A STUDY OF THE RELATIONSHIP BETWEEN MATERNAL ANXIETY AND SELF-ESTEEM OF HEAD START CHILDREN

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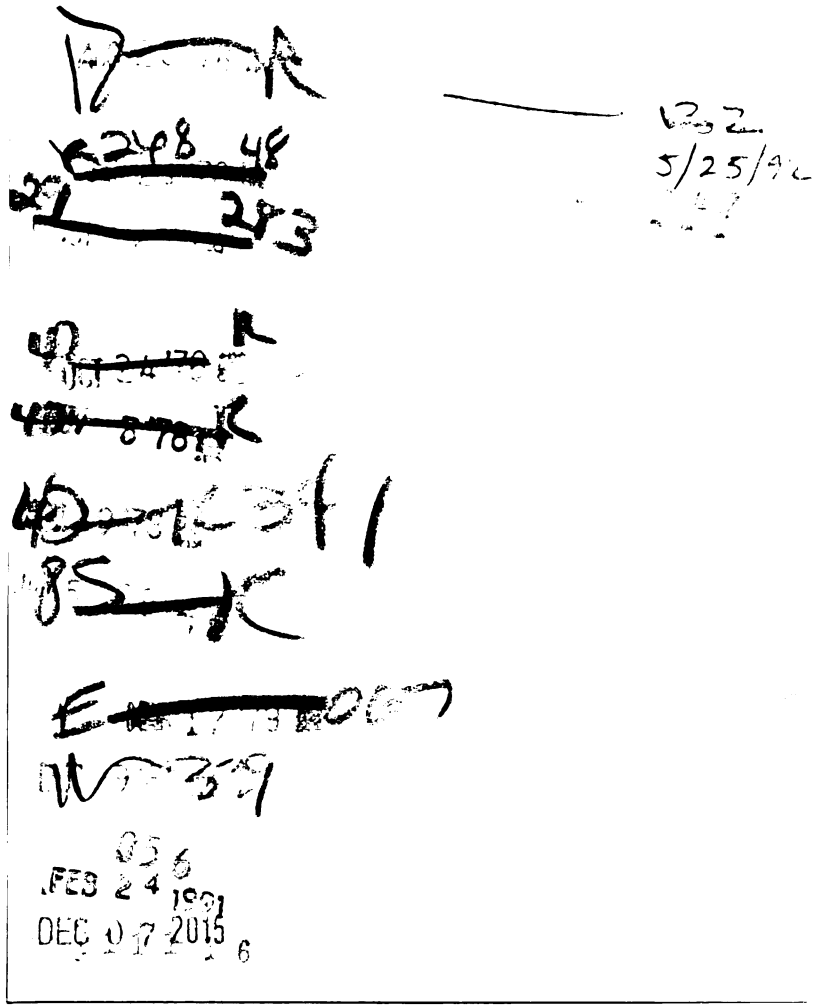

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ABSTRACT

A STUDY OF THE RELATIONSHIP BETWEEN
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OF HEAD START CHILDREN

By

Douglas D. Samuels

The major objective of this study was to explore whether or not a relationship exists between the anxiety level of the mother and the level of self-esteem of her Head Start child. The investigator was also interested in determining whether or not there were any sex or ethnic group differences in the level of self-esteem among the black, white, and Mexican-American children which comprised the sample.

The sample for the study consisted of 72 children enrolled in Lansing, Michigan Head Start and their mothers. The sample was stratified across the ethnic group and sex of the children.

The data gathered for the analyses consisted of scores on the following three instruments: (1) Taylor's Manifest Anxiety Scale (MAS), to assess mother's anxiety level, and (2) The Purdue Self-Concept Scale for Preschool

Children (PSCS) and (3) Coopersmith's Behavior Rating Form (BRF), both to assess the child's level of self-esteem.

Two statistical measures were employed: (1) The Pearson Product-Moment Correlation to determine the relationship between mother's level of anxiety as measured by the MAS and the child's measure of self-esteem as measured by the PSCS and the BRF and (2) a two-way analysis of variance where the independent variables were ethnic group with three levels (white, black, and Mexican-American) and sex with two levels (male and female). The dependent variables were scores on the PSCS and the BRF. This procedure was performed to determine ethnic group or sex differences in the children's level of self-esteem. The .05 level of confidence was established as the basis for the statistical significance.

From the analyses the following results were observed:

1. The relationship between the mother's level of anxiety and her child's level of self-esteem as measured by the PSCS was not significant ($r = -.035$; p less than .384).

2. A significant negative relationship ($r = -.26$; p less than .014) was observed between the mother's level of anxiety and her child's score on Coopersmith's BRF; i.e., highly anxious mothers tended to have children with low self-esteem.

3. No significant ethnic group differences were found in the children's level of self-esteem as measured by either the PSCS or the BRF.

4. No significant sex differences were found in the level of self-esteem of the children as measured by the PSCS or the BRF.

5. The two measures of self-esteem, the PSCS and the BRF, did not correlate significantly with each other ($r = .187$; p less than .058).

6. Mother's level of education was found to be positively correlated with her child's level of self-esteem as measured by the PSCS ($r = .272$; p less than .01), but not as measured by the BRF ($r = .055$; p less than .322).

7. There were no significant differences among white, black, and Mexican-American mothers in level of anxiety.

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By

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CHAPTER I

INTRODUCTION AND REVIEW OF THE LITERATURE

Introduction and Purpose

Of the many things a young child learns, his sense of self-worth is among the most important. A positive self-attitude is considered a major factor in an individual's total adjustment by numerous personality theorists Combs and Snygg (1959), Rogers (1951), Adler (1927), and Horney (1942). Coopersmith (1967) reports that people who have high self-esteem are happier and can more adequately meet the pressures of society than people with low self-esteem. In discussing self-esteem, Coleman (1976) calls it one of the "psychological requirements for healthy human development and functioning" and includes it in the "common core of psychological needs related to maintenance and actualization" (p. 101). Hilgard, Atkinson, and Atkinson (1975) feel that "the well-adjusted person has some appreciation of his own self-worth . . . . Feelings of worthlessness, alienation, and a lack of acceptance by others are prevalent among those diagnosed as mentally ill" (p. 455).

The possession of self-esteem relates to many significant elements in one's life. Since very little research has been conducted on the development of self-esteem with a preschool population, an investigation in this area seems valuable and vital. Specifically, the purpose of this study is to explore whether or not a relationship exists between the anxiety level of the mother and the level of self-esteem of her preschool child. The investigation will focus on the relationship between the mother's level of free-floating or "trait" anxiety and her child's level of self-esteem. Ethnic group and sex differences as related to self-esteem will also be examined.

Many psychologists have theorized that parents play an important role in the development of their child's self-esteem. Combs and Snygg observe that "no experience in the development of the child's concepts of self is quite so important or far-reaching as his earliest experiences in his family" (p. 134). Medinnus and Curtis (1967) believe that "the extent to which a child develops a positive self-concept depends crucially upon the extent to which he is accepted by the 'significant others' (typically his parents) in the early years" (p. 542). Gordon (1959) feels that the child's sense of worth develops in the family, where the child assigns meaning to the interaction he has with significant family members, saying that "their original images of themselves are formed in the family circle. They

develop these notions of who they are in relation to the behavior of the people around them, particularly through the ways in which their behavior is received by the adults who are important to them." Gordon also notes that the child's "self-concepts are the result of his interactions with his parents and the meanings he assigns to these experiences" (p. 10). Jersild (1975) also believes that a child's self-esteem is influenced greatly by the "significant others" in his world. The mother, as the primary caretaker, is believed to be especially important.

Although most theorists feel there is a close relationship between parent-child interaction and self-evaluation, research in this area is sparse (McCandless and Evans, 1973).

The results of this study may have important implications for both educational and clinical practice. Through increased knowledge of the development of self-esteem, more positive self-images may be fostered by placing emphasis on different areas of parent and child psychotherapy. Child-rearing practices and school curriculums may stress the importance of affective education. Teachers, parents, and students may be trained to deal more effectively with anxiety. In addition, through a greater understanding of the factors related to childrens' self-concepts, teachers can develop a greater awareness of

how the personality of the parent may cause low self-esteem in children who may be having problems in school.

Definition of Self-Esteem

The area of self-esteem is now receiving a great deal of attention. The proliferation of the humanistic psychology movement has rekindled interest in the self theory, which declined in popularity with the expansion of behavioristic psychology. Wylie (1974) saw the increased interest in self theories as due to a number of influences. She points out that Freud emphasized ego function and development in his later writings, and the neo-Freudians stressed the significance of the ego-ideal and ego function in general. Also, Wylie notes that psychologists working in clinical settings have not found the behavioristic models helpful in explaining many of their observations, which has led to more widespread use of the revised psychoanalytic concepts. Finally, she sees the fusing of ego psychological and general psychological theories as a basis for the cognitive and motivational attributes of current personality theories.

William James' discussion of self-esteem in his book Principles of Psychology contains one of the early cogent treatments of the topic of self-esteem. James believed that an individual's values and aspirations are crucial to one's self-opinion. He felt that improvement of the self would raise self-esteem, and derogation would

have the opposite effect. According to James, feelings of self-esteem are also developed through society's standards for success and failure.

James' theory is based upon three tenets: human aspirations and values, communal standards of success and failure, and the social and economic values placed on the extension of self. James defined self-esteem as a ratio of an individual's success to supposed potentialities (self-esteem = success/pretentions). Where achievements are greater than aspirations, there is high self-esteem. James considered success to be measured in specific areas, such as material, social, and spiritual.

Wylie (1974) has pointed out that self-concept is multi-dimensional, and that much of the research since her first book was published in 1961 is inadequate. Numerous poorly-designed studies use instruments only once, many of which "are completely unvalidated" (p. 318). Wylie feels that the construct of self-concept is too broad, and more delimited constructs, such as that of self-esteem, "have yielded somewhat more manageable and fruitful research procedures" (p. 320).

Coopersmith (1967) views self-esteem as the evaluation which one makes and generally maintains about oneself. It is a positive or negative feeling--the extent to which one thinks one is able, important, successful, and worthy. According to Coopersmith, "self-esteem is a

personal judgement of worthiness that is expressed in the attitudes the individual holds toward himself (p. 5).

Mussen, Conger, and Kagan (1974) advocate Coopersmith's definition, believing that self-esteem is an individual's own judgement of worthiness. Similarly, self-esteem is defined by Singer (1969) as an individual's evaluation of himself. McCandless and Evans (1973) define self-esteem as "the value a child or youth puts on himself and his behavior" (p. 390). In other words, self-esteem consists of how a child or youth thinks of himself in terms of "goodness" or "badness." All these definitions are common in that they all consider self-esteem a personal opinion of one's self.

For the purpose of this investigation, self-esteem will be defined as the individual's evaluation of his own characteristics and attributes, as reflected by the score received on The Purdue Self-Concept Scale for Preschool Children (PSCS), and the score received on Coopersmith's Behavior Rating Form. The PSCS was developed by Victor G. Cicirelli, who was interested in measuring "those aspects of the self-concept involving self-esteem" (pp. 3 & 4). The two instruments will be discussed in detail in Chapter II.

