70
High Self-esteem	34	5.23	4.97		

Note. The higher the score on SRDC, the greater is the delinquency.

** $p < .01$

Low and High groups on the four dimensions were formed on the bases of 30th and 70th percentile scores, respectively, which were obtained for this sample on each of the subscales of the Self-Esteem Scale. For instance, *Low Self-Acceptance group* included those individuals who scored equal or less than 30 (30th percentile) on the Self-Acceptance scale and *High Self-Acceptance group* included those individuals who scored equal or greater than 39 (70th percentile) on the Self-Acceptance scale. Table 24 presents the results of the analysis indicating differences of mean SRDC scores between the low and high scorer on these four dimensions of self-esteem.

The difference of the mean scores on the SRDC was obtained between low and high Self-Acceptance groups. The results of *t*-test analysis show that the high and low Self-Acceptance groups differed nonsignificantly on the mean delinquency score ($t = 1.61$, ns, $df=70$). This finding rejected the seventh hypothesis that the *Low Self-Acceptance group* will have high scores on SRDC than the *High Self-Acceptance group*. It may be seen in table 24 that the *Low Self-Acceptance group* ($M=8.97$, $SD=7.46$) has not scored significantly high on SRDC as compared to *High Self-Acceptance group* ($M=5.84$, $SD=5.62$).

Low Self-Competence group included the respondents whose score was equal or less than 17 (30th percentile) on the Self-Competence scale and *High Self-Competence*

group included those individual whose score was equal or greater than 21 (70th percentile) on the Self-Competence scale. The difference of delinquency score was found nonsignificant on Self-Competence scale ($t = 1.17$, ns, $df=68$), thus the eighth hypothesis was rejected that the delinquency level of *Low Self-Competence group* will be higher than the *High Self-Competence group*. As shown in Table.24, the mean delinquency score obtained by *Low Self-Competence group* was not significantly higher ($M=8.32$, $SD=7.12$) than the score obtained by *High Self-Competence group* ($M=6.58$, $SD=5.22$).

Table 24

Difference of Delinquency level between Low and High Scorer on the four Subscales of Self-Esteem Scales

Groups	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>
Low Self-Acceptance	38	8.97	7.46	1.61 ns	70
High Self-Acceptance	34	5.76	4.81		
Low Self-Competence	31	8.32	7.12	1.17 ns	68
High Self-Competence	39	6.58	5.22		
Low Social and Physical Self-Acceptance	33	7.42	5.67	.66 ns	68
High Social and Physical Self-Acceptance	37	6.43	6.78		
Low Academic Self-Competence	31	8.90	6.43	3.03 ***	74
High Academic Self-Competence	45	5.11	4.49		

Note. The higher the score on SRDC, the greater is the delinquency.

$df = 98$, *** $P < .001$ * $p < .04$

Low Social and Physical Self-Acceptance group included the respondents whose scores were equal or less than 19 (30th percentile) on the Social and Physical Self-Acceptance scale. *High Social and Physical Self-Acceptance group* included the respondents whose scores were equal or greater than 24 (70th percentile) on the Social

and Physical Self-Acceptance scale. The ninth hypothesis that the *low Social and Physical Self-Acceptance group* will have high delinquency level than the *high Social and Physical Self-Acceptance group*, was not accepted. As shown in Table 24, the mean delinquency scores obtained by *Low Social and Physical Self-Acceptance group* ($M=7.42$, $SD=5.67$) and *High Social and Physical Self-Acceptance group* ($M=6.43$, $SD=6.78$) indicated the smallest and nonsignificant difference of delinquency scores that was observed between the Low and High Social and Physical Self-Acceptance groups ($t = .66$, ns, $df=68$).

Low Academic Self-Competence group consisted of the respondents whose scores were equal or less than 10 (30th percentile) on the Academic Self-Competence scale and *High Academic Self-Competence group* consisted of the respondents whose scores were 15 (70th percentile) on the Academic Self-Competence scale. With regard to the tenth hypothesis, the difference of mean score of delinquency was significant between *low Academic Self-Competence group* and *high Academic Self-Competence group* ($M=8.90$, $SD=6.43$ and $M=5.11$, $SD=4.49$ for Low and High groups respectively). On the basis of the result, the tenth hypothesis that *low Academic Self-Competence group* will have high scores on SRDC than *high Academic Self-Competence group*, was accepted ($t = 3.03$, $p < .001$, $df=74$). A comparatively larger and more significant difference has been observed between low and high Academic Self-Competence group.

The findings of the study that self-esteem and delinquency are negatively related to each other, support the theoretical assumption that low self-esteem individuals may exhibit delinquent behavior. This finding is in agreement with the findings obtained by Altaf (1988), who has found that nondelinquent group had a significantly greater sense of worth and self-acceptance than delinquents.

These findings may be explained by the “self-esteem enhancement” model by Kaplan (1975) and Wells (1978). This model assumes that the low self-esteem acts as a “drive mechanism” which propels individuals towards behavior choices that would lead to an increased regard for the self. Delinquency is viewed as an adaptive or defensive response to self-devaluation.

Comparison between the low and high Self-Competence groups indicates no significant difference between the two groups on delinquency. Similarly, low and high Social and Physical Self-Acceptance groups did not differ on their scores on SRDC. This may lead to the conclusion that there is no significant relationship between delinquency and the two component of self-esteem, namely ‘Self-Competence’ and Social and Physical Self-Acceptance.

The low and high Academic Self-Competence groups differed significantly on the scores on SRDC, indicating that delinquency may be related to low Academic Self-Competence. This also may imply that students who manifest delinquent behavior have low academic self-competence. Perhaps they try to get the enhancement of their self through delinquent activities as they may feel that they can not prove their worth in academics. The findings show that students of high academic self-competence do not indulge in delinquent behavior and they have academic channels to prove their worth and competence.

On the basis of the overall findings, it is difficult to say anything conclusive about the relationship of self-esteem and delinquency, but one may agree with Jensen (1972) who observes that relation between the two can appropriately be viewed as interdependent one.

STUDY V: RELATIONSHIP BETWEEN SELF-ESTEEM AND DEPRESSION

The purpose of the study V was to explore the relationship between self-esteem and depression. Review of theory and relevant research suggests a negative relationship between self-esteem and depression (Beck, 1967; Carver & Ganellen, 1983; Kernis, Brockner & Frankel, 1989). For the present study, the following hypotheses were formulated:

1. Self-esteem and depression will be negatively related with each other.
2. Self-Acceptance and depression will be negatively related with each other.
3. Self-Competence and depression will be negatively related with each other.
4. Social and Physical Self-Acceptance and depression will be negatively related with each other.
5. Academic Self-Competence and depression will be negatively related with each other.

Sample

The sample consisted of 145 participants. There were 70 boys and 75 girls. The age ranged between 19 to 21 ($M=20.01$ and $SD=2.06$). These participants were the students of graduate and postgraduate classes at Quaid-e-Azam University.

Instruments

The Self-Esteem Scale and Siddiqui-Shah Depression Scale (Siddiqui & Shah, 1997) were used to assess the self-esteem and depression respectively.

Siddiqui-Shah Depression Scale (SSDS), an indigenous measure of depression (Siddiqui & Shah, 1997) consists of 36 items with four rating points scale. (see appendix XV). The SSDS includes the items related to normal sadness, mild depression and severe depression, thus tapping various degrees and levels of depression. The SSDS has been

reported to be a valid and reliable instrument to assess the depression in clinical and non-clinical Pakistani population (Siddiqui & Shah, 1997). The split-half reliabilities of the scale with Spearman-Brown correction were $r = .79$ and $r = .84$ for the clinical and, $r = .80$ and $r = .89$ for non-clinical samples, respectively. The alpha coefficients for the clinical and non-clinical samples were .90 and .89, respectively. The SSDS correlated significantly with Zung's depression scale, $r = .55$; $p < .001$) and psychiatrists' rating of depression $r = .40$; $p < .05$). The SSDS has also shown a significant correlation with subjective mood ratings for the clinical group ($r = .64$; $p < .001$). Along with the Self-Esteem Scale and SSDS, the questionnaire of demographic information was also given to the participants. (appendix XVI).

Procedure

The participants were given the Self-Esteem Scale and SSDS in small groups. They were asked to read each statement carefully and to respond to the rating category that seemed applicable to them.