Definition of Anxiety

There is general agreement that anxiety is an unpleasant feeling which is accompanied by changes in the

autonomic nervous system. There is, however, less agreement on the exact nature of anxiety (Ruebush, 1963; Fisher, 1970). This lack of agreement is illustrated by Spielberger (1966), who says, ". . . personality theorists . . . have joined the search for the right abstract ideas" (p. 11) with which to illuminate and clarify anxiety phenomena. Order and lucidity have not resulted. Lack of agreement regarding the nature of anxiety, the particular stimulus conditions that arouse it, and the sorts of past experiences that make individuals more or less vulnerable to it is the rule rather than the exception.

McCandless and Evans (1973) try to clarify the definition and see anxiety as differing from fear in that the source of anxiety is unknown. Jersild (1968) speaks of the objective-subjective continuim when looking at these two emotions. Fear, to Jersild, is based on "an objective, tangible threat or danger . . . . Anxiety, on the other hand, according to this common definition, lies distinctly on the subjective end of the objectivity-subjectivity continuim" (p. 349). One of the conditions of anxiety seen as predominantly subjective is "inner" conflict. This occurs when an individual is bothered by competing, unresolved, or incompatible impulses.

Freedman, Kaplan, and Sadock (1975) view anxiety as an unpleasurable response to an intrapsychic conflict.

Anxiety differs from fear, according to these authors, because the danger or threat in anxiety is unreal.

In looking at anxiety, Ruebush (1963), Spielberger (1966), and Levitt (1967) all point out the necessity of distinguishing between state and trait anxiety. State anxiety is precipitated by a specific stimulus or situation, and is a transitory response whose intensity will vary depending on the nature of the stimulus. Trait anxiety is believed to be a more enduring, general personality characteristic where the individual experiences anxiety in numerous different situations. Ruebush (1963) uses the terms "general" and "specific" when differentiating between the two different types of anxiety. Levitt (1967) speaks of "acute" and "chronic" anxiety.

"State," "specific," and "acute" are terms used to refer to transitory situational anxiety and "trait," "general," and "chronic" are terms used to refer to "a relatively unfluctuating condition of the individual which exerts a constant influence on his behavior" (Levitt, 1967, pp. 14-15).

Levitt (1967) sees anxiety as a construct which is hard to define exactly. He believes there is a great range of definitions and that not one of the "operational definitions is the ultimate definition" (p. 7). The definition selected by each researcher is influenced by his particular orientation. Levitt observes, "The

important consideration is whether the definition will eventually predict human behavior, and whether it is found to be related to other partial definitions" (p. 7).

In this investigation, anxiety is defined as a generalized personality trait, rather than a situational specific reaction. Individuals characterized by trait anxiety display high emotional reactivity, physiological excitability, and apprehension stemming from an unknown source (Dahlstrom and Welsh, 1960). The Taylor Manifest Anxiety Scale (MAS), which will be used in this study, has been found to be one of the most reliable instruments for identifying people who display symptoms of such anxiety. A more detailed discussion of this instrument will be presented in the method section.

Review of Related Literature

In this section, we will review the literature that is pertinent to this investigation. To facilitate organization of the review, the literature will be examined under the following headings: (1) Some Theories Related to the Development of Self-Esteem, (2) Maternal Variables Related to the Development of Self-Esteem, (3) Ethnic Group Differences and Self-Esteem, (4) Sex Differences and Self-Esteem, (5) Theories on the Development of Anxiety, and (6) The Relationship between Self-Esteem and Anxiety.

Theories Related to the Development of Self-Esteem

According to Freud, the first five years of life are significant in the development of personality. It is during this crucial time that self-esteem develops its roots. In this section, we shall focus on how a number of theorists view the development of self-esteem.

Sociologist George Herbert Mead (1934) emphasized communicative interaction in the development of the self. He hypothesized that the infant is not born with a sense of self, but that this sense arises through social experience. At the heart of Mead's theory is the notion that the individual views himself as he feels significant others view him, and will behave in a way he thinks the significant others believe he will behave. Significant others, to Mead, are those people by whom the child is controlled and upon whom he is dependent.

Kelly (1962) suggests that the self develops through social interaction in relationship to other people. Every person's self is unique and develops from interplay with the social environment.

Rogers (1959) also suggests that an individual's adjustment to the outside world develops through the self-image, which is directly related to the person's interaction with the environment. According to Rogers, the child "develops a total gestalt as to the way he is regarded by his mother, and each new experience of love or

rejection tends to alter the whole gestalt. Consequently, each behavior on his mother's part, such as a specific disapproval of specific behavior, tends to be experienced as disapproval in general . . ." (p. 225).

Combs and Snygg (1959) also subscribed to the notion that the self is learned while the individual grows up, through the experiences the individual has with significant people. They state:

> In his interaction with father, mother, and siblings, the young child begins his differentiations of self as liked or unliked, wanted or unwanted, acceptable or unacceptable, able or unable, worthy or unworthy, adequate or inadequate. These are the kinds of perceptions through which the individual is able to symbolize his own degree of self-actualization (p. 136).

Horney (1937) considered love to be quite important in the formation of the self. She theorized that "the main reason why a child does not receive enough warmth and affection lies in the parents' incapacity to give it on account of their own neuroses" (p. 80). In looking at the childhood histories of "great numbers of neurotic persons," Horney comments that "the basic evil is invariably a lack of genuine warmth and affection" (p. 80).

Maternal Variables Related to the Development of Self-Esteem

The child's self-image is based to a major extent upon the self-image of the mother, according to Gardner Murphy (1947). He observes that mothers who have poor self-images often have children with poor self-images.

Murphy also believed that "all the real essentials in the architecture of the self seem to be well separated by the end of infancy, roughly by the time the child is two years old" (p. 503).

Erikson (1955) saw the establishment of identity as taking place in infancy. He believed the mother plays the decisive role in the establishment of trust and autonomy. The quality of maternal care during the first year of life determines the infant's level of basic trust. Erikson says that "the kind and degree of a sense of autonomy which parents are able to grant their small children depends on the dignity and the sense of personal independence which derive from their own lives" (p. 203).

Behrens (1954) evaluated the adjustment of 25 pre-school children, comparing the child's feelings to the feeding, weaning, and toilet-training practices of the mother. Each mother was also given a "total mother person" rating, which told how the mother filled her maternal role. Behrens did not find a relationship between the mother's practices and her child's behavior. She did find, however, a strong relationship between the child's adjustment and the "total mother person." This suggests that what a mother <u>is</u> is more important than what she <u>does</u>.

More recently, Miller (1975) studied the effect of the mother's age, education, and employment status on the child's self-esteem. Miller found that the mother's level

of formal education was an important variable in inner-city males. Those mothers with a high level of education had children who felt good about themselves. Miller believed that mothers who complete high school may have a personality makeup which promotes the self-esteem of their sons. Although Miller did not explain this statement, it does not seem unreasonable to speculate that mothers who complete high school probably feel better about themselves.

Coopersmith (1967), in a classic study, tried to identify the antecedents of self-esteem. He studied 1748 boys and girls attending public schools in central Connecticut. The children were given a self-esteem test developed by Coopersmith. They were also clinically interviewed, as well as being observed in a number of laboratory experiments designed to assess desirable self-esteem characteristics. The results revealed that the children's behavior was associated with their self-esteem. For example, those low in self-esteem expected failure, were afraid to have unpopular ideas, and were excessively concerned about their persons.

The mothers of the children were also interviewed, and those who had children with high self-esteem reported almost complete acceptance of the child, clearly defined and enforced limits, and respect for variation in their child's actions, as long as they remained within the set limits.

Trained psychologists and social workers, who evaluated the mothers on a number of personality characteristics in interviews which lasted approximately two hours, rated the mothers on their emotional stability. Nearly 2/3 of the mothers whose children had low self-esteem rated low in poise and assurance. Lack of emotional stability, which was considered to mean inability to control "expressions of anxiety and overt expressions of abnormal or symptomatic behavior" (p. 318), was found to be significantly higher in mothers of children with low self-esteem. In general, Coopersmith concluded that children with high self-esteem had mothers with high self-esteem, while children with low self-esteem had mothers who were also low in self-esteem and, in addition, were excessively anxious.

The relationship between maternal self-acceptance and child acceptance was investigated by Medinnus and Curtis (1963). Fifty-six children, aged 3 to 5 years, and enrolled in a cooperative nursery school, and their mothers were given measures of self-acceptance. "Significant positive relationship between maternal and child self-acceptance" (p. 542) was found. The authors felt that parent self-acceptance should be intensively investigated in order to find what leads to child self-acceptance.

In referring to the Medinnus and Curtis study, Bropy, Good, and Nedler (1975) think that parents who feel good about themselves are better-suited to foster high

self-esteem in their children. They point out that people who are overly concerned with their own problems are not readily able to deal with their children's needs.

Tach (1973) also studied preschool children and looked at the relationship between parents' and children's self-concepts. Forty-one mothers and fathers were given the Tennessee Self-Concept Scale, and their children were given the Pictorial Self-Concept Scale. A significant positive correlation was found between parent and child self-concepts.

Tocco and Bridges (1973) studied kindergarten and first-grade children and their mothers participating in the "Follow-Through" program. (To be in this program the total family income had to be below a certain poverty level established by the federal government.) The population consisted of black, white, and Indian ethnic groups. The mothers and children were all given tests to measure their self-concepts. It was found that the mother's self-concept was related to her child's self-concept. In addition, the mother's self-concept was found to be related to changes in her child's self-concept during the school year.

Sears (1970), in a follow-up to his research on early socialization experiences (Sears, Maccoby, and Levin, 1957), measured the self-concept of 159 sixth-grade boys and girls. Their mothers had been interviewed seven years earlier. Sears did not find a positive relationship between

the self-esteem of mothers and their children. He did find, however, that children with high self-esteem had mothers who were warm and accepting. Sears feels that a mother who is warm and accepting will transmit to the child a feeling that he is worthwhile, through such things as talking, hugging, smiling, etc.

Miller (1971) also found personality variables related to the child's self-esteem, when he studied 203 eighth-grade children and their mothers. In this research, the author discovered that children with high self-esteem had mothers who displayed empathy, genuineness, and positive regard.

According to White (1976), who studied the origins of human competence, "the single most important environmental factor, not surprisingly, was found to be the mother. The mother is on the hook, just where Freud put her . . . . She has more of an influence on the particular stream of experience of her child than anyone else" (pp. 5 & 6).

From the studies above, it is clear that several personality variables of the mother relate to the self-esteem of her child. Mothers with such traits as warmth, empathy, respect for their child's actions, and self-acceptance have a positive effect on their children's self-esteem. Non-accepting, emotionally unstable, cold, insincere mothers have a negative effect on their children's self-esteem.

Ethnic Group Differences and Self-Esteem

Many researchers have investigated whether or not there are differences in self-esteem among different ethnic groups. Several of the early studies found that black children viewed themselves more negatively than white children.

In their classic study the Clarks (1939) studied the reactions of northern and southern black children 3 to 7 years of age. The children were asked to select a white or brown doll to represent themselves. Both black and white children showed a preference for the white doll. Such evidence suggests that black children believe they are less valuable than white children. Horowitz (1939) also reported that black children intentionally misidentified themselves as white more often than they identified themselves as black.

More recent studies obtained results that were consistent with these early findings. Coles (1967) discovered that black children, when drawing themselves, drew a small and incomplete figure. White children drew themselves as complete and strong. In addition, the black children were hesitant to color their pictures brown.