Results and Discussion

The data were analysed to see the relationship between self-esteem and depression. The results as shown in Table 25, indicate that self-esteem and depression were negatively related with each other ($r = -.59$; $p < .000$). This finding supported the first hypothesis that self-esteem and depression will be negatively related with each other. Table 25 also shows that the correlation coefficients between score of SSDS and the four dimensions of self-esteem measured through the four subscales of the Self-Esteem Scale. The second hypothesis also received support from results; the highest negative correlation among the four correlation coefficients, was found between scores on SSDS and the score on Self-Acceptance scale ($r = -.66$; $p < .000$). The relationship between SSDS and the Self-Competence scale was also found to be negative ($r = .30$; $p < .000$) and this

supported the third hypothesis that Self-Competence and depression will be negatively related with each other. The SSDS was also found to be negatively related with Social and Physical Self-Acceptance and Academic Self-Acceptance ($r=-.19$; $p<.02$ and $r=-.22$; $p<.000$ respectively), thus supporting the fourth hypothesis that Social and Physical Self-Acceptance and depression will be negatively related with each other and also the fifth hypothesis that Academic Self-Competence and depression will be negatively related with each other.

Table 25

Correlation of Siddiqui-Shah Depression Scale with Self-Esteem Scale and four Subscales (N=145)

Scale/subscales	Siddiqui-Shah Depression Scale
Self-Esteem Scale	-.59****
Self-Acceptance	-.66 ****
Self-Competence	-.30 ****
Social & Physical Self-Acceptance	-.19 **
Academic Self-Competence	-.22 ****

**** $p<.000$, ** $p<.02$

The relationship between self-esteem and depression was further explored and in addition to correlational analysis, a more specific index of relationship was obtained by comparing the level of depression between two subsamples, scoring low and high on the variable of self-esteem. With this objective, a comparison of mean depression scores was made between the two subsamples, namely, Low Self-Esteem and High Self-Esteem. Similar comparisons were made between the groups scoring low and high on each of the four dimensions of self-esteem. Like the previous studies, the percentile scores obtained for the present sample (N=145), were used as a criterion to select an

individual for inclusion in any of the two groups. These two groups were formed in such way that all the individual who obtained the score equal or below 30th percentile were included in the Low Self-Esteem group and the individuals who obtained scores equal or greater than the 70th percentile were included in the High Self-Esteem group. In this way, the individuals who scored equal or less than 76 (30th percentile) formed the Low Self-Esteem group and those individuals who scored equal or greater than 91 (70th percentile) formed the High Self-Esteem group.

Following hypotheses were formulated to test the difference of depression between Low and High Self-Esteem groups.

6. Low Self-Esteem group will have higher level of depression as compared to High Self-Esteem group.
7. Low Self-Acceptance group will have higher level of depression as compared to High Self-Acceptance group.
8. Low Self-Competence group will have higher level of depression as compared to High Self-Competence group.
9. Low Social and Physical Self-Acceptance group will have higher level of depression as compared to High Social and Physical Self-Acceptance group.
10. Low Academic Self-Competence group will have higher level of depression as compared to High Academic Self-Competence group.

The *Low Self-Esteem group* and *High Self-Esteem group* were compared on the variable of depression. The *t*-test was employed to see the difference in degree of depression between *High and Low Self-Esteem groups*. The results show (see table 26) that both groups differed significantly from each other on the variable of depression and *Low Self-Esteem group* scored high on SSDS ($t=7.50, p<.000, df=86$), thus supported the sixth hypothesis that *low Self-Esteem group* will have higher level of depression than

high Self-Esteem group. The Low Self-Esteem group have higher score on SSDS ($M=37.15$, $SD=15.2$) as compared to the score of *high Self-Esteem group* ($M=17.59$, $SD= 8.25$) as shown in table 26.

Table 26

Difference of Depression level between Low Self-Esteem group and High Self-esteem groups

<i>Groups</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>
Low Self-Esteem	44	37.15	15.2	7.50****
High Self-Esteem	44	17.59	8.25	

Note. The higher the score on SSDS, the greater the depression.

**** $P<.000$

With reference to four dimensions the low and high groups were formed and compared on the variable of depression. Table 27 presents the results of the analysis indicating differences of mean depression scores between the low and high scorer on these four subscales. *Low Self-Acceptance group* included those individuals who scored equal or less than 28 (30th percentile) on the Self-Acceptance scale and *High Self-Acceptance group* included those individuals who scored equal or greater than 38 (70th percentile) on the Self-Acceptance scale. The difference of the mean scores on the SSDS was obtained between Low and High Self-Acceptance groups. The results of *t*-test analysis show that the high and low Self-Acceptance groups differed significantly on the mean depression score ($t =7.72$, $p <.000$, $df=91$). This finding provided the support to the seventh hypothesis that the *Low Self-Acceptance group* will have higher level of depression than the *High Self-Acceptance group*. It may be seen in Table 27 that *the Low Self-Acceptance group* ($M=38.52$, $SD=16.65$) has scored high on SSDS as compared to *High Self-Acceptance group* ($M=.17.61$, $SD=8.12$).

Table 27

Difference of Depression level between Low and High Scorer on the four Subscales of Self-Esteem Scales

Groups	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>
Low Self-Acceptance	46	38.52	16.65	7.72***	91
High Self-Acceptance	47	17.61	8.12		
Low Self-Competence	40	31.20	14.78	3.00***	80
High Self-Competence	42	21.40	14.79		
Low Social and Physical Self-Acceptance	42	30.61	19.06	2.07**	77
High Social and Physical Self-Acceptance	37	22.78	13.80		
Low Academic Self Competence	36	30.11	15.12	1.30 ns	71
High Academic Self-Competence	37	25.56	14.75		

Note. The higher the score on SSDS, the greater the depression.

*** $p < .001$ ** $p < .01$

Low Self-Competence group included the respondents whose score was equal or less than 14 (30th percentile) on the Self-Competence scale and *High Self-Competence group* include those individual whose score was equal or greater than 20 (70th percentile) on the Self-Competence scale. The difference of depression score was also found significant on Self-Competence scale ($t = 3.55$ $p < .001$, $df = 80$), thus the eighth hypothesis was accepted that *Low Self-Competence group* will have higher level of depression than the *High Self-Competence group*. As shown in Table .27, the mean SSDS core obtained by *Low Self-Competence group* was higher ($M = 31.20$, $SD = 14.78$) than the score obtained by *High Self-Competence group* ($M = 21.40$, $SD = 14.79$).

Low Social and Physical Self-Acceptance group included the respondents whose scores were equal or less than 17 (30th percentile) on the Social and Physical Self-Acceptance scale. *High Social and Physical Self-Acceptance group* included the

respondents whose scores were equal or greater than 23 (70th percentile) on the Social and Physical Self-Acceptance scale. The ninth hypothesis that the *low Social and Physical Self-Acceptance group* will have higher level of depression than the *high Social and Physical Self-Acceptance group*, was also accepted. As shown in Table 27, the mean SSDS scores obtained by *Low Social and Physical Self-Acceptance group* ($M=30.61$, $SD=19.06$) and *High Social and Physical Self-Acceptance group* ($M=22.78$, $SD=13.80$) indicated significant difference of depression scores that was observed between the Low and High Social and Physical Self-Acceptance groups ($t = .2.07$, $p < .01$, $df = 71$).

Low Academic Self-Competence group consisted of the respondents whose scores were equal or less than 9 (30th percentile) on the Academic Self-Competence scale and *High Academic Self-Competence group* consisted of the respondents whose scores were 16 (70th percentile) score on the Academic Self-Competence scale. With regard to the tenth hypothesis, the difference of mean score of depression was non-significant between low Academic Self-Competence group and high Academic Self-Competence group ($M=30.11$, $SD=15.12$ and $M=25.56$, $SD=14.75$ for Low and High groups respectively). On the basis of the result, the tenth hypothesis that Low Academic Self-Competence group will have higher scores on depression than the high Academic Self-Competence group, was rejected ($t = 1.30$, ns, $df = 71$).

The findings of the present study were consistent with the theory of Beck (1967), Bibring (1953), Blatt, D' Afflitti, and Quinlan (1976), Jacobson (1971), Melges and Bowlby (1969), and Sullivan (1956) and with findings of several other studies that have clearly demonstrated a negative relation between high self-esteem and depression (Brockner & Guare, 1983; Tennen & Herzberger, 1987).

The low self-esteem individuals lack the confidence on their abilities and usually are not sure of the outcome of their effort. They tend to feel pessimistic and rarely expect a

successful outcome in tasks they perform, and their mood remains depreciated and dejected. The high self-esteem individuals feel competent and efficacious to deal with the demands of life. They usually develop high aspirations, work hard to achieve them and remain optimistic about the consequences. They, generally, do not lose hope even the situation go wrong and try to find new channels and ways to express themselves.