A four-year study conducted by Deutsch (1963) looked at the self-concepts of 400 fourth-, fifth-, and sixth-grade black and white lower-class children. Through the use of a sentence completion test, a large proportion

of the lower-class white children were found to have poor self-concepts. The black children, however, showed an even higher percentage of low self-concepts than did the white children. In a study comparing 30 white kindergarten children attending a private school with 30 black Head Start children, Noland (1971) found that the white children had a significantly higher self-concept.

In contrast to the findings reported thus far, several researchers have reported evidence that the black child has a level of self-esteem equal to that of his white counterpart. Brown (1973) measured the self-esteem of 42 black and white boys and girls, ranging in age from 3 to 7 years with a mean of 4.2 years. The children attended either a day care center or a Y.M.C.A. nursery school in Providence, Rhode Island. The children and their mothers were administered objective and projective psychological instruments to measure their levels of self-esteem. Significant differences were not found between the black and white children or their mothers. (Consistent with research presented in the previous section, a significant correlation between the mother's and her child's self-esteem was reported.) Studying black and white children in first and fifth grade from families on welfare, Carpenter and Busse (1969) also found no ethnic group differences in self-concept.

Still other studies report that black children have even more positive self-esteem than white children. Strang (1972) used the Coopersmith Self-Esteem Inventory to compare the self-esteem of black and white fourth- and eighth-grade children attending six large Birmingham, Alabama elementary schools. He found the black children tended to have even more positive self-esteem than the white children.

A group of 142 black and 100 white college-age students' self-concepts were compared in a study by Hodgkins and Stakenas (1969). The experimenters found a significant difference between black and white subjects in both self-adjustment and self-assurance in a school setting. The blacks tended to score higher than the whites, but this difference disappeared when social status was controlled for. Although the difference disappeared, there was still a trend for the blacks to have a higher self-concept.

Hines and Berg-Cross (1976) investigated the self-esteem of 180 black and white seventh graders enrolled in a North Carolina public school. The Tennessee Self-Concept Scale (TSCS) and Bill's Junior High School Index of Adjustment and Values (IAV) were administered to the students. The black youths had a more positive level of self-esteem than the white children on the Self-Acceptance and Self-Ideal measures on the IAV. There were no ethnic group differences found on the TSCS.

Very little research has dealt with the self-esteem of the Latino population in the United States. As with studies on the black and white population, there have been contradictory findings among Latinos. Cater (1968) looked at 190 Mexican-American and 98 "Anglo" ninth-grade students in California. The individual students were required to evaluate themselves on a five-point semantic differential scale. The following adjectives were used: happy/sad, strong/weak, good/bad, and wise/foolish. Differences in self-esteem were not found between the two groups.

Evans (1969) investigated differences in self-esteem between 87 Mexican-American and 39 "Anglo" male and female junior high school students. He found the Mexican-Americans viewed themselves less positively than the comparison group.

A comparison of the self-concept of Mexican-American and "Anglo" sixth-grade girls was made by Hishiki (1969). A population of Mexican-American California girls were found to have significantly lower self-concepts than the "Anglo" girls. Ethnic group membership and self-esteem was examined by Zirkel and Moses (1971). The fifth- and sixth-grade black, white, and Puerto Rican elementary school children participating in the study were given the Coopersmith Self-Esteem Inventory (SEI). The investigators found that the black children had more positive self-esteem than the white children. The difference,

however, was not statistically significant. The Puerto Rican children showed significantly lower self-esteem than either their black or white counterparts.

Moses, Zirkel, and Greene (1973) compared the self-esteem of 120 black, white, and Puerto-Rican fifth- and sixth-grade boys and girls. The SEI and the McDaniel's Inferred Self-Concept Scale (MISC) were the two instruments utilized in this study. Puerto Rican children scored significantly lower on the SEI than either black or white children. However, there was no significant difference found with the MISC. These findings suggest that the contradictory evidence in this area may be due in part to the different instruments used to assess self-esteem; i.e., some instruments may be more valid and reliable than others.

In reviewing the evidence in this area, Zirkel and Moses (1971) contend that some of the contradictory evidence may be attributed to discrepancies in definition, research design, geographical locations, times, and ages. The recent high self-esteem reported for black children may be related to the ever-increasing "Black Pride" movements. In contrast, the language problems faced by the Latino population and ensuing difficulties may attribute to their lower level of self-esteem.

The studies reviewed in this section indicate no clear or consistent trend with respect to race differences

in self-esteem. In addition, very few studies have been done on preschool children, and studies on preschool Latino children are lacking. The need for further research in this area is apparent.

Sex Differences and Self-Esteem

As with the research on race differences, research concerning sex differences as related to self-esteem is also highly contradictory. Some of the more recent studies in this area will now be reviewed.

Coopersmith (1967) administered his Self-Esteem Inventory to 44 boys and 43 girls in grades five and six, and found no significant differences in their self-esteem. In a later study, Coopersmith measured the self-esteem of 1748 children. The difference in self-esteem between boys and girls was not statistically significant. However, when Coopersmith had the teachers rate the self-esteem of the children, using a behavioral rating form, the mean rating for the girls was significantly higher than the boys' rating. This may have been due to the fact that formal schooling "seems more tailored to the needs and life styles of girls than to those of boys" (McCandless and Evans, 1973; p. 242). In addition, Meyer and Thompson (1956) found that teachers approve more of girls than boys.

Primavera, Simon, and Primavera (1974), using the SEI, measured the self-esteem of 180 fifth- and sixth-grade students from a middle-class Catholic school. As

in Coopersmith's original study, no significant differences in self-esteem were found.

Carlson (1956), in a longitudinal study, measured the self-esteem of 49 children; initially in the sixth grade, and later when they were in the 12th grade. There were no sex differences reported. In another study by Long, Henderson, and Ziller (1967), the self-esteem of 312 boys and girls, ages 6 to 13 years, was measured on the Children's Self-Social Constructs Tests. The authors did not find any differences in self-esteem between the boys and girls.

Herbert, Gelfand, and Hartman (1969) assessed the self-esteem of 40 9-year-old boys and girls. The children were administered the P. S. Sears Self-Concept Inventory and the Bledsoe-Garrison Self-Concept Inventory. The findings indicated that the boys had a significantly higher self-concept than the girls.

Carpenter and Busse (1969) studied 80 black and white children, ages 6 and 10 years, from father-absent welfare families. The children were required to evaluate themselves on seven bipolar dimensions of positive to negative attributes. Sex differences were not discovered in the white sample. However, in the black sample the boys were found to have a more positive self-concept than the girls.

An adjective check-list was used by Bledsoe (1973) to determine the self-concept of 400 fourth- and sixth-grade boys and girls. On the 30-Adjective Self-Concept Scale, girls had a higher self-concept on all but one adjective: "brave." Bledsoe cautions that his test may be biased in favor of females, reporting that the adjectives showing the largest differences connoted "goodness," which is in keeping with the stereotype of the female role.

Alberti (1970) examined 656 first-, second-, and third-grade children. She found that girls' self-esteem was more positive than that of the boys in grades one through three. The boys' mean self-esteem decreased in a consistent fashion from grades one through three.

Investigating the self-esteem of 180 black and white seventh-grade males and females, Hines and Berg-Cross (1976) administered the TSCS and IAV. A consistent tendency for females to obtain a more positive self-esteem score than males was found on both measures. However, only on the TSCS was a statistically significant sex difference found.

While several studies reviewed in this section indicate that males have a more positive self-esteem than females, other researchers have obtained results that indicate higher self-esteem in females. Very few studies have been conducted using preschool populations. The conflicting research findings in sex differences as related

to self-esteem, and dearth of studies with preschool populations in this area indicate that further investigation is warranted.

Theories on the Development of Anxiety

Numerous authors theorize on how anxiety develops. We will now focus on some major theories on the origins of anxiety.

Danish existentialist Soren Kierkegaard, more than a century ago, dealt with the concept of anxiety in relation to the self (Jersild, 1968). Anxiety is crucial for growth, according to Kierkegaard (1946). It is through anxiety that the necessary task of becoming an individual is accomplished. Anxiety enables this growth by setting the individual free from life's everyday constrictions. Anxiety, Kierkegaard claims, is generated whenever normal man faces a choice. Anxiety is unavoidable and, as man is faced by anxiety, he is freer to encounter it again. Kierkegaard says, "This dread (anxiety) belongs to the child so essentially that he cannot do without it" (p. 38).

Freud, in looking at anxiety, made a distinction between three different kinds of anxiety--real, which is a reaction to an objective danger outside the person; neurotic anxiety, in which an unknown source precipitates the emotion (in neurotic anxiety the source may or may not be external) (Achenbach, 1974; Freedman et al., 1975); and

moral anxiety, which develops when the individual thinks about or performs some act which conflicts with the values of the superego and brings out feelings of guilt (Coleman and Hammen, 1974). Anxiety, to Freud, is a recreation of the psychological and physiological responses that each individual faces at the time of birth. The birth trauma includes such aspects as a quick separation from the protective intrauterine environment, deprivation of oxygen, physical pressure of birth itself, the temperature change causing increased heart rate and respiration and, finally, the feeling of being helpless. Freud thought that objective dangers during life will bring on anxiety in proportion to the degree of anxiety expected. Events and instinctual impulses which are not really dangerous, but are associated with events that appeared dangerous in childhood will also bring on anxiety (Achenbach, 1974). The individual has learned to recognize, at a preconscious or unconscious level, aspects of events which had proved painful in the past. In the present, these individuals mobilize their resources to ward off traumatic events from occurring (Meissner, Mack, and Semrad, 1975).

A major concept of Karen Horney's neo-Freudian theory of personality is basic anxiety (Hall and Lindzey, 1970). Basic anxiety is defined by Horney as:

> . . . the feeling a child has of being isolated and helpless in a potentially hostile world. A wide range of adverse factors in the environment can produce this insecurity in a child: direct or indirect

> domination, indifference, erratic behavior, lack of respect for the child's individual needs, lack of real guidance, disparaging attitudes, too much admiration or the absence of it, lack of reliable warmth, having to take sides in parental disagreements, too much or too little responsibility, overprotection, isolation from other children, injustice, discrimination, unkept promises, hostile atmosphere, so on and so on (p. 41).

In other words, environmental influences which interfere with the child having a secure relationship with his parents will foster basic anxiety (Hall and Lindzey, 1970).

Horney (1945) also contends that the child, possibly in the womb but surely by the end of the third month of life, has a feeling of the world. He learns this by the way his mother holds him and the way she and others interact with him. The child learns whether or not he is acceptable the way he is, and whether or not he needs to make major changes in dealing with the outside world (Kelman and Shainberg, 1975).

To cope with anxiety, the individual may develop a number of different strategies, which become part of the personality. Strategies such as being highly competitive, seeking control of others, bribery, and threats are some examples of behaviors which may develop from the basic anxiety.