The findings of the present study are consistent with the findings of the study conducted by Fleming and Courtney (1984), who found the correlation of depression with self-esteem and its components. They observed a correlation of -.48 between self-esteem and depression. The highest negative correlation, observed in present study is with Self-Acceptance component which is similar to their finding of -.53 with Self-Regard, and relatively small and equal correlations of depression were found with School abilities and Physical Abilities ($r = -.37$). This again is consistent with the pattern of correlations which were found in the present study ($r = -.19$ with Social and Physical Self-Acceptance and $r = -.22$ with Academic Self-Competence).

GENERAL DISCUSSION AND CONCLUSION

In Pakistan, the construct validation research with regards to self-esteem seems to be nonexistent and the present research, designed with the objective to explicate the construct by developing and validating a Self-Esteem Scale, appears to be the pioneering effort towards construct validation.

On initial stages of scale construction while developing the item pool for Self-Esteem Scale, a systematic process of empirical generation and careful selection of items was employed. The reason to carry out this elaborated process comes from the emphasis that has been placed on careful writing and selection of the items by researchers and theorists like Wylie (1974) for development of an instrument. Shavelson, Burstein and Keesling (1977) have also considered the link of the construct with operational and behavioral manifestations very critical and important in development of a valid instrument. Therefore, in present research, only those items were included which were judged to be the representative indicators of the self-esteem among indigenous population.

In the present research, a systematic approach was adopted by conducting both within network and between network studies. In phase I, through a factor analytic study the dimensions of the construct were identified and items with known factorial structure were extracted for the Self-Esteem Scale. Based on the four dimensions were formed the four subscales of the Self-Esteem Scale, namely, Self-Acceptance, Self-Competence, Social and Physical Self-Acceptance and Academic Self-Competence. The Self-Esteem Scale with its four subscales can be thus used as a measuring instrument in future research and also for assessment of self-esteem for any practical purpose. The limitations of size and homogeneity of sample taken in factor analytic study, may pose a problem of

generalizability of results, and, therefore, it may be suggested that the findings of this study should be interpreted with caution. It is also recommended that the Self-Esteem Scale should be further tested for its factorial structure and reliability on heterogeneous samples. Byrne and Shavelson (1987) have observed invariance across gender in number of self-concept factors, pattern of factor loadings and hierarchical structure. In present research, the invariance of structure of self-esteem was not tested and the differences in factorial structure of the construct, namely self-esteem were not explored in two genders. However, the findings of the study have indicated the gender differences in overall level of self-esteem and also with regard to its four dimensions. Therefore, future research may be designed to test the assumption of equivalent structure of self-esteem across genders.

Although, the sample for present research included participants whose age ranged from 18 years to 22 years but exploration of the difference of self-esteem structure among various age groups was not included in its objectives. Byrne and Shavelson (1996) have suggested the importance of developmental factors in interpretation and generalizability of the findings of self-concept research. The present research did not address to developmental factors, therefore, the future research may be conducted to test the equivalence of factorial structure of self-esteem across various age groups.

The findings of Study I and Study II conducted to examine the convergent and discriminant validity of the Self-Esteem Scale with two other measures, namely, Rosenberg Self-Esteem Scale (1965) and Academic Self-Concept Scale (ASCS) (Ahmed, 1986) indicated that the Self-Esteem Scale is significantly positively related with Rosenberg's Scale. The two subscales, namely, Self-Acceptance and Self-Competence were found highly positively related with Rosenberg Self-Esteem Scale. This finding provided the evidence of convergent validity of the Self-Esteem Scale as Tafarodi & Swann, Jr, (1995) have

identified the two factors, namely, Self-Liking and Self-Competence, underlying the Rosenberg Self-Esteem Scale (1965).

The findings of the Study II indicate that Academic Self-Concept Scale is minimally positively related with three dimensions which are non-academic in their content and ASCS was found significantly positively related with the fourth subscale, namely, Academic Self-Competence. These findings indicated the discriminant validity of three non-academic subscales, namely, Self-Acceptance, Self-Competence and Social and Physical Self-Acceptance, whereas, the significant positive correlation between Academic Self Concept Scale (Ahmed, 1986) and the Academic Self-Competence scale provided the evidence of the convergent validity for the subscale, i.e., Academic Self-Competence. However, the correlation between Academic Self-Competence scale and academic achievement (self-reported results in school examinations) was not found to be high. Therefore, on the basis of these finding the independent use of the subscale, i.e., Academic Self-Competence can not be recommended. However, the future research may be designed to look into the issue of its convergent validity.

In the present research, the construct validation was accomplished by undertaking three studies in Phase II. Study III has explored the relationship of self-esteem with the variable of anxiety. The findings of the study indicated a highly negative relationship between self-esteem and anxiety. The four dimensions of self-esteem were also negatively related to anxiety. These findings are supported by theoretical formulations (Rosenberg, 1967) and previous empirical findings (Coopersmith, 1965). For the assessment of anxiety, an Anxiety Scale developed by Siddiqui and Hasnain (1992) was used in the present study. This anxiety scale was chosen because, besides being an indigenous measure, this scale has been developed for assessment of anxiety in clinical as well as in normal population. However, the Anxiety Scale by Siddiqui and Hasnain (1992) is still in process of validation,

therefore, this study should be replicated with some other more valid and reliable anxiety measure for verification of the findings of the present study.

Study IV has investigated the relationship between self-esteem and delinquency. The findings revealed a negative relationship of self-esteem with delinquency. Furthermore, the relationship of delinquency with four dimensions of self-esteem was obtained. Although, the Self-reported Delinquency Checklist (a measure specifically developed in this research) was looked into for its psychometric properties and was found satisfactory but, the relationship between self-esteem and delinquency should be verified by conducting a criterion group study. For that, a comparison in level of self-esteem can be made between the groups of delinquents and non-delinquents by assessing their level of self-esteem through the Self-Esteem Scale.

The Study V examined the relationship of self-esteem with depression. The Siddiqui-Shah Depression Scale (SSDS) used for measuring depression in the present research is a valid, reliable and an indigenous measure (Siddiqui & Shah, 1997). The findings of the study revealed that self-esteem is negatively related with depression. Similarly, negative correlations of depression were found with four dimension of self-esteem. Although, these findings can be taken as an evidence of construct validity, further validation may be obtained through a criterion group study, and the level of self-esteem of clinically depressed patients may be compared with a sample from normal population.

Although, the findings of above mentioned studies provide a favorable evidence of construct validation of the Self-Esteem Scale, but before considering it conclusive, these studies need to be replicated. Construct validation is an ongoing and dynamic process of revising the definition and measurement of the construct and, it is hard to achieve construct validation in a single research. As there exists much diversity in

situations and populations, therefore, before we draw any conclusion, the multifaceted model of self-esteem presented in this research requires replication and verification.

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APPENDIX - I - QUESTIONNAIRE ON SELF, USED IN PILOT STUDY I

مختلف افراد اپنے بارے میں مختلف سوچ اور احساس رکھتے ہیں۔ یہ احساس اور سوچ مثبت بھی ہو سکتی ہے اور منفی بھی۔ اپنے بارے میں پسندیدہ سوچ بھی ہو سکتی ہے اور پسندیدہ احساس بھی۔ موجودہ تحقیق فرد کی شخصیت کے اسی پہلو سے متعلق ہے۔

اس سلسلے میں آپ سے درخواست ہے کہ آپ مندرجہ ذیل سوال کے جواب میں اپنے بارے میں کم از کم پندرہ فقرے تحریر کریں اور یہ بتائیں کہ آپ کون ہیں؟ آپ کیا ہیں اور آپ اپنے بارے میں کیا محسوس کرتے ہیں۔

آپ کے سوال کے جواب اپنا نام، کلاس اور پتہ تحریر نہیں کرنا بلکہ اپنی ذات سے متعلق سوچ اور احساسات سے آگاہ کرنا ہے۔ آپ کے مختصر، جامع اور آپ کی ذات سے متعلق جوابات تحقیق میں مددگار ہوں گے۔ شکر یہ۔

APPENDIX - III - LIST OF ITEMS REFLECTING EVALUATIONS OF SELF, OBTAINED
FROM TWO PILOT STUDIES.

۱۔ میں عام معاملات سے بارے میں دوسروں کی نسبت جلد فکرمند ہو جاتی/جاتا ہوں۔

۲۔ میں ناکامی پر دلبرداشتہ نہیں ہوتی/ہوتا۔

۳۔ مجھے کبھی بھی کوئی کام کرنے چھپتا/نہیں ہوا۔

۴۔ میرا ذہن اجماعاً ہوا رہتا ہے۔

۵۔ میں دوسروں کیلئے پُرکشش نہیں ہوں۔

۶۔ میں بہت ڈالائن ہوں۔

۷۔ میرا وجود تقریباً فضول ہے۔

۸۔ میں بھروسے کے قابل نہیں ہوں۔

۹۔ مجھے زندگی کا شوق نہیں۔

۱۰۔ میں اپنے اوپر طنز و مذاق برداشت نہیں کر سکتی/سکتا۔

۱۱۔ مجھے دوسروں کی پروا نہیں کہ وہ میرے بارے میں کیا سوچیں گے۔

۱۲۔ میں اپنے آپ سے مطمئن ہوں۔

۱۳۔ میں نے اپنی زندگی میں اتنے کام کئے ہیں۔

۱۴۔ میں اپنے آپ کو زیادہ سے زیادہ بہتر بنانے کی کوشش کرتی/کرتا ہوں۔

۱۵۔ مجھ میں اچھائیاں بھی ہیں اور برائیاں بھی۔

۱۶۔ میں اپنی نداشت غلطی پر بہت چھپتا/چھپتا ہوں۔

۱۷۔ میں بہت سے لوگوں کی توجہ اور محبت کا کام کر رہا ہوں۔

۱۸۔ بعض مرتبہ مجھے کچھ کھودینے کا بہت زیادہ احساس ہوتا ہے۔

۱۹۔ میں بہت جلد کھیرا جاتی/جاتا ہوں۔

۲۰۔ میں اپنی غلطیوں پر شرمندگی محسوس کرتی/کرتا ہوں۔

۲۱۔ میں اپنے بارے میں پُر اعتماد نہیں ہوں۔

۲۲۔ میں ہر طرح کے حالات کے مقابلے سے لڑنے تیار رہتی/رہتا ہوں۔

۲۳۔ مجھ میں قوتِ ارادہ کی کمی ہے۔

۲۴۔ میں اپنے فیصلوں پر عمل اور پورا پھوڑ دیتی/دیتا ہوں۔

۲۵۔ مجھ میں احساسِ مہمّتی ہے۔

۲۶۔ مجھے اختلافِ رائے سے نمٹنا آجاتا ہے۔

۲۷۔ میں کم بہت اور بزدل انسان ہوں۔

۲۸۔ میں بہت جلد شرمندہ ہو جاتی/جاتا ہوں۔

۲۹۔ میں ذرا ایسی بات پر پریشان ہو جاتی ہوں/جاتا ہوں۔

۳۰۔ میں لوگوں میں کھل کر نہیں سکتی/سکتا۔

۳۱۔ میں اپنی ذات پر تنقید برداشت نہیں کر سکتی/کرتا۔

۳۲۔ مجھے اپنے غیر اہم ہونے کا احساس ہوتا ہے۔

۳۳۔ میں دوسروں سے بے تکلف نہیں ہو سکتی/سکتا۔

۳۴۔ لوگ میرے بارے میں اچھا تاثر قائم کرتے ہیں۔

۳۵۔ میں اکثر معاملات سے متعلق اپنی سوچ میں تکلیف کا سامنا کرتی/کرتا ہوں۔

۳۶۔ میں لوگوں سے بات چیت میں پہل نہیں کر سکتی/سکتا۔

Not Relevant	Less Relevant	Highly Relevant
		۵۳- اگر مجھے کچھ کہنا ہو تو میں کہہ دیتی/دیتا ہوں۔
		۵۴- میرے گھر والے مجھے سمجھتے ہیں۔
		۵۵- اکثر لوگ میری نسبت زیادہ پسندیدہ ہوتے ہیں۔
		۵۶- مجھے عموماً یہ احساس ہوتا ہے کہ میرے گھر والے مجھ پر دباؤ ڈالتے ہیں۔
		۵۷- میں جو کام کرتی/کرتا ہوں اکثر اس میں حوصلہ ہار دیتی/دیتا ہوں۔
		۵۸- چیزیں عموماً مجھے پریشان نہیں کرتیں اگر کسی چیز پر مجھے عموماً پریشانی نہیں ہوتی۔
		۵۹- میں قابل بھروسہ نہیں۔
		۶۰- میں اپنے سکول کے کام پر فخر محسوس کرتی/کرتا ہوں۔
		۶۱- گھر پر مجھے کوئی بھی زیادہ توجہ نہیں دیتا۔
		۶۲- دوسرے بچے اکثر مجھے اپنا نشانہ بنا لیتے ہیں۔
		۶۳- میرا خیال ہے کہ میں اپنے آپ سے خوش ہوں۔
		۶۴- میں محسوس کرتی/کرتا ہوں کہ میں بطور فرد اتنی ہی قدر و قیمت رکھتا ہوں جتنی کہ دوسرے لوگ۔
		۶۵- میں محسوس کرتی/کرتا ہوں کہ مجھ میں بہت سی خوبیاں ہیں۔
		۶۶- جمہوری طور پر میں یہ محسوس کرتی/کرتا ہوں کہ میں ایک ناکام انسان ہوں۔
		۶۷- میں اور لوگوں کی طرح کام کرنے کی صلاحیت رکھتی/رکھتا ہوں۔
		۶۸- میں محسوس کرتی/کرتا ہوں کہ مجھ میں کوئی قابل فخر خوبی نہیں۔
		۶۹- میں اپنے بارے میں مثبت رویہ رکھتی/رکھتا ہوں۔
		۷۰- جمہوری طور پر میں اپنے آپ سے مطمئن ہوں۔
		۷۱- کاش میں اپنی نظر میں زیادہ قابل عزت ہوتی/ہوتا۔
		۷۲- میں یقیناً اپنے آپ کو بعض اوقات ناکارہ محسوس کرتی/کرتا ہوں۔
		۷۳- میں اتنی ہی خوبی سے کام کر سکتی/سکتا ہوں جتنا کہ دوسرے لوگ۔

APPENDIX - V - ITEMS - OBTAINED FROM PILOT STUDIES AND FROM TRANSLATIONS OF FOUR SELF-ESTEEM SCALES, CLASSIFIED IN TO FOUR DIMENSIONS OF SELF-ESTEEM ON THE BASIS OF CONTENT ANALYSIS

Psychological Self-esteem

(Items from Pilot Studies)

- ۱- میں چھوٹے چھوٹے معاملے میں فخر مند ہو جاتی / جاتا ہوں۔
- ۲- میں بہت جلد کبھی جانتی / جاتا ہوں۔
- ۳- میں ناکامی پر دل برداشتہ نہیں ہوتی / ہوتا۔
- ۴- مجھے کبھی بھی کوئی کام کر کے پچھتاوا نہیں ہوا۔
- ۵- میرا ذہن الجھا ہوا رہتا ہے۔
- ۶- میں بہت نالائق ہوں۔
- ۷- میرا وجود تقریباً فضول ہے۔
- ۸- میں بھروسے کے قابل نہیں ہوں۔
- ۹- مجھے زندگی گزارنے کا شوق نہیں ہوں۔
- ۱۰- میں اپنے اوپر طنز و مذاق برداشت نہیں کر سکتی / سکتا۔
- ۱۱- میں اپنے آپ سے مطمئن ہوں۔
- ۱۲- میں نے اپنی زندگی میں اتنے کام کیے ہیں۔
- ۱۳- میں اپنے آپ کو زیادہ سے زیادہ بہتر بنانے کی کوشش کر سکتی / سکتا ہوں۔
- ۱۴- مجھ میں اچھائیاں بھی ہیں اور برائیاں بھی۔
- ۱۵- میں اپنی نادانستہ غلطی پر بہت پچھتاؤتی / پچھتاؤتا ہوں۔
- ۱۶- بعض مرتبہ مجھے کھمکھم کرنے کا بہت زیادہ احساس ہوتا ہے۔
- ۱۷- میں بہت جلد کبھی جانتی / جاتا ہوں۔
- ۱۸- میں اپنی غلطیوں پر شرمندگی محسوس کرتی / کرتا ہوں۔
- ۱۹- میں پر اعتماد نہیں ہوں۔
- ۲۰- میں ہر طرح کے حالات کے مقابلہ کے لیے تیار رہتی / رہتا ہوں۔
- ۲۱- مجھ میں قوت ارادہ کی کمی ہے۔
- ۲۲- میں اپنے فیصلوں پر عمل اور اچھوڑ دیتی / دیتا ہوں۔
- ۲۳- مجھ میں احساس کمتری ہے۔
- ۲۴- مجھے اختلاف رائے سے غصہ آجاتا ہے۔
- ۲۵- میں کم بہت اور بزدل انسان ہوں۔
- ۲۶- میں بہت جلد شرمندہ ہو جاتی / جاتا ہوں۔
- ۲۷- ذرا ذرا سی بات پر پریشان ہو جاتی / جاتا ہوں۔
- ۲۸- میں ذات پر تنقید برداشت نہیں کر سکتی / سکتا۔