The learning theories approach to anxiety by Mowrer (1947, 1956) is considered by Hilgard (1956) to be "the first clear statement of the anxiety-reduction or fear-reduction theory of reinforcement" (p. 413). Mowrer believes that anxiety behavior is learned through classical

conditioning. A neutral stimulus occurs at the same time as a painful stimulus and through simple conditioning becomes a conditioned aversive stimulus. Responses which lead to the avoidance of an anxiety-producing event are reinforced. The avoidance responses continue, once learned. These conditioned responses are believed by Mowrer to be different than other conditioned responses, because there is no need for continued reinforcement to maintain the behaviors. Unlike other conditioned responses, which extinguish when not reinforced, conditioned anxiety responses do not require the repetition of the original trauma to be reinforcing.

More recently, Anthony (in Freedman et al., 1975) reports that most anxious children show behavior differences at one month of age, which is later displayed as anxiety. Parents report that the anxious child is different from his siblings, and has been so since birth. Prenatal maternal anxiety may be transmitted into muscular tension in the area of the birth canal, leading to abnormal birth conditions and fostering anxiety in the child.

According to Anthony, when the individual is a little older, three different forms of anxiety exist (Freedman et al., 1975). First, contagious anxiety can be communicated from neurotically anxious adults the child has close contact with. Second, traumatic anxiety originates when the child's defenses become overwhelmed by some

unexpected fright. Finally, neurotic anxiety originates from intrapsychic conflict.

From the studies above, one can see that anxiety is a necessary emotion which may be the result of numerous precipitating events. From birth on, various influences affect anxiety, development, many of them involving the child's relationship with his parents. The individual may develop a number of strategies for dealing with anxiety, and these in turn become a part of the personality.

The Relationship Between Self-Esteem and Anxiety

Several theorists have discovered a relationship between the constructs of self-esteem and anxiety. Some of the most pertinent studies will now be examined.

Coopersmith (1967) sees a strong relationship between self-esteem and anxiety and says:

> Clinical studies repeatedly demonstrate that failures and other conditions that threaten to expose personal inadequacies are probably the major cause of anxiety. Anxiety and self-esteem are closely related: if it is threat that releases anxiety, as appears theoretically essential, it is the person's self-esteem that is being threatened (pp. 3 & 4).

That there is a relationship between self-esteem and anxiety is supported by Many (1973). In her massive study, 4367 children in grades four through eight were given the SEI, Sarason's General Anxiety Scale for Children (GASC) and Test Anxiety Scale for Children (TASC). Schools contained children from differing racial, ethnic, and

socioeconomic backgrounds. Many consistently found a negative low significant relationship between self-esteem and anxiety.

Jones (1973), using the same instruments as Many, studied a racially mixed population of 943 children in grades four through six. All of the correlations between the SEI, GASC, and TASC were statistically significant and negative for the white students. Nine of the 12 correlations between SEI and GASC and SEI and TASC were significant and negative for the black students. The GASC and TASC were significantly positively correlated for the white students, and for ten of the twelve correlations were significant for the black students.

An investigation of the relationships among self-esteem, anxiety, and achievement was performed by Kern (1970). The population of students from grades nine through 12 were administered tests to determine their levels of self-esteem and anxiety. Academic achievement was measured by Grade Point Average (GPA). There was a significant negative relationship between self-esteem and anxiety in grades nine and 10 and between GPA and self-esteem.

Bledsoe (1969) investigated the relationship of the self-concepts of 271 fourth- and sixth-grade boys and girls to their anxiety, interests, achievement, and intelligence. He found a significant negative correlation between self-concept and manifest anxiety for both the

boys and girls. There was also a significant positive correlation between self-concept and intelligence, and between self-concept and academic achievement for the boys only.

Coopersmith (1960) worked with fifth- and sixth-grade children. Children with high self-esteem are significantly less anxious than those children who have low self-esteem. Coopersmith's study indicated that high self-esteem students could recall more of their failures than low self-esteem children, who tend to deny and suppress their failures.

Krash and Cobb (1970) investigated individuals who were in low-status jobs relative to their education. They found that many of these people had low self-esteem, high anxiety, depression, irritation, and fatigue.

As shown by the studies reviewed, there seems to be a general relationship between high anxiety and low self-concept. Felker (1974) summarizes by stating, "Apparently, anxiety is bound up in the mechanisms which maintain a negative or positive self-concept and influence the manner in which an individual will respond to situations . . ." (p. 14).

In a theory most relevant to this investigation, Sullivan (1953) postulated that the self-image is at the core of human personality. As he states in his interpersonal theory of psychiatry, Sullivan thought

interpersonal events, not intrapsychic ones, determined one's personality, for man exists in relation to other people. Sullivan believed that one cannot think about human personality by itself, but only in relation to others. When a child is born, it is in contact with at least one other person, who takes care of its needs. Sullivan believed the infant's initial education stems from feelings of anxiety transmitted by the mother. In fact, the "tension of anxiety, when present in the mothering one, induces anxiety in the infant" (p. 41). As a result of the empathy between infant and mother, the child takes on anxious feelings which he first notices in his mother. "Because of the absence of anything so specific in anxiety, there is a consequent lack of differentiation in terms of the direction toward its relief by appropriate action" (p. 42), and the infant therefore cannot find relief from it. If the infant is given tender care he will feel secure, will have his tensions removed, and will tend to have a positive self-view. If the relationship with the mother is primarily an anxious and punishing one, he will tend to develop a more negative conception of himself. Sullivan believed if one lives in a stable environment, one's personality will be stable; if the environment is unstable, so will be the individual's personality. The infant develops an image of himself even before language is present, and the image that develops in infancy and

childhood tends to remain quite stable. The main point of Sullivan's theory is that if the infant's interaction with his mother is anxious and unsatisfying, the child will have negative feelings about himself.

In sum, previous research indicates a tendency for there to be a negative relationship between anxiety and self-esteem in the same individual. Generally speaking, individuals who are highly anxious tend to have low self-esteem. The various personality theorists discussed have emphasized several points: first, the self-image is formed during the first few years of life; second, significant others, particularly the mother, are crucial in the development of self-esteem; finally and most importantly, Sullivan contends that the anxious mother will adversely effect the self-esteem of her child. It is upon this theoretical framework that the present investigation rests. Specifically, the purpose of this study is to explore whether or not a relationship exists between the anxiety level of the mother and the level of self-esteem of her preschool child.

Statement of Hypotheses

The following null hypotheses will be tested in this study:

HO_1 There is no relationship between the level of anxiety of the mother and the level of self-esteem of her Head Start child as measured by the Purdue Self-Concept Scale for Preschool Children.

HO_2 There is no relationship between the level of anxiety of the mother and the level of self-esteem of her Head Start child as measured by Coopersmith's Behavior Rating Form.

HO_3 There is no difference among black, white, and Mexican-American Head Start children in their level of self-esteem as measured by the Purdue Self-Concept Scale for Preschool Children.

HO_4 There are no sex differences among Head Start children in their level of self-esteem as measured by the Purdue Self-Concept Scale for Preschool Children.

HO_5 There is no difference among black, white, and Mexican American Head Start children in their level of self-esteem as measured by Coopersmith's Behavior Rating Form.

HO_6 There are no sex differences among Head Start children in their level of self-esteem as measured by Coopersmith's Behavior Rating Form.

CHAPTER II

METHOD

Subjects

The population of the study was composed of the total number of black, white, and Mexican-American family units enrolled in Lansing, Michigan Head Start. A family unit was defined as the Head Start child and his mother. The ages of the children ranged from 4½ to 5½. The exact breakdown of the population can be seen in Table 1. The

Table 1.--Breakdown of Total Lansing, Michigan Head Start Population, Ages 4½ to 5½.

	Black	White	Mexican-American
Male	44	52	22
Female	31	36	21

subjects were divided by stratified random selection on the basis of ethnic group and sex of the child into six groups of 12 family units each, making a total sample of 72 family units. This selection was accomplished as follows: lists of the Head Start children on the basis of ethnic group and sex were compiled. Each child was given

a number from one to 52, depending on the number of the total population in his respective group. From a table of random numbers proceeding from top to bottom and left to right, any number between one and 52 was selected until five names from each of the six groups were assigned to four lists of 30 names each. Each of the four Head Start home visitors was given one list of 30 names. The home visitors had agreed to, as a part of their regular visits, administer the Manifest Anxiety Scale, and obtain permission for testing of the children using the Purdue Self-Concept Scale for Preschool Children (PSCS). The home visitors, who have a good rapport with the parents, had easy access to most Head Start homes and it was felt that the parents would readily cooperate with them.

Instruments

The three instruments which will be used in this investigation are the Purdue Self-Concept Scale for Preschool Children (PSCS), Coopersmith's Behavior Rating Form (BRF) and Taylor's Manifest Anxiety Scale (MAS). The two former instruments will be used to measure the self-esteem of the Head Start children, and the latter will be used to measure the trait anxiety of their mothers.

The Purdue Self-Concept Scale for Preschool Children. The PSCS is a pictorial instrument designed by Victor G. Cicirelli to assess the self-esteem, "i.e., the individual's evaluation or implied evaluation of his own

characteristics and attributes," (pp. 3 & 4) of preschool children who are 3, 4, and 5 years old. The test consists of 40 items selected from over 150 items originally written to represent those attributes considered most important to the self-esteem in early childhood. The following are included: global self-judgements, general social acceptability, physical appearance, physical skills and strength, independence and autonomy, skills in interpersonal relations (including leadership and influence), communication and language skills, knowledge and thinking, problem-solving, curiosity, material possessions, and morality. The 12 areas were identified from the work of such people as Coopersmith (1967), McCandless (1967), Yamamoto (1972), and Wylie (1971). The items are represented by stylized cartoon drawings. The children depicted in each drawing are dressed in "unisex" clothing, similar to that which was worn by the children in the preschools where the pre-tryout testing was performed. The advantage of this type of diagram is that only one form of the instrument is needed for both sexes.

The child is required to select from two pictures, choosing the one which is most like he. The subject is given a point if he chooses the positive of the two alternatives.

Reliability. For various samples to which the PSCS was administered, internal consistency was computed. The results of these computations may be seen in Table 2.

Table 2.--Internal Consistency Reliabilities of the PSCS for Several Samples (KR-20).

Group	N	Reliability
3-year-old whites	114	.80
4-year-old whites	97	.89
5-year-old whites	101	.82
Combined sample, whites	312	.86
4- & 5-year-old blacks	100	.88
4-year-old whites	145	.89

Test-retest reliability for a sample of 23 white boys and 24 white girls 4 years of age who attended day care facilities in a midwestern city was .70 after a 2-week interval. Such reliability figures indicate that the PSCS is adequate for research purposes.

Content Validity. The PSCS contains items representing the content subdomains mentioned previously. These subdomains are areas which have been considered significant in relevant literature concerning children's self-esteem. Some of the authors to whom Cicirelli and his team referred in determining the subdomains and constructing the items are: Coopersmith (1967), McCandless (1967), Yamamoto (1972), and Wylie (1961). In light of the literature reviewed and insofar as there is some general agreement among researchers on the areas significant to a

child's self-esteem, the instrument would appear to have content validity.

Construct Validity. To determine construct validity three studies were conducted by Cicirelli (1975). In the first study, it was theorized that children with a high self-esteem would be viewed more positively by their teachers than children with low self-esteem. One hundred fifty-four 4-year-old white nursery school children in a midwestern city were evaluated by their teachers. The teachers looked at the following areas: physical skills, social skills, language skills, thinking skills, appearance, knowledge, self-confidence, and global impression of the child's competence. A total rating score correlation of .41 was reported, thus giving support to the instrument's construct validity.