- ۲۹- مجھے خیر اہم ہونے کا احساس ہوتا ہے۔
 ۳۰- میں اکثر معاملات سے متعلق اپنی سوچ میں کشمکش کا سامنا کرتی / کرتا ہوں۔
 ۳۱- میں ایک کارآمد شخص ہوں۔
 ۳۲- میری ذات کی ایک علیحدہ اور مکمل شناخت ہے۔
 ۳۳- میں کمزور دل کی / کا مالک ہوں۔
 ۳۴- خامیوں کے باوجود میں ایک اچھا انسان ہوں۔
 ۳۵- مجھے احساس ہوتا ہے کہ جیسی جیسے میری ذات ثانوی نوعیت کی ہے۔
 ۳۶- مجھ میں زیادہ کاموں کی قابلیت نہیں ہے۔
 ۳۷- زندگی میں عزائم واضح نہیں ہیں۔
 ۳۸- زیادہ تر میرا ذہن الجھا ہوا رہتا ہے۔
 ۳۹- میرا کبھی کبھی ہر چیز سے دل اچاٹ ہو جاتا ہے۔
 ۴۰- بہت کچھ کرنے کا خیال آتا ہے مگر سوچ کر ہی رد جاتی / جاتا ہوں۔

Psychological Self-esteem

(Translated Items)

- ۱- میں اکثر یہ خواہش کرتی / کرتا ہوں کہ میں کوئی اور شخص ہوتی / ہوتا۔
 ۲- مجھ میں بہت سی ایسی باتیں ہیں کہ میں انہیں تبدیل کرنا چاہتی / چاہتا ہوں۔
 ۳- میں زیادہ شواری کے بغیر فیصلہ کر سکتی / سکتا ہوں۔
 ۴- میں گھر میں بہت جلد پریشان ہو جاتی / جاتا ہوں۔
 ۵- مجھے احساس ہے کہ میں ایک ناکارہ فرد ہوں۔
 ۶- میں اپنے آپ سے اس قدر مایوس ہوں۔
 ۷- میں اپنے آپ کو ناپسند کرتی / کرتا ہوں۔
 ۸- میں اپنی صلاحیتوں کے بارے میں پر اعتماد ہوں۔
 ۹- مجھے احساس رہتا ہے کہ میں شاید کچھ بھی صحیح طریقے سے نہیں کر سکتی / سکتا۔
 ۱۰- میں اپنے آپ کو ہر وقت جاچختی رہتی / جاچختا رہتا ہوں۔
 ۱۱- اگر مجھ سے بے وقوفی کی حرکت سرزد ہو تو بہت دیر تک اس کی شرمندگی رہتی ہے۔
 ۱۲- مجھے اپنے شرمیلے پن کی وجہ سے بہت مشکل ہوتی ہے۔
 ۱۳- میں بہت جلد ہمت ہار دیتی / دیتا ہوں۔
 ۱۴- میں اپنے آپ سے مطمئن نہیں ہوں۔
 ۱۵- میں اپنے آپ کو کمتر خیال کرتی / کرتا ہوں۔
 ۱۶- اکثر مجھے کچھ کہنا ہوتا ہے تو میں کہہ دیتی / دیتا ہوں۔
 ۱۷- اکثر لوگ میری نسبت زیادہ پسندیدہ ہوتے ہیں۔
 ۱۸- میں اکثر جو کرتی / کرتا ہوں اس میں حوصلہ ہار دیتی / دیتا ہوں۔
 ۱۹- مجھے نمودا پریشانی نہیں ہوتی۔
 ۲۰- میں قابل ہنر نہ ہوں۔

- ۲۱- میرا خیال ہے کہ میں اپنے آپ سے خوش ہوں۔
 ۲۲- میں محسوس کرتی / کرتا ہوں کہ میں بطور فرد اتنی ہی قدر و قیمت رکھتی / رکھتا ہوں جتنی کہ دوسرے لوگ۔
 ۲۳- میں محسوس کرتی / کرتا ہوں کہ مجھ میں بہت سی خوبیاں ہیں۔
 ۲۴- عمومی طور پر میں یہ محسوس کرتی / کرتا ہوں کہ میں ایک ناکام انسان ہوں۔
 ۲۵- میں اور لوگوں کی طرح کام کرنے کی صلاحیت رکھتی / رکھتا ہوں۔
 ۲۶- میں محسوس کرتی / کرتا ہوں کہ مجھ میں کوئی قابل فخر خوبی نہیں۔
 ۲۷- میں اپنے بارے میں مثبت رویہ رکھتی / رکھتا ہوں۔
 ۲۸- عمومی طور پر میں اپنے آپ سے مطمئن ہوں۔
 ۲۹- کاش میں اپنی نظر میں زیادہ قابل عزت ہوتی / ہوتا۔
 ۳۰- میں یقیناً اپنے آپ کو بعض اوقات ناکارہ محسوس کرتی / کرتا ہوں۔
 ۳۱- میں اتنی ہی خوبی سے کام کر سکتی / سکتا ہوں جتنا کہ دوسرے لوگ۔

Social Self-esteem

(Items from Pilot Studies)

- ۱- میں دوسروں کیلئے پرکشش نہیں ہوں۔
 ۲- مجھے دوسروں کی پروا نہیں کہ وہ میرے بارے میں کیا سوچیں گے۔
 ۳- میں بہت سے لوگوں کی توجہ اور محبت کا مرکز ہوں۔
 ۴- میں لوگوں میں گھل مل نہیں سکتی / سکتا۔
 ۵- میں دوسروں سے بے تکلف نہیں ہو سکتی / سکتا۔
 ۶- لوگ میرے بارے میں اچھا تاثر قائم کرتے ہیں۔
 ۷- میں لوگوں سے بات چیت میں پہل نہیں کر سکتی / سکتا۔
 ۸- میں دوسروں کے رعب میں جلد آجاتی / جاتا ہوں۔
 ۹- میں اکثر یہ سوچتی / سوچتا ہوں کہ لوگ مجھے اچھا سمجھتے ہیں کہ نہیں۔
 ۱۰- میں دوسروں سے توجہ اور محبت کی کا خواہاں ہوں۔
 ۱۱- دوسروں سے بہت جلد متاثر ہو جاتی / جاتا ہوں۔
 ۱۲- میں زیادہ لوگوں کی موجودگی میں بات کرنے سے بہت کتراتے / کتراتا ہوں۔

(Translated items)

- ۱- مجھے لوگوں کے سامنے بات کرنا بہت مشکل لگتا ہے۔
 ۲- دوسرے میری کچھنی سے لطف اندوز ہوتے ہیں۔
 ۳- میں اپنے آپ کو لوگوں کے مقابلے میں کمتر محسوس کرتی / کرتا ہوں۔
 ۴- مجھے اعتماد ہے کہ لوگ مجھے قدر کی نگاہ سے دیکھتے اور عزت کرتے ہیں۔
 ۵- مجھے ہر بشری ہے کہ میں دوسرے لوگوں سے تعلقات اچھے رکھ سکوں۔
 ۶- میں ایسے کمزور یا جگہ پر جانے سے کھبر اتی / کھبر اتا ہوں جہاں لوگ پہلے سے جمع ہوں اور آپس میں بات چیت کر رہے ہوں۔
 ۷- میں پریشان رہتی / رہتا ہوں کہ کیا دوسرے لوگ مجھے کامیاب سمجھتے ہیں یا ناکام۔