In the second study (Cicirelli, 1975), it was hypothesized that although self-esteem is a stable evaluation, it depends on the total number of successes and failures and the ensuing self-judgements. It was thought that a temporary effect on self-esteem as a result of performances on a preceding task would be found. One hundred forty-four white preschool boys and girls, after being randomly assigned to three groups for different treatment after task completion, were required to copy some geometric designs (e.g., a rectangle with diagonals). A different set of standards was applied to each group for evaluation.

The experimenter in the high-standards group clearly delineated what characteristics a good drawing should have, such as sharp corners and straight lines. Only general aspects of a good picture were pointed out by the experimenter in the low-standards group. The control group of preschoolers were merely thanked for their drawings. The children were then asked to rate their pictures on a five-point scale utilizing the "ladder technique." The "very good" end of the ladder had a smiling face, and the "very bad" end had a frowning face. The children were asked to put a mark on the ladder at the point where they thought they should be placed. The low-standards group evaluated their pictures higher than children in the control group, who rated their pictures higher than the high-standards group. A significant F-test for the treatment factor ($F = 3.25$; $df = 1,139$; $p < .05$) was found when analysis of variance of the PSCS scores was performed. A mean self-esteem score of 32.58 for the low-standards group and a mean of 32.95 for the control group was reported. The means were not significantly different from each other; but they were both significantly higher than the mean of the high-standards group, which was 27.92. Since the scores varied in the predicted direction after success or failure on the preceding task, this study further supports the validity of the PSCS.

Socioeconomic status was significantly although weakly related to self-esteem by Coopersmith (1967). One hundred fifty 4-year-old preschoolers from a midwestern city were studied to see if this relationship could be verified. Parent occupation was classified into seven categories using the Hollingshead index occupational scale. A correlation of .24 between PSCS scores and socioeconomic status was found, thus providing further support for the construct validity of the test.

Coopersmith's Behavior Rating Form (BRF). The BRF, developed by Coopersmith (1967) is a 13-item, five-point teacher rating scale which was devised to assess self-esteem. The items for this scale were chosen after numerous observations of children both in and out of school. A research committee, clinical psychologists, principals, and teachers were involved in the generation of the items. The instrument taps such behavior as confidence in new situations, relation with peers, reaction to criticism, and need for attention. "On theoretical and empirical grounds, the behaviors were assumed to be an external manifestation of the person's prevailing self-appraisal" (Coopersmith, 1967, p. 11).

Reliability. The BRF cross-rater reliability was established in a small neighborhood school where the teachers and principal independently rated the children. The principal felt he knew 71 of the 86 children well

enough to rate. A correlation of .73 between the ratings of the teacher and principal was obtained. The test-retest reliability for one teacher of .96 was found after an 8-week period.

Taylor's Manifest Anxiety Scale. The most established of all anxiety tests and one which has been used in hundreds of investigations is Taylor's Manifest Anxiety Scale (MAS) (Norell, 1976). In making up this test, approximately 200 items were selected from the Minnesota Multiphasic Personality Inventory (MMPI). These items were submitted to five clinical psychologists, who then judged which questions were most indicative of manifest anxiety. On 65 items, there was 80% or better agreement (Taylor, 1953). The test was shortened in a later revision to 50 items. In another revision, 28 items were rewritten to simplify the vocabulary and sentence structure (Taylor, 1953).

Reliability. Numerous studies have shown the reliability of the MAS to vary between .81 and .96, depending on the method used; thus, the test has been found to be quite reliable (Kendall, 1954). The odd-even reliability corrected for length was reported to be .92 (Holtzman, Calvin, and Bitterman, 1952). Taylor found a Pearson product-moment coefficient of .89 by retesting 59 students of introductory psychology after 3 weeks. A test-retest coefficient of .82 after 5 months was reported for 173

undergraduate students, and a reliability of .81 was found after a longer period of 9 to 17 months. Taylor (1953) also found the scores were essentially the same using a number of different populations (e.g., Air Force basic trainees, Northwestern University night-school students). By looking at 1971 introductory psychology students at the University of Iowa for five successive semesters, females' mean scores were found to be higher than males', but the difference was not statistically significant.

A number of studies have been conducted to validate the MAS. Taylor (1953) compared 103 neurotic and psychotic individuals from in- and out-patient populations to students at the State University of Iowa and found the scores to be markedly different--the students had a much lower level of anxiety. In another study, a .74 correlation was found between the MAS and a neuroticism scale developed by Winne (Holtzman, 1954).

Siegman (1956), in an extensive study on the MAS, employed several validation procedures. He looked at 90 subjects, giving them a self-esteem scale and comparing the results to the MAS. A -.72 correlation was found. Many dynamically-oriented personality theorists believe that anxiety is related to a threat to self-esteem; therefore Siegman expected the result he obtained. He also compared the MAS to anxiety-sensitive subtests of the WAIS (i.e., arithmetic, digit span, digit symbol, block design,

and object assembly), and found those who scored high on the MAS also scored significantly lower on these subtests.

In the sample Siegman looked at, the subjects were given the test as a group, not identifying themselves, and individually as part of a diagnostic battery. There was no significant difference in scores between the identified and unidentified group, thus suggesting that reluctance to admit one's anxiety was not a problem in the study.

A Spanish version of the MAS was translated for the few mothers in the Mexican-American group who may have difficulty reading the test. A bi-lingual Spanish teacher who teaches English to Mexican-American adults, and has a Master's degree in Spanish from MSU, translated the test. It was reviewed by a bi-lingual Mexican-American Head Start teacher to insure that no Spanish dialect differences were present. Three of the Mexican-American mothers used the Spanish version of the MAS.

Procedure

The four Head Start home visitors were given instructions on how to present the experiment to the mothers (see Appendix A) on their random lists, and instructions for administration of the MAS. The instructions were: (1) Do not answer the questions for the mothers; (2) Tell the mothers to answer all questions either true or false; (3) Mothers who have problems with the questions

should be told to use their best judgement. Two practice sessions were held where the home visitors role played introduction and administration of the MAS. The home visitors were required, if cooperation was given, to stay until the MAS was completed, to insure that the mother completed the scale without outside assistance. The completed tests were then given to the investigator, who proceeded to test the children of mothers who had completed the MAS. The investigator also distributed the BRF to the children's respective teachers. Upon filling each experimental cell with 12 family units, the home visitors were told to discontinue administration of the MAS.

The children were tested as directed in the Norms-Technical Manual of the PSCS. A small quiet room, away from distractions, a desk, and two chairs were utilized. The examiner talked with the child for a few minutes to establish rapport and then said:

> This is a game about two children. Listen carefully while I tell you a story about them, and then tell me which child is most like you (Cicirelli, p. 22).

The test booklet was then opened and the two descriptions were read, while the examiner pointed to the appropriate pictures. The child was then asked, "Which child is most like you?"

Basic Design and Data Analysis

(1) To examine the relationship between mother's anxiety and child's self-esteem, a Pearson product-moment correlational analysis was employed.

(2) To examine how sex and race relate to the self-esteem of the child, two separate 2 x 3 ANOVAS were utilized. The independent variables of interest were race with three levels (white, black, and Mexican-American) and sex with two levels (male and female). The two dependent variables were the PSCS and the BRF. One ANOVA was performed on the scores obtained on the PSCS, and the other was performed on the scores obtained on the BRF.

The design for hypotheses 3, 4, 5, and 6 is depicted in Figure 1.

		Ethnic Group		
		Black	White	Mexican-American
Male	S_1 S_2 . . . S_{12}	n = 12	n = 12	n = 12
Female	S_1 S_2 . . . S_{12}	n = 12	n = 12	n = 12

Fig. 1.--Experimental design for the study.

CHAPTER III

RESULTS

In this chapter, the statistical findings related to each of the hypotheses and some supplemental analyses which were considered by the investigator to be important are presented. The hypotheses are reported in the same order as presented in Chapter II.

The first two hypotheses and some of the supplemental analyses were tested with the use of the linear correlation portion of the Statistical Package for the Social Sciences (SPSS) computer program (Nie, Hull, Jenkins, Steinbrenner, and Bent, 1975). Hypotheses three through six and the remainder of the additional analyses utilized the univariate portion of the Jeremy D. Finn program modified and adapted for use on the CDC 6500 Computer (Sheifley and Schmidt, 1973). All analyses were conducted at the Michigan State University Computer Center. All hypotheses and additional data were tested at the .05 level of significance.

Hypothesis One

Hypothesis one stated that there is no relationship between level of anxiety of the mother and the level of self-esteem of her Head Start Child as measured by the Purdue Self-Concept Scale for Preschool Children (PSCS). This hypothesis was tested by calculating the Pearson Product-Moment correlation coefficient between the mother's score on Taylor's Manifest Anxiety Scale (MAS) and the PSCS.

A nonsignificant relationship between the MAS and PSCS was found. For all subjects, the correlation between the MAS and PSCS was -.035 (p less than .384). Hypothesis one was supported; thus there appears to be no significant correlation between scores received on the MAS and the PSCS. Table 3 presents the correlations for the total sample and subgroups by sex and ethnic group.

Table 3.--Correlations between MAS and PSCS for all subjects and subgroups based on sex and ethnic group.

	N	r	p-value
Total population	72	-.035	.384
All males	36	-.087	.306
All females	36	.029	.432
All whites	24	-.084	.348
All blacks	24	.068	.375
All Mexican-Americans	24	.029	.445

Hypothesis Two

Hypothesis two states that there is no relationship between level of anxiety of the mother and the level of self-esteem of her Head Start Child as measured by Coopersmith's Behavior Rating Form (BRF). This hypothesis was tested by calculating the Pearson Product-Moment correlation coefficient between the mother's score on Taylor's Manifest Anxiety Scale (MAS) and the child's level of self-esteem as measured by Coopersmith's BRF. In Table 4 the results of these calculations are presented.

Table 4.--Correlation between MAS and BRF for all subjects and subgroups based on sex and ethnic group.

	N	r	p-value
Total population	72	-.260	.014
All males	36	-.217	.102
All females	36	-.319	.029
All whites	24	-.379	.034
All blacks	24	-.150	.241
All Mexican-Americans	24	-.230	.139

A significant negative relationship between mother's level of anxiety and child's BRF score was found for the total population of students ($r = -.2606$; p less than .014). When looking at the different subgroups which composed the total population, females were found to have a significant negative correlation between scores obtained on the MAS and BRF ($r = -.3191$; p less than .029). Among the white, black, and Mexican-American groups, only whites ($r = -.3191$; p

less than .034) obtained a significant relationship, although the other groups also showed a direction toward a negative correlation.

Hypothesis Three

Hypothesis three stated that there are no differences among black, white, and Mexican-American Head Start children in their level of self-esteem as measured by the Purdue Self-Concept Scale for Preschool Children (PSCS). Table 5 presents the means and standard deviations that were obtained for each ethnic group. To test whether or not these means were statistically significant from each other, a two-way analysis of variance was conducted. As can be seen from Table 6, the analysis indicated that there was no significant difference among the black, white, and Mexican-American groups as measured by the PSCS. Hypothesis three is therefore supported.

Table 5.--Means and standard deviations on the PSCS.