- ۸- لوگوں کے درمیان مجھے پریشانی ہوتی ہے کہ ان سے کس موضوع پر گفتگو کروں۔
- ۹- مجھے اپنے بارے میں دوسرے لوگوں کی پسندیدگی کی فخر رہتی ہے۔
- ۱۰- مجھے اپنے شرمیلے پن کی وجہ سے لوگوں سے میل جول میں بہت مشکل ہوتی ہے۔
- ۱۱- مجھے ان لوگوں سے ملنے میں بہت پریشان ہوتی ہے جن کے بارے میں میرا خیال ہو کہ وہ مجھے پسند نہیں کرتے ہیں۔
- ۱۲- میں اکثر پریشان رہتی اور ہتا ہوں کہ دوسرے میرے بارے میں کیا سوچتے ہیں۔
- ۱۳- میں اپنے ہم عمر لوگوں میں مقبول ہوں۔
- ۱۴- دوسرے لوگ میرے خیالات پر عمل کرتے ہیں۔
- ۱۵- دوسرے اکثر مجھے اپنے مذاق کا نشانہ بنا لیتے ہیں۔

Physical Self-esteem

(Items from Pilot Studies)

- ۱- جسمانی لحاظ سے میں کمزور ہوں۔
- ۲- دوسروں کی نسبت میں زیادہ خوب صورت نہیں ہوں۔
- ۳- میری قدروں کا امتیاز اپنی اپنے ہم عمر لڑکوں لڑکیوں کے مقابلے میں بہتر ہے۔
- ۴- میں خوش شکل ہوں۔
- ۵- میری رہت کالی ہے۔
- ۶- میرا قد چھوٹا ہے۔
- ۷- ورزش سے میرا جسم صحت مند رہتا ہے۔
- ۸- میں جسمانی کھیلوں میں حصہ لیتی ا لیتا ہوں۔

(Translated Items)

- ۱- مجھے یہ احساس رہتا ہے کہ میں جس مخالف کے لئے پرکشش ہوں یا نہیں؟
- ۲- مجھے اعتماد ہے کہ دوسرے لوگ میری شکل و صورت کو تحسین کی نگاہ سے دیکھتے ہیں۔
- ۳- مجھے احساس ہوتا ہے کہ جیسے میں جسمانی طور پر متناسب نہیں ہوں۔
- ۴- میں محسوس کرتا ہوں کہ اپنے ہم عمر لوگوں کے مقابلے میں کم جسمانی صلاحیت رکھتی اور کھتا ہوں۔
- ۵- مجھے احساس ہوتا ہے کہ جسمانی کھیلوں میں پوری طرح شامل ہونے کی مجھ میں قابلیت نہیں ہے۔
- ۶- مجھے احساس ہوتا ہے کہ میں تفریحی کاموں میں بڑھ چڑھ کر حصہ لینے کے قابل نہیں۔
- ۷- اگر میں کسی کھیل میں جسے بہت سے لوگ دیکھ رہے ہیں اچھا کھیل دکھانے کی کوشش کر رہی/رہا ہوں تو مجھ پر ہر وقت گھبراہٹ طاری رہتی ہے۔
- ۸- میں اپنی قدروں کا امتیاز سے مطمئن ہوں۔
- ۹- میں اکثر خواہش کرتا ہوں کہ میں زیادہ خوش شکل ہوتی/ہوتا۔
- ۱۰- میں اتنی/اتنا خوش شکل نہیں ہوں جتنا کہ اکثر لوگ ہوتے ہیں۔

Academic Self-esteem

(Items from Pilot Studies)

- ۱- میں اپنے آپ کو لائق طالب علم سمجھتی / سمجھتا ہوں۔
- ۲- میں ایک محنتی طالب علم ہوں۔
- ۳- میں ذہین طالب علم ہوں۔
- ۴- میں اپنی صلاحیتوں کا تعلیمی میدان میں استعمال کر رہی / رہا ہوں۔
- ۵- مجھے پڑھنے کا شوق ہے۔
- ۶- میں سب کے سامنے سبق نہیں سنا سکتی / سکتا۔
- ۷- میں درمیانہ درجہ کی طالبہ / طالب علم ہوں نہ ذہین نہ کند ذہین۔
- ۸- میں امتحان میں درمیانے درجے میں کامیاب ہوتی / ہوتا ہوں۔
- ۹- میں بہت زیادہ محنتی نہیں ہوں۔
- ۱۰- پڑھائی اور تعلیمی کاموں پر زیادہ توجہ نہیں دیتی / دیتا۔
- ۱۱- میں زیادہ پڑھائی سے اکتاہٹ محسوس کرتی / کرتا ہوں۔
- ۱۲- میرا پڑھائی میں دل نہیں لگتا۔
- ۱۳- پڑھائی میں زیادہ دلچسپی نہیں ہے۔

(Translated Items)

- ۱- میں اپنے کام پر اساتذہ و اساتذہ کی تعریف سے پریشان ہوتی / ہوتا ہوں۔
- ۲- اُثر مجھے سکول میں اپنی جماعت میں مضمون پڑھنا یا کام کرنا تو میں بہت گھبراتی / گھبراتا ہوں۔
- ۳- اُثر مجھے اپنے اساتذہ کو اپنی بات منوانے کے لئے وجوہات اور اپنا نکتہ نظر بیان کرنا پڑے تو مجھے بہت پریشانی ہوتی ہے۔
- ۴- اپنی جماعت کے ساتھیوں کی نسبت مجھے بہت سی چیزوں کو سمجھنے میں دشواری ہوتی ہے۔
- ۵- میں یہ محسوس کرتی / کرتا ہوں کہ سکول کا کام کرنے کی مجھ میں اتنی ہی قابلیت ہے جتنی کہ دوسروں میں۔
- ۶- میرا خیال ہے کہ اپنی جماعت کے تعلیمی کام میں یا امتحان وغیرہ میں میں نے عمدہ کارکردگی کا مظاہرہ کیا ہے۔
- ۷- میرا خیال ہے کہ اپنے ہم جماعتوں کے مقابلے میں ان جیسے نتائج کا حاصل کرنے کے لئے مجھے کم کوشش کرنی پڑتی ہے۔
- ۸- میں اپنے سکول کے کام پر فخر محسوس کرتی / کرتا ہوں۔

بالکل صحیح	کسی حد تک صحیح	معلوم نہیں	کسی حد تک غلط	بالکل غلط
				۵۔ میں پریشان رہتی رہتا ہوں کہ لوگ مجھے کامیاب انسان سمجھتے ہیں یا ناکام۔
				۵۸۔ میرے لیے یہ اہم ہوتا ہے کہ میں کیسی اکیسا نظر آ رہی رہا ہوں۔
				۵۹۔ میں اپنے آپ سے مایوس ہوں۔
				۶۰۔ مجھے آخر سمجھ نہیں آتا کہ لوگوں سے کس موضوع پر بات کروں۔
				۶۱۔ میں اپنے آپ کو ناپسند کرتی/کرتا ہوں۔
				۶۲۔ مجھے ان لوگوں سے بہت کھرابت ہوتی ہے جو میرے خیال میں مجھے پسند نہیں کرتے۔
				۶۳۔ مجھے یہ احساس رہتا ہے کہ میں شاید کچھ بھی طریقے سے نہیں کر سکتی/سکتا۔
				۶۴۔ میں اپنے آپ کو ہر وقت جاچھو رہتی/جاچھتا رہتا ہوں۔
				۶۵۔ میرا خیال ہے میں میرے قریبی لوگ میری باتوں پر عمل کرتے ہیں۔
				۶۶۔ میں اپنی رائے کا ہر ما اظہار کر سکتی/سکتا ہوں۔
				۶۔ مجھے اپنے بارے میں لوگوں کی پسندیدگی یا ناپسندیدگی کی فکر لگی رہتی ہے۔
				۶۸۔ میں آخر دوسرے لوگوں کے مذاق کا نشانہ بن جاتی ہوں/جاتا ہوں۔
				۶۹۔ میں محسوس کرتی/کرتا ہوں کہ میں بطور فرد اتنی ہی قدر و قیمت رکھتی ہوں/رکھتا ہوں جتنی کہ دوسرے لوگ۔
				۷۰۔ میں انہاں کے انتخاب اور استعمال میں یہ دھیان رکھتی ہوں/رکھتا ہوں کہ مجھ پر تنقید نہ ہو۔
				۷۱۔ میں محسوس کرتا ہوں کہ مجھ میں کوئی قابل فخر خوبی نہیں۔
				۷۲۔ میرا خیال ہے کہ میرے قریبی لوگ میرے احساسات کا خیال رکھتے ہیں۔