	$\bar{x}$	SD
White males	28.666	6.050
White females	31.166	5.621
Black males	31.000	5.215
Black females	29.666	5.989
Mexican-American males	27.500	6.215
Mexican-American females	28.083	6.388

$\bar{x}$ = mean SD = Standard Deviation

Table 6.--Results of two-way ANOVA on PSCS.

Source of Variation	Sum of Squares	df	Mean Squares	F-Ratio	p-value
Ethnic group	89.194	2	44.557	1.231	.298
Sex	6.125	1	6.125	.169	.682
E x S interaction	44.082	2	22.041	.608	.547
Within	2390.916	66	36.226		

Hypothesis Four

Hypothesis four stated that there are no sex differences among Head Start children in their level of self-esteem as measured by the PSCS.

In Table 5 are presented the means and standard deviations that were obtained for both sexes of each ethnic group. A two-way analysis of variance was conducted to test whether or not the means were statistically significant from each other. As can be seen from Table 6, the results of the analysis indicated that there was no significant sex difference among Head Start children in level of self-esteem as measured by the PSCS. Hypothesis four is therefore supported. Table 5 also indicated that there was no significant interaction between ethnic group and sex.

Hypothesis Five

Hypothesis five stated that there are no differences among black, white, and Mexican-American Head Start

children in their level of self-esteem as measured by Coopersmith's Behavior Rating Form (BRF).

Table 7 contains the means and standard deviations that were obtained for both sexes of each ethnic group. To test whether or not the means were statistically significant from each other, a two-way analysis of variance was conducted. Table 8 shows that the results of the analysis indicated that there was no significant difference between the means of black, white, and Mexican-American groups on the BRF. Hypothesis five is therefore supported.

Table 7.--Means and standard deviations on the BRF.

	$\bar{x}$	SD
White males	41.750	9.715
White females	43.916	7.427
Black males	43.083	6.244
Black females	46.333	8.227
Mexican-American males	45.333	6.139
Mexican-American females	47.666	5.331

$\bar{x}$ = mean SD = Standard Deviation

Hypothesis Six

Hypothesis six stated that there are no sex differences among Head Start children in their level of self-esteem as measured by Coopersmith's BRF. Table 7 presents the means and standard deviations that were obtained for both sexes of each ethnic group. The analysis of variance on the BRF means, presented in Table 8, indicated no

Table 8.--Results of two-way ANOVA on BRF.

Source of Variation	Sum of Squares	df	Mean Squares	F-ratio	p-value
Ethnic group	161.36	2	80.680	1.501	.230
Sex	120.125	1	120.125	2.235	.139
E x S interaction	4.082	2	2.041	.038	.962
Within	3546.048	66	53.728		

significant difference between males and females. The results, therefore, support hypothesis six. Table 7 also indicated that there was no significant interaction between ethnic group and sex.

Supplementary Analyses

After testing the formal hypotheses of this study, the investigator felt that additional data analyses would be useful to provide additional information of interest. Further statistical analyses, the Pearson Product-Moment correlation and a two-way analysis of variance, were performed to explore the following questions: (1) What was the relationship between the two measures of self-esteem, the PSCS and the BRF? (2) What was the relationship between the mother's level of education and the child's level of self-esteem? (3) Are there ethnic group differences in mother's level of anxiety? The results of the analyses are reported below.

Relationship Between PSCS and BRF

The correlation between the two instruments used to assess the self-esteem of the Head Start children was calculated. Across all subjects no significant relationship was found ($r = .187$; p less than .058), although it approaches significance. There were, however, significant correlations among two of the subgroups; i.e., Mexican-Americans ($r = .532$; p less than .004) and males ($r = .325$; p less than .026). The correlations between the PSCS and BRF are reported in Table 9.

Table 9.--Correlation between the PSCS and BRF.

	N	r	p-value
Total population	72	.187	.058
All males	36	.325	.026
All females	36	.027	.437
All whites	24	.021	.460
All blacks	24	.191	.185
All Mexican-Americans	24	.532	.004

Relationship Between the PSCS and Mother's Level of Education

The level of mother's education was found to be positively related to the PSCS scores. This relationship was obtained across all subjects ($r = .272$; p less than .01). When analyzed according to the various subgroups, significant relationships were found among whites ($r = .574$; p less than .002), and males ($r = .398$; p less than .008). These correlations are presented in Table 10.

Table 10.--Correlation between PSCS and mother's level of education.

	N	r	p-value
Total population	72	.272	.010
All males	36	.398	.008
All females	36	.124	.234
All whites	24	.574	.002
All blacks	24	.015	.471
All Mexican-Americans	24	.212	.159

Anxiety Differences for Mothers According to Ethnic Group

Differences in level of anxiety for white, black, and Mexican-American mothers was tested by means of analysis of variance, which is reported in Table 11. The means and standard deviation for this analysis are reported in Table 12.

The analysis indicated that there was no significant difference between the means of the black, white, and Mexican-American mothers in level of anxiety. Inspection of the means in Table 12 visually corroborates this finding.

Table 11.--Results of ANOVA on MAS scores.

Source of Variation	Sum of Squares	df	Mean Squares	F-ratio	p-value
Ethnic group	35.012	2	17.180	.284	.753
Within	3993.066	66	60.501		

Table 12.--Means and standard deviations on the MAS.

	$\bar{x}$	SD
White	17.624	7.267
Black	16.083	8.618
Mexican-American	16.249	7.244

$\bar{x}$ = mean SD = Standard Deviation

Summary

In this chapter, we examined the results of the investigation. Six hypotheses were tested--the first two by the Pearson Product-Moment correlation, and the remaining four by two-way analyses of variance. Only Hypothesis 2 was not supported. Three additional questions of interest were tested.

CHAPTER IV

SUMMARY, DISCUSSION, AND RECOMMENDATIONS

In this chapter a summary and discussion of the major findings of the investigation will be presented. In addition, recommendations for future research will be offered.

Summary

The present investigation was undertaken to determine if a relationship exists between mother's anxiety level and the level of self-esteem of her Head Start child. The investigator was also interested in determining whether or not there were any sex or ethnic group differences in the level of self-esteem among the black, white, and Mexican-American children which comprised the sample.

The sample for the study consisted of 72 children enrolled in Lansing, Michigan Head Start and their mothers. The sample was stratified across the ethnic group and sex of the children.

The data gathered for the analyses consisted of scores on the following three instruments: (1) Taylor's Manifest Anxiety Scale (MAS), to assess mother's anxiety

level, and (2) The Purdue Self-Concept Scale for Preschool Children (PSCS) and (3) Coopersmith's Behavior Rating Form (BRF), both to assess the child's level of self-esteem.

Two statistical procedures were employed: (1) The Pearson Product-Moment Correlation to determine the relationship between mother's level of anxiety as measured by the MAS and the child's measure of self-esteem as measured by the PSCS and the BRF and (2) a two-way analysis of variance where the independent variables were ethnic group with three levels (white, black, and Mexican-American) and sex with two levels (male and female). The dependent variables were scores on the PSCS and the BRF. This procedure was performed to determine ethnic group or sex differences in the children's levels of self-esteem. The .05 level of confidence was established as the basis for statistical significance.

From the analyses the following results were observed:

1. The relationship between the mother's level of anxiety and her child's level of self-esteem as measured by the Purdue Self-Concept Scale for Preschool Children was not significant ($r = -.035$; p less than .384).

2. A significant negative relationship ($r = -.260$; p less than .014) was observed between the mother's level of anxiety and her child's score on Coopersmith's Behavior Rating Form; i.e., highly anxious mothers tended to have children with low self-esteem.

3. No significant ethnic group differences were found in the children's level of self-esteem as measured by either the PSCS or the BRF.

4. No significant sex differences were found in the level of self-esteem of the children as measured by the PSCS or the BRF.

5. The two measures of self-esteem, the PSCS and the BRF, did not correlate significantly with each other ($r = .187$; p less than .058).

6. Mother's level of education was found to be positively correlated with her child's level of self-esteem as measured by the PSCS ($r = .272$; p less than .010), but not as measured by the BRF ($r = .055$; p less than .322).

7. There were no significant differences among white, black, and Mexican-American mothers in level of anxiety.

Discussion of Findings

The major findings of this study will be discussed under the following sections: (1) Measurement of Self-Esteem, (2) Maternal Anxiety and Self-Esteem, (3) Ethnic Group Membership and Level of Self-Esteem, (4) Sex Differences and Level of Self-Esteem, (5) Mother's Level of Education and Child's Level of Self-Esteem, and (6) Ethnic Differences in Mother's Level of Anxiety.

Measurement of Self-Esteem

An important finding in the current investigation is the lack of agreement between the two measures of self-esteem, the PSCS and the BRF. No systematic pattern was found for the relationship between these two measures across the various subgroups, although the two instruments

were significantly correlated for the males ($r = .325$, p less than .026) and Mexican-Americans ($r = .532$, p less than .004). There is no obvious explanation for this correlation.

Some possible explanations for the lack of agreement between the PSCS and the BRF will now be explored.

An obvious difficulty in measuring self-esteem is the fact that there is no clear, precise definition of what it is. When a construct like self-esteem is difficult to define, then "the desired measurement of the construct is difficult or impossible" (McCandless and Evans, 1973, p. 388). As a consequence of the absence of a meaningful operational definition, Coopersmith (1967) and Cicirelli (1975) may have had a different notion of what self-esteem is. Coopersmith, as previously mentioned in Chapter I, views self-esteem as "a personal judgement of worthiness that is expressed in the attitudes the individual holds toward himself" (p. 5). Cicirelli defines self-esteem as an individual's "evaluation of his characteristics in relation to others" (p. 3). In light of the different conceptualizations of self-esteem, the two instruments developed to measure the construct may be tapping different aspects of it.

The PSCS and the BRF may have attempted to oversimplify a complex construct. Maybe "global" self-esteem is too broad. Indeed, Wylie (1974) argued that self-esteem

is "too inclusive for manageable verbal and empirical definition" (p. 320). If self-esteem were broken down into some of its component parts, such as view of physical self, academic self, and social self, it might be easier to get an accurate reading of this construct. It appears that the complexity of self-esteem would preclude the assumption of a score of global self-esteem. Concurrently, Akert (1959) believes that an individual does not accept or reject himself completely, but appraises different dimensions of the self.

A problem with which the PSCS may not have been able to deal effectively with is that the preschooler may be responding defensively or distorting his view of himself, or may not be completely clear about his true feelings. This problem's existence is substantiated by Fiore (1969) who found that preschoolers tend to view themselves in what might be called a socially desirable fashion. To the extent that the preschoolers in this study tended to view themselves favorably, less variability of scores was reported, thus making it more difficult to obtain high correlation with the other measure of self-esteem.

The BRF may have been plagued by some of the problems that Brandt (1972) found with rating scales; specifically, the halo effect, generosity error, and ambiguity in trait being measured. Since the natural inclination of a teacher is to "help" the student, her attitudes, interests,

and sentiments may be obstacles to an accurate assessment (Good, 1959). Not all researchers find teacher rating scales inaccurate (Jersild, 1968; Weiner, 1964), but this possibility should be considered.