APPENDIX - VII - 29 ITEMS OF SELF-ESTEEM SCALE WITH RESPECTIVE FACTOR
LOADINGS ON FOUR FACTORS

Statements	Factor Loadings			
	F1	F2	F3	F4
۱- مجھے یہ احساس ہوتا ہے کہ میری ذات کی کوئی حیثیت نہیں۔	.63	.04	.01	.11
۲- مجھ میں زیادہ صلاحیتیں نہیں۔	.61	.08	.06	.08
۳- میرا خیال ہے کہ میں دوسروں کے مقابلے میں کم خوبیاں رکھتی / رکھتا ہوں۔	.60	.09	.18	-.08
۴- میں محسوس کرتی / کرتا ہوں کہ مجھ میں کوئی قابل فخر خوبی نہیں۔	.58	.06	.12	.00
۵- مجھے یہ احساس رہتا ہے کہ میں شاید کچھ بھی صحیح طریقے سے نہیں کر سکتی / سکتا۔	.52	.23	-.10	.02
۶- میں اکثر دوسرے لوگوں کے مذاق کا نشانہ بن جاتی / جاتا ہوں۔	.43	.11	.02	-.09
۷- میں اپنے آپ کو ناپسند کرتی / کرتا ہوں۔	.42	.06	.04	-.13
۸- میری وضع قطع ایسی ہے کہ میں اکثر دوسروں سے ملنے سے ہچکچاتی / ہچکچاتا ہوں۔	.40	-.06	.12	-.05
۹- مجھے احساس ہوتا ہے کہ میں سمارٹ نہیں ہوں۔	.39	-.08	.09	.25
۱۰- میں اپنے آپ سے مایوس ہوں۔	.37	.28	-.09	.06
۱۱- مجھ میں احساس کمتری ہے۔	.35	.07	-.00	.09
۱۲- میں ہر طرح کے حالات کا مقابلہ کرنے کے لیے تیار رہتی / رہتا ہوں۔	.14	.70	.10	.04
۱۳- میں ناکامی پر کبھی ہمت نہیں ہارتی / ہارتا۔	.10	.67	-.00	.17
۱۴- میں اپنے بارے میں پر اعتماد ہوں۔	.13	.57	.21	.14
۱۵- مجھے کوئی کام کر کے کبھی بھی پچھتاوا نہیں ہوا۔	.01	.56	-.03	.07
۱۶- میں زیادہ دشواری کے بغیر فیصلہ کر سکتی / سکتا ہوں۔	.04	.52	.11	-.13
۱۷- میں اپنے آپ سے مطمئن ہوں۔	-.04	.47	.14	.19
۱۸- میرا خیال ہے کہ دوسرے لوگ میری شکل و صورت کو پسند کرتے ہیں۔	.05	.05	.71	.06
۱۹- میرا خیال ہے کہ میں خوش شکل ہوں۔	.00	.09	.64	.11
۲۰- میں محسوس کرتی / کرتا ہوں کہ دوسرے لوگ میری کھینچی سے لطف اندوز ہوتی ہیں۔	.09	.01	.57	.13
۲۱- مجھے اعتماد ہے کہ لوگ مجھے قدر کی نگاہ سے دیکھتے ہیں اور عزت کرتے ہیں۔	.09	.31	.57	.16
۲۲- میرا خیال ہے کہ لوگ میرے بارے میں اچھا تاثر قائم کرتے ہیں۔	.12	-.01	.56	-.01
۲۳- میرا خیال ہے کہ میں بہت سے لوگوں کی توجہ اور محبت کا مرکز ہوں۔	.14	.07	.53	.09
۲۴- میں خامیوں کے باوجود ایک اچھا انسان ہوں۔	-.00	.07	.30	.03
۲۵- میرا خیال ہے کہ میں پڑھائی اور امتحان میں عمدہ کارکردگی کا مظاہرہ کرتی / کرتا ہوں۔	.01	.08	.09	.78
۲۶- میں اپنی تعلیمی کارکردگی پر فخر محسوس کرتی / کرتا ہوں۔	.04	.12	.17	.71
۲۷- میں ایک محنتی طالب علم ہوں۔	-.00	.12	.04	.56
۲۸- میں اپنے آپ کو لائق طالب علم سمجھتی / سمجھتا ہوں۔	.05	.09	.22	.35
۲۹- میرا پڑھائی میں دل نہیں لگتا۔	.20	.13	-.08	.30

APPENDIX - VIII - ITEMS RELATED TO FOUR DIMENSIONS OF SELF-ESTEEM

FACTOR I - SELF-ACCEPTANCE

- ۱۔ مجھے یہ احساس ہوتا ہے کہ میری ذات کی کوئی حیثیت نہیں۔
- ۲۔ مجھ میں زیادہ صلاحیتیں نہیں۔
- ۳۔ میرا خیال ہے کہ میں دوسروں کے مقابلے میں کم خوبیاں رکھتی اور کھتا ہوں۔
- ۴۔ میں محسوس کرتی/کرتا ہوں کہ مجھ میں کوئی قابل فخر خوبی نہیں۔
- ۵۔ مجھے یہ احساس رہتا کہ شاید کچھ بھی صحیح طریقے سے نہیں کر سکتا/سکتی۔
- ۶۔ میں اکثر دوسرے لوگوں کے مذاق کا نشانہ بن جاتی/جاتا ہوں۔
- ۷۔ میں اپنے آپ کو ناپسند کرتی/کرتا ہوں۔
- ۸۔ میری وضع قطع ایسی ہے کہ میں اکثر دوسروں سے ملنے سے ہچکچاتی/ہچکچاتا ہوں۔
- ۹۔ مجھے احساس ہوتا ہے کہ میں سارٹ نہیں ہوں۔
- ۱۰۔ میں اپنے آپ سے مایوس ہوں۔
- ۱۱۔ مجھ میں احساس کمتری ہے۔

FACTOR II - SELF-COMPETENCE

- ۱۔ میں ہر طرح کے حالات کا مقابلہ کرنے کے لئے تیار رہتی/رہتا ہوں۔
- ۲۔ میں ناکامی پر کبھی ہمت نہیں ہارتی/ہارتا۔
- ۳۔ میں اپنے بارے میں پر اعتماد ہوں۔
- ۴۔ مجھے کوئی کام کر کے کبھی بھی پچھتاوا نہیں ہوا۔
- ۵۔ میں زیادہ دشواری کے بغیر فیصلہ کر سکتی/کر سکتا ہوں۔
- ۶۔ میں اپنے آپ سے مطمئن ہوں۔

FACTOR III - SOCIAL & PHYSICAL SELF-ACCEPTANCE

- ۱۔ میرا خیال ہے کہ دوسرے لوگ میری شکل و صورت کو پسند کرتے ہیں۔
- ۲۔ میرا خیال ہے کہ میں خوش شکل ہوں۔
- ۳۔ میں محسوس کرتی/کرتا ہوں کہ دوسرے لوگ میری کمپنی سے لطف اندوز ہوتے ہیں۔
- ۴۔ مجھے اعتماد ہے کہ لوگ مجھے قدر کی نگاہ سے دیکھتے ہیں اور عزت کرتے ہیں۔
- ۵۔ میرا خیال ہے کہ لوگ میرے بارے میں اچھا تاثر قائم کرتے ہیں۔
- ۶۔ میرا خیال ہے کہ میں بہت سے لوگوں کی توجہ اور محبت کا مرکز ہوں۔
- ۷۔ میں خامیوں کے باوجود ایک اچھا انسان ہوں۔

FACTOR IV - ACADEMIC SELF-COMPETENCE

- ۱۔ میرا خیال ہے کہ میں پڑھائی اور امتحان میں عمدہ کارکردگی کا مظاہرہ کرتی/کرتا ہوں۔
- ۲۔ میں اپنی تعلیمی کارکردگی پر فخر محسوس کرتی/کرتا ہوں۔
- ۳۔ میں ایک محنتی طالب علم ہوں۔
- ۴۔ میں اپنے آپ کو لائق طالب علم سمجھتی/سمجھتا ہوں۔
- ۵۔ میرا پڑھائی میں دل نہیں لگتا۔

APPENDIX – IX - CORRELATIONAL MATRIX OF ITEMS OF FOUR DIMENSIONS.