This investigator does not want readers to conclude that the measurement of self-esteem is a futile exercise, but wishes to apprise them of some possible explanations for the lack of relationship between the PSCS and BRF, and to caution them in interpreting the remaining results. This writer agrees with Gordon (1966), who points out that the validity of any approach to measure the real self "is governed by its utility as a predictor of behavior" (p. 54). He further points out that when measuring self-esteem the procedures do not have to be precise, because they are "sundials, not clocks" (p. 54).

Maternal Anxiety and Self-Esteem

Previous research has indicated that a relationship exists between high anxiety and low self-esteem in the same individual. This investigation shows that mothers with high anxiety tend to have children with low self-esteem as measured by the BRF. This relationship, which was significant across all subjects ($r = -.260$; p less than .014) was found to be significant for females ($r = .319$; p less than .029), but not significant for males ($4 = .217$; p less than .102).

A possible, though speculative, explanation for this finding is suggested by the theory of identification, the "process whereby a growing child takes on the behavior of another significant individual in his life and behaves as if he were that person" (Hamachek, 1975, p. 109). It is through identification that the child learns in many subtle and some not so subtle ways to act in an "appropriate" way for his sex (Hamachek, 1971). This process starts early, for at around age two the child has already begun incorporating his gender into his self-concept (Schell, 1975). Hamachek (1975) points out that in identification the parent of the same sex has the greatest impact on the child. Thus, is it not more likely that the mother's anxiety level would have a greater effect on her daughter than her son? The significant relationship found between mothers' anxiety level and their daughters' levels of self-esteem suggests that this may be the case.

Ethnic Group Differences and Level of Self-Esteem

Another concern of this study was to assess differences in level of self-esteem among the three ethnic groups participating in the investigation. Previous research in this area has been contradictory. In many of the earlier studies, blacks and Mexican-Americans seemed to trail behind their white counterparts (Clark and Clark, 1939; Horowitz, 1939; Deutsch, 1963; Cole, 1967). Some of the

more recent studies have found the Mexican-Americans still behind the white population, but blacks equal to or surpassing whites in level of self-esteem (Hishiki, 1969; Strang, 1973; Hines and Berg-Cross, 1976).

The differences in self-esteem for the various ethnic groups has been thought to be the result of the internalization of the negative attitudes of the white majority. "Individual and group self-hatred, sense of inadequacy, and low self-esteem" are some of the acquired behaviors (St. John, 1975, p. 48). The recent rise in self-esteem of the blacks is thought to be the result of the "Black Pride" movement which competes with the "believed" negative views of the white majority (Zirkel and Moses, 1971).

The present investigation revealed no differences between the three ethnic groups in level of self-esteem on either instrument used. This investigator wonders whether or not the atmosphere at Head Start played a major role in this finding. Head Start positively views different ethnic groups and does such things as celebrating different ethnic holidays, eating different ethnic foods, and honoring representatives from the different groups. Similar to the "Black Pride" movement, Head Start may be emphasizing white, black, and Mexican-American pride. This acts to equalize the groups' levels of self-esteem.

Sex Differences and Level of Self-Esteem

An additional objective of this investigation was to determine if there were any sex differences in level of self-esteem of the Head Start children. Inspection of the data indicated that there were no such differences. Previous research has frequently found no sex differences in self-esteem. Studies where differences were reported are evenly divided between males and females having the higher level of self-esteem. Maccoby and Jacklin (1974) conclude after surveying the literature on the subject that there are very few sex differences in self-esteem. This study extends the conclusion of Maccoby and Jacklin to the preschool age group.

Mother's Level of Education and Child's Level of Self-Esteem

A supplementary finding in this study is that the Head Start children's self-esteem scores on the PSCS correlated positively ($r = .271$; p less than .01) with mothers' levels of education. This is in agreement with a recent study by Miller (1975). Miller believes that the personality of mothers who graduate from high school is different from that of mothers with less education. This difference, he feels, somehow promotes high self-esteem in children whose mothers graduated from high school.

Rotter (1966) indicates that people with more education have an internal locus of control; that is, they

feel that they are responsible for what happens to them. Furthermore, people with internal locus of control have lower levels of anxiety (Watson, 1967; Nelson and Phares, 1971). It seems feasible, therefore, that a mother with more education would have an internal locus of control, less anxiety than a mother with less education, and a child with a high level of self-esteem.

This investigator speculates that the mother who has more education is less subject to the difficulties of an unpredictable and often punishing world. She may be less threatened by the world and may somehow transmit this to her child. As shown in the previous review of literature, a mother who is anxious may transmit her anxiety to her child, fostering feelings of insecurity and apprehension in the child. These negative feelings may lead to a lowering of the child's self-esteem.

Ethnic Differences in Mother's Level of Anxiety

Research on differences in anxiety level among women of various ethnic groups is missing from the literature. The most closely related research is found under the heading of differences in mental disorders. A number of authors, after reviewing the conflicting data which deal only with black/white differences, made statements like: "no definite conclusion can be made about black/white differences in amount of serious mental disorder until

further epidemiological research is done" (Miller and Dreger, 1973). In harmony with this view, the present investigation found no differences in level of anxiety for the three different ethnic groups. This investigator believes that socioeconomic level is a more crucial factor than is ethnic group in determining differences in anxiety level. This notion is shared with many other psychologists (Frimkin, 1954; Costello, Fine, and Blau, 1973).

Recommendations for Future Research

In general, this study shows that there may be a negative relationship between mother's level of anxiety and child's level of self-esteem. More specifically, highly anxious mothers may have children with lower self-esteem than mothers who are not anxious.

This exploratory study, it is hoped, will add to and encourage more research in the area of anxiety and its effect on self-esteem. To enhance and expand upon the findings from the present investigation, suggestions for future research will now be made.

1. Since the results of this study are generalizable only to similar populations, it would be valuable and interesting to conduct further research using differing socioeconomic levels, ethnic groups, regions of the country, and age groups.
2. Two of the instruments used in the study were of the self-report type and one was a teacher rating.

The usefulness of these devices was contingent upon the participants' abilities to respond honestly and accurately. Therefore, further research efforts should be directed toward improving and developing reliable and valid measures of self-esteem. The study should then be replicated using these improved and more effective instruments.

3. This study did not control for such factors as number of siblings, presence of grandparents or other relatives in the home, family size, or father-absence. The father's level of anxiety was not measured or correlated with the child's level of self-esteem. Certainly the important role the father plays in the home has been substantiated by many researchers (Blanchard and Biller, 1971; McCandless, 1970; Repucci, 1971; Santrock, 1970), and his effect on child's self-esteem should not be overlooked. Studies incorporating father's level of anxiety, as well as ones looking at the other factors mentioned above need to be conducted.
4. Very few longitudinal studies with preschool children's level of self-esteem have been undertaken. It would be valuable to conduct such research, following the subjects through junior high or high school.

In conclusion, our understanding of the effects of parental anxiety on children's self-esteem is in its beginning stages. While this investigation does suggest that mothers with high anxiety negatively affect their childrens' self-esteem, further research will be of great value in helping to make conclusions about and suggestions for enhancement of this important personality characteristic.

APPENDICES

APPENDIX A

PRESENTATION OF EXPERIMENT TO MOTHERS

APPENDIX A

PRESENTATION OF EXPERIMENT TO MOTHERS

We are trying to learn more about Head Start children. It is not possible to question every mother and child, so a few mothers have been chosen to speak for many other families in the community. You are one of the mothers picked, and I hope you will be able to help us. You will just have to answer some questions, which will take about ten minutes, and your child will play a game in school which takes about 15 minutes. We hope to learn a lot from the answers you and the other Head Start mothers give us. No one will be able to know the answers you or your child give us. Do you think you will be able to help us?

APPENDIX B

HEAD START DATA SHEET

APPENDIX B

HEAD START DATA SHEET

Name _____

Age

Under 20 _____
20 - 25 _____
26 - 30 _____
31 - 35 _____
36 - 40 _____
41 - _____

Names of Children	Age
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Years of School Completed

Grade 1 - 9 _____
Grade 10 _____
Grade 11 _____
Grade 12 _____

1 year college _____
2 years college _____
3 years college _____
4 years college _____
Graduate school _____

Programa "Head Start"

Nombre _____

Edad

Menos de 20 _____
20 - 25 _____
26 - 30 _____
31 - 35 _____
36 - 40 _____
41 + _____

Nombre de Los hijos	Edad
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

¿Hasta que' grado llego'?

Primaria	1-6	_____	Grado 1-9
Secondaria	1-2	_____	Grado 10
Secondaria	3-4	_____	Grado 11
Secondaria	5-6	_____	Grado 12

Universidad 1 Año _____
2 Año _____
3 Año _____
4 Año _____
5 + _____

APPENDIX C

TAYLOR MANIFEST ANXIETY SCALE

APPENDIX C

TAYLOR MANIFEST ANXIETY SCALE

This scale consists of numbered statements. Read each statement and decide whether it is true as applied to you or false as applied to you. You are to mark your answers on the answer sheet you have. If a statement is TRUE OR MOSTLY TRUE, as applied to you, circle under the column headed T. If a statement is FALSE OR NOT USUALLY TRUE, as applied to you, circle under the column headed F.

T F 1. My hands and feet are usually warm enough.

T F 2. I work under a great deal of tension.

T F 3. I have diarrhea once a month or more.

T F 4. I am very seldom troubled by constipation.

T F 5. I am troubled by attacks of nausea and vomiting.

T F 6. I have nightmares every few nights.

T F 7. I find it hard to keep my mind on a task or job.

T F 8. My sleep is fitful and disturbed.

T F 9. I wish I could be as happy as others seem to be.

T F 10. I am certainly lacking in self-confidence.

T F 11. I am happy most of the time.

T F 12. I have a great deal of stomach trouble.

T F 13. I certainly feel useless at times.

T F 14. I cry easily.

T F 15. I do not tire quickly.

T F 16. I frequently notice my hand shakes when I try to do something.

T F 17. I have very few headaches.

T F 18. Sometimes, when embarrassed, I break out in a sweat which annoys me greatly.

T F 19. I frequently find myself worrying about something.

T F 20. I hardly ever notice my heart pounding and am seldom short of breath.

T F 21. I have periods of such great restlessness that I cannot sit long in a chair.

T F 22. I dream frequently about things that are best kept to myself.

T F 23. I believe I am no more nervous than most others.

T F 24. I sweat very easily even on cool days.

T F 25. I am entirely self-confident.

T F 26. I have very few fears compared to my friends.

T F 27. Life is a strain for me much of the time.

T F 28. I am more sensitive than most other people.

T F 29. I am easily embarrassed.

T F 30. I worry over money and business.

T F 31. I cannot keep my mind on one thing.

T F 32. I feel anxiety about something or someone almost all the time.

T F 33. Sometimes I become so excited that I find it hard to get to sleep.

T F 34. I have been afraid of things or people that I knew could not hurt me.

T F 35. I am inclined to take things hard.

T F 36. I am not unusually self-conscious.

T F 37. I have sometimes felt that difficulties were piling up so high that I could not overcome them.

T F 38. I am usually calm and not easily upset.

T F 39. At times I think I am no good at all.

T F 40. I feel hungry almost all the time.

T F 41. I worry quite a bit over possible misfortunes.

T F 42. It makes me nervous to have to wait.

T F 43. I have had periods in which I lost sleep over worry.

T F 44. I must admit that I have at times been worried beyond reason over something that really did not matter.

T F 45. I am a high-strung person.