	SE26	SE32	SE34	SE45	SE50	SE52	SE59	SE61	SE63	SE68	SE71
SE26	-										
SE32	.2627 p=.000	-									
SE34	.2923 p=.000	.1955 p=.001	-								
SE45	.2067 p=.000	.1806 p=.002	.2341 p=.000	-							
SE50	.2695 p=.000	.2008 p=.000	.2100 p=.000	.2875 p=.000	-						
SE52	.4085 p=.000	.2250 p=.000	.2810 p=.000	.2601 p=.000	.2365 p=.000	-					
SE59	.2474 p=.000	.2869 p=.000	.1669 p=.004	.1063 p=.066	.3463 p=.000	.2444 p=.000	-				
SE61	.3238 p=.000	.2416 p=.000	.2196 p=.000	.1555 p=.007	.3068 p=.000	.1940 p=.000	.4391 p=.000	-			
SE63	.2543 p=.000	.1886 p=.001	.1773 p=.002	.1848 p=.001	.2949 p=.000	.3656 p=.000	.2932 p=.000	.2361 p=.000	-		
SE68	.2069 p=.000	.2320 p=.000	.1308 p=.023	.2822 p=.000	.2356 p=.000	.2643 p=.000	.1859 p=.001	.2329 p=.000	.2185 p=.000	-	
SE71	.2854 p=.000	.2450 p=.000	.2455 p=.000	.1737 p=.003	.2769 p=.000	.3114 p=.000	.2456 p=.000	.2647 p=.000	.3059 p=.000	.2183 p=.000	-

	SE5	SE9	SE17	SE27	SE30	SE56
SE5	-					
SE9	.2392 p=.000	-				
SE17	.2939 p=.000	.2958 p=.000	-			
SE27	.2896 p=.000	.3353 p=.000	.4324 p=.000	-		
SE30	.3684 p=.000	.3092 p=.000	.2682 p=.000	.4375 p=.000	-	
SE56	.3386 p=.000	.2803 p=.000	.3030 p=.000	.2958 p=.000	.3503 p=.000	-

	SE4	SE6	SE12	SE28	SE38	SE43	SE47
SE4	-						
SE6	.2753 p=.000	-					
SE12	.3468 p=.000	.2721 p=.000	-				
SE28	.2986 p=.000	.4591 p=.000	.2910 p=.000	-			
SE38	.2564 p=.000	.2475 p=.000	.2212 p=.000	.3613 p=.000	-		
SE43	.3490 p=.000	.2456 p=.000	.4394 p=.000	.4107 p=.000	.3182 p=.000	-	
SE47	.1416 p=.014	.1995 p=.001	.2574 p=.000	.2379 p=.000	.1836 p=.001	.1916 p=.000	-

	SE3	SE7	SE31	SE41	SE48
SE3	-				
SE7	.3140 p=.000	-			
SE31	.2995 p=.000	.4067 p=.000	-		
SE41	.2529 p=.000	.2805 p=.000	.5226 p=.000	-	
SE48	.0576 p=.320	.2358 p=.000	.2351 p=.000	.1710 p=.000	-

APPENDIX – XI – ENGLISH TRANSLATION OF THE ITEMS OF
SELF-ESTEEM SCALE

1. *I feel that my 'self' is not that important.*
2. *I am prepared to face all types of circumstances*
3. *I think that people like my appearance / looks*
4. *I feel that I perform well in my education and exams*
5. *I feel that I am not that capable*
6. *I never give up when I fail*
7. *I think that I am good looking*
8. *I think that I possess less capabilities than others*
9. *I am confident about myself*
10. *I feel that I do not have any qualities that I can be proud of*
11. *I have a feeling that I can not do anything properly*
12. *I feel that people enjoy my company*
13. *I am often ridiculed by others*
14. *I never feel sorry for my actions*
15. *I feel proud of my academic performance*
16. *I dislike myself*
17. *I am reluctant to meet people because of my looks*
18. *I am confident that people respect and value me*
19. *I feel that I am not smart*
20. *I think that I am a hard working student*
21. *I am hopeless about myself*
22. *I think that I make my decisions without much difficulty*
23. *I think that people form a good impression about me*
24. *I consider myself a capable student*
25. *I have an inferiority complex*
26. *I think that I am center of attention and love for many people*
27. *I am satisfied with myself*
28. *I do not feel like studying*
29. *With all my shortcomings, I am still a good person*

APPENDIX - XIII - ANXIETY SCALE (SIDDIQUI & HASNAIN, 1993)

مندرجہ ذیل میں کچھ کیفیات بیان کی گئی ہیں۔ آپ جس حد تک ان کیفیات سے دوچار ہوتے ہیں اس کے مطابق ہر فقرے کے سامنے دیئے ہوئے جوابات میں سے کسی ایک پر نشان () لگادیں۔ آپ کے تعاون کا شکریہ۔

بالکل غلط	کسی حد تک غلط	معلوم نہیں	کسی حد تک صحیح	بالکل صحیح	
					۱۔ دل میں گھبراہٹ ہوتی ہے۔
					۲۔ دماغ پر بوجھ رہتا ہے۔
					۳۔ سونے میں دشواری محسوس ہوتی ہے۔
					۴۔ بھوک صحیح نہیں لگتی۔
					۵۔ طبیعت میں بے چینی رہتی ہے۔
					۶۔ معمولی سی بات یا واقعہ پر دل کی دھڑکن تیز ہو جاتی ہے۔
					۷۔ نیند صحیح نہیں آتی۔
					۸۔ بغیر کسی وجہ کے خوف محسوس ہوتا رہتا ہے۔
					۹۔ دماغ اور یادداشت کمزور محسوس ہوتی ہے۔
					۱۰۔ ذہن میں خیالات آتے رہتے ہیں۔
					۱۱۔ تھکاوٹ اور کمزوری ہوتی ہے۔
					۱۲۔ کام کرنے کو جی نہیں کرتا۔
					۱۳۔ گیس بھتیسی ہے اور پیٹ میں بوجھ رہتا ہے۔
					۱۴۔ گردن کے پٹھوں میں درد اور تناؤ رہتا ہے۔
					۱۵۔ جسم سن ہو جاتا ہے۔
					۱۶۔ سانس لینے میں دشواری محسوس ہوتی ہے۔
					۱۷۔ چکر آتے ہیں۔
					۱۸۔ سر میں درد رہتا ہے۔
					۱۹۔ طبیعت میں چڑچڑاپن رہتا ہے۔
					۲۰۔ منہ خشک رہتا ہے۔
					۲۱۔ پٹھوں میں درد رہتا ہے۔
					۲۲۔ سینے میں درد ہوتا ہے۔
					۲۳۔ گھبراہٹ کی وجہ سے ٹھنڈا پسینہ آتا ہے۔
					۲۴۔ کام تو جہ سے نہیں کر پاتی/پاتا۔
					۲۵۔ پریشانی اور اداسی رہتی ہے۔

نہیں	ہاں	
		۲۷۔ کسی قانونی خلاف ورزی سے، حد پالیس سے چھینے اور ج نکلنے کی کوشش کو تا۔
		۲۸۔ پالیس میں آکر کسی کو پتھر رہا ہو تو اس میں مداخلت کرنا اور اس سے الھنا۔
		۲۹۔ سکول کا بج سے کوئی چیز چر الھنا۔
		۳۰۔ اپنے آفس، بزنس یا درکشاپ کے مالک کی کوئی چیز اٹھالھنا۔
		۳۱۔ ایسی ممنوع جگہوں مثلاً ریلوے لائنز، گودام، بجلی گھر یا شاہراہوں پر چلے جانا جہاں داخلہ منع ہو۔
		۳۲۔ ہندی فلمیں (باہ فلز) دیکھنا۔
		۳۳۔ جو اٹھلھنا یا شرط لگا کر تاش کھلھنا۔
		۳۴۔ سگریٹ نوشی کرنا۔
		۳۵۔ پبلک مقام پر بڑی ہوئی چیزوں کو نظر چا کر اٹھالھنا اور چھپالھنا۔
		۳۶۔ والدین دوستوں یا کسی کے لٹکے ہوئے کپڑوں میں سے پیسے یا قیمتی اشیاء نکال لھنا۔
		۳۷۔ شغل میں دوستوں کے ہمراہ شراب پھنا۔

ہر وقت	اکثر اوقات	کبھی کبھار	کبھی نہیں
			۳۰۔ میرے دوست مجھے خود غرض نگتے ہیں۔
			۳۱۔ مجھے ماضی کی یاد اس قدر دیتی ہے۔
			۳۲۔ مجھے ٹھیک سے نیند نہیں آتی۔
			۳۳۔ میں اپنے مستقبل سے بے حد مایوس ہوں۔
			۳۴۔ میں اپنے والدین کے مثالی بچے کے تصور پر پورا نہیں اترتا/اترتی۔
			۳۵۔ زیادہ تر لوگ بھروسے کے لائق نہیں ہوتے۔
			۳۶۔ میں شدت سے موت کی خواہش کرتا ہوں/کرتی ہوں۔

APPENDIX -XVI- DEMOGRAPHIC INFORMATION SHEET

AGE _____

MALE _____

FEMALE _____

EDUCATIONAL INSTITUTION _____