T F 46. I practically never blush.

T F 47. I blush no more often than others.

T F 48. I am often afraid that I am going to blush.

T F 49. I shrink from facing a crisis or difficulty.

T F 50. I sometimes feel that I am about to go to pieces.

Taylor's Manifest Anxiety Scale
(Spanish Version)

Esta escala contiene declaraciones enumeradas. Lea cada declaración y decida si es cierto, en cuanto a usted se refiere, ó si es falso, en cuanto a usted se refiere. Si una declaración es cierto ó si es cierto la mayoria de las veces, en cuanto a usted se refiere, haga un circuclo alrededor de la letra C. Si la declaración es falso ó si no es cierto la mayoria de las veces, en cuanto a usted se refiere, haga un circulo alrededor de la letra F.

C F 1. Las manos y los pies están siempre con calor suficiente.

C F 2. Trabajo bajo mucha tensión.

C F 3. Tengo diarrea al menos una vez al mes ó más.

C F 4. Son muy poca las veces que tengo el problems de constipación.

C F 5. Estoy siempre turbado por ataques de nansea y vomito.

C F 6. Tengo pesadillas cada cuantas noches.

C F 7. Me es dificil concentrarme en lo que estoy haciendo.

C F 8. El sueño para mi es agitado y turbado.

C F 9. Ojalá que fuera tan feliz como los otros aparentan ser.

C F 10. Ciertamente me hace falta confianza en mi mismo.

C F 11. Soy feliz la majoria de las veces.

C F 12. Tengo muchos problemas estomacales.

C F 13. Aveces siento que no sirvo para nada.

C F 14. Lloro fácilmente.

C F 15. No me canso fácilmente.

C F 16. Con frecuencia me doy cuenta de que la mano tiembla cuando trato de hacer algo.

C F 17. Casi nunca tengo dolor de cabeza.

C F 18. Aveces, cuando me da verguenza, comienzo a sudar y ésto me molesta mucho.

C F 19. Con frecuencia estoy preocupado por algo.

C F 20. Casi nunca tengo palpitaciones fuertes del corazón y respiración restringida.

C F 21. Paso por periodos de tanta agitacion o turbacion que ni puedo estar sentado por mucho tiempo en una silla.

C F 22. Con frecuencis sueño con cosas de las cuales preferiria no hablar con nadien.

C F 23. No me parece que soy mas nervioso que los otros individuos.

C F 24. Sudo muy fácilmente, aún en dias de poco calor.

C F 25. Tengo mucha confianza en mi mismo.

C F 26. Son muy pocas las cosas que me dan miedo, en comparación con mis amistades.

C F 27. La vida me es muy pesada la mayoria de las veces.

C F 28. Soy más sensitivo que muchas personas.

C F 29. Las cosas me dan verguenza con mucha facilidad.

C F 30. El dinero y el negocio me preocupan.

C F 31. No puedo concentrame en aun sola cosa.

C F 32. Siempre siento anxiedad por algo ó por alguien.

C F 33. Aveces me siento tan agitado que me es dificil dormir.

C F 34. He tenido miedo de personas y cosas que he conocido.

C F 35. Tengo la tendencia de sufrir por cualquier cosa.

C F 36. No estoy demasiado inseguro.

C F 37. Aveces he sentido que las dificultades se amontonaban tanto que no las podia vencer.

C F 38. Estoy normalmente muy pacifico y nada me puede perturbar facilmente.

C F 39. Aveces pienso que no sirvo para nada.

C F 40. Casi siempre tengo hambre.

C F 41. Me preocupo mucho por las desgracias que pueden ocurrir en la vida.

C F 42. Me siento nervioso cuando tengo que esperar.

C F 43. He pasado por periodso durante las cuales no he podido dormir por la preocupación.

C F 44. Tengo que, confesar que aveces me he preocupado más de la cuenta por cosas sin importancia.

C F 45. Soy una persona muy nerviosa.

C F 46. No hay casi nada que me dá verguenza.

C F 47. Las cosas no me dan verguenza con más frecuencia que a otras personas.

C F 48. Siempre temo que las cosas me van a dar verguenza.

C F 49. Evito tener que enfrentar una crisis o una dificultad.

C F 50. Aveces siento que estoy a punto de tener una crisis nerviosa.

APPENDIX D

SCORING INSTRUCTIONS AND SCORING SHEET FOR THE PSCS

APPENDIX D

SCORING INSTRUCTIONS AND SCORING SHEET FOR THE PSCS

In scoring the PSCS, the child is given one point if he selects the more positive response alternative for an item. If he selects the less positive (or negative) response alternative for an item, he is given a score of zero for that item. The total score is the sum of the item scores.

The 40 items, with the scoring for each, are as follows:

1. (1) This child can catch a ball very well.
   (0) This child can not catch a ball so well.

2. (1) This child can count to twenty.
   (0) This child can not count to twenty.

3. (0) This child can't climb so high.
   (1) This child can climb high.

4. (0) This child can not write his name.
   (1) This child can write his name.

5. (1) Lots of people tell this child that he looks nice.
   (0) A few people tell this child that he looks nice.

6. (0) This child can not make up good songs to sing.
   (1) This child can make up good songs to sing.

7. (1) People say this child is very smart.
   (0) People do not say this child is smart.

8. (0) Sometimes this child's clothes look old and dirty.
   (1) This child's clothes always look nice.

9. (1) This child is trying to learn how to read.
   (0) This child is not trying to learn how to read.

10. (0) This child doesn't like to dance.
    (1) This child likes to dance.

11. (0) Other boys and girls don't talk to this child.
    (1) Other boys and girls talk to this child.

12. (1) This child knows how to make the toy work.
    (0) This child doesn't know how to make the toy work.

13. (0) This child gets tired after doing a few things.
    (1) This child can do many things without getting tired.

14. (1) This child's mother tells him he's good.
    (0) This child's mother doesn't tell him he's good.

15. (1) This child can put a very hard puzzle together.
    (0) This child can not put a very hard puzzle together.

16. (0) This child is sad.
    (1) This child is happy.

17. (1) This child plays with other children.
    (0) This child does not play with other children.

18. (0) This child's teacher doesn't always like what he does.
    (1) This child's teacher always likes what he does.

19. (1) Grownups like to talk to this child.
    (0) Grownups don't talk very much to this child.

20. (0) This child's mother does not pay attention when the child speaks to her.
    (1) This child's mother pays attention when the child speaks to her.

21. (1) This child likes to build things.
    (0) This child likes to sit and watch.

22. (0) This child can't ride a two-wheeled bike.
    (1) This child can ride a two-wheeled bike.

23. (1) This child gives a cookie to his friend.
    (0) This child doesn't give a cookie to his friend.

24. (1) This child's mother knows he can do things for himself.
    (0) This child's mother doesn't think he can do things for himself.

25. (0) This child cannot find his toy.
    (1) This child can find his toy.

26. (0) This child does not like to swing high.
    (1) This child likes to swing high.

27. (1) Many boys and girls play this child's game.
    (0) Few boys and girls play this child's game.

28. (0) This child's mother is angry with him a lot.
    (1) This child's mother is not angry with him very much.

29. (0) Boys and girls think this child is weak.
    (1) Boys and girls think this child is strong.

30. (1) This child has a lot of toys of his own.
    (0) This child doesn't have a lot of toys of his own.

31. (0) This child has only a few friends.
    (1) This child has a lot of friends.

32. (0) This child needs help.
    (1) This child can do it alone.

33. (1) Other boys and girls like this child very much.
    (0) Other boys and girls do not like this child very much.

34. (0) This child does not share his toys with other boys and girls.
    (1) This child shares his toys with other boys and girls.

35. (0) This child breaks a lot of things.
    (1) This child doesn't break many things.

36. (1) The boys and girls like the stories this child tells.
    (0) This child does not tell stories the boys and girls like.

37. (0) This child can not run faster than other boys and girls.
    (1) This child can run faster than other boys and girls.

38. (1) People always know what this child wants.
    (0) Sometimes people don't know what this child wants.

39. (1) This child likes to look at the picture book.
    (0) This child doesn't like to look at the picture book.

40. (0) This child can not call someone on the phone all by himself.
    (1) This child can call someone on the phone all by himself.

Examiner's Name _____

Scoring Sheet
Pre-School Self Concept

Name of Child _____Age_____Sex_____

School _____Teacher_____

Each item is scored as follows: If the child chooses the response alternative to an item which is a positive self-description, that item is given a score of one point; if he endorses a negative self-description, that item is given a score of zero. Score on the test is the sum of the item scores.

Items in which the positive response alternative is the left picture of the item are: 1, 2, 5, 7, 9, 12, 14, 15, 17, 19, 21, 23, 24, 27, 30, 33, 36, 38, 39.

Items in which the positive response alternative is the right picture of the item are: 3, 4, 6, 8, 10, 11, 13, 16, 18, 20, 22, 25, 26, 28, 29, 31, 32, 34, 35, 37, 40.

Total Score_____

1_____	11_____	21_____	31_____
2_____	12_____	22_____	32_____
3_____	13_____	23_____	33_____
4_____	14_____	24_____	34_____
5_____	15_____	25_____	35_____
6_____	16_____	26_____	36_____
7_____	17_____	27_____	37_____
8_____	18_____	28_____	38_____
9_____	19_____	29_____	39_____
10_____	20_____	30_____	40_____

APPENDIX E

BEHAVIOR RATING FORM (BRF)

APPENDIX E

BEHAVIOR RATING FORM (BRF)

1. Does this child adapt easily to new situations, feel comfortable in new settings, enter easily into new activities?

   __always __usually __sometimes __seldom __never

2. Does this child hesitate to express his opinions, as evidenced by extreme caution, failure to contribute, or a subdued manner in speaking situations?

   __always __usually __sometimes __seldom __never

3. Does this child become upset by failures or other strong stresses as evidenced by such behaviors as pouting, whinning, or withdrawing?

   __always __usually __sometimes __seldom __never

4. How often is this child chosen for activities by his classmates? Is his companionship sought for and valued?

   __always __usually __sometimes __seldom __never

5. Does this child become alarmed or frightened easily? Does he become very restless or jittery when procedures are changed, exams are scheduled or strange individuals are in the room?

   __always __usually __sometimes __seldom __never

6. Does this child seek much support and reassurance from his peers or the teacher, as evidenced by seeking their nearness or frequent inquiries as to whether he is doing well?

   __always __usually __sometimes __seldom __never

7. When this child is scolded or criticized, does he become either very aggressive or very sullen and withdrawn?

__always __usually __sometimes __seldom __never

8. Does this child deprecate his school work, grades, activities, and work products? Does he indicate he is not doing as well as expected?

__always __usually __sometimes __seldom __never

9. Does this child show confidence and assurance in his actions toward his teachers and classmates?

__always __usually __sometimes __seldom __never

10. To what extent does this child show a sense of self-esteem, self-respect, and appreciation of his own worthiness?

__very strong __strong __medium __mild __weak

11. Does this child publicly brag or boast about his exploits?

__always __usually __sometimes __seldom __never

12. Does this child attempt to dominate or bully other children?

__always __usually __sometimes __seldom __never

13. Does this child continually seek attention, as evidenced by such behaviors as speaking out of turn and making unnecessary noises?

__always __usually __sometimes __seldom __never

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