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A study of self-esteem comparing special education with regular education students during the middle school years

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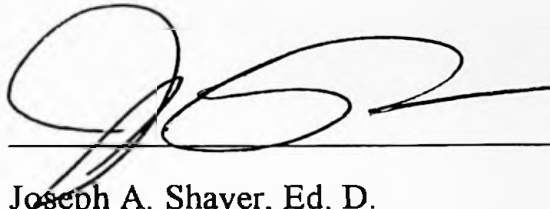MASTER OF ARTS THESIS

BY

DEBRA A. DAVIS

A COMPARATIVE STUDY OF SELF-ESTEEM BETWEEN STUDENTS IN

SPECIAL EDUCATION vs. REGULAR EDUCATION PROGRAMS

APRIL 27, 1998
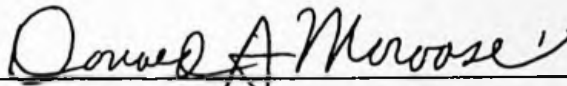
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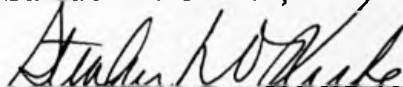
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1998

A Study of Self-Esteem Comparing Special Education with Regular Education

Students During the Middle School Years

Debra A. Davis

A Thesis Submitted In Partial Fulfillment of the Requirements for the

Degree of Master of Arts in Psychology

Marshall University Graduate College
1997

Abstract

The purpose of this study was to compare differences in levels of self-esteem between special education students and a control group of normal students. One hundred sixty-two fifth- through eighth-grade students from Doddridge County Middle School, West Union, West Virginia, were assessed by teachers using the Self-Esteem Index. The students were initially divided into two groups according to their placement in the regular or the special education programs. There was a total of 81 students in each of the groups. The configuration of each group was as follows: 24 learning-disability students, 14 behavior-disorder students, 16 gifted students, nine speech/language-disorder students, and 18 multiple-disorder students. A mixed ANOVA was performed on special education total mean scores on the SEI and compared to the control group's scores (regular-education students). Significance was found; and a subsequent Scheffe' test revealed only one significant difference in self-esteem between the special-and regular-education groups. It appears that gifted students have higher levels of self-esteem than their regular-education peers. All other groups of exceptionalities showed no difference when compared to the normal controls. This investigation also looked at differences in self-esteem according to gender. Results showed that there was no significant difference on this variable. In addition, this study indicated that students' educational placement nor gender do not combine in any signficant way to affect self-esteem.

Acknowledgments

Preface

The Social Studies Texan (1991) asserts that currently the youth in our country are a subject of increasing uneasiness of the educational institutions as well as the general public. A report by the Carnegie Corporation (cited in the Social Studies Texan), says that in the United States, about 28 million young people between ten and seventeen years of age are unprotected in several high risk situations, such as academic failure, substance abuse, unprotected sex, and violent behavior, which has an extremely adverse effect on their future. These kinds of dangers are present throughout society; however, these risks become more prominent with the deterioration of two-parent families, financial and social problems, and are especially evident in large metropolitan areas and among impoverished minority youths.

According to the Carnegie report because of the distress of our young people in our new technological society, educators need to take novel approaches to the preparation of our youth to meet today's challenges. Exclusively this generation of educators has shown an interest in focusing their attention on the instruction of adolescents at the middle-childhood level. However, since this is a period of numerous physical, social, emotional, and cognitive changes, it is a particularly crucial time in teaching them adaptive behaviors for dealing with the world. Educational institutions should be aware of these circumstances and design specific programs, objectives, and methods that provide a defense against the dangers of society and offer hope for their future (Social Studies Texan, 1991).

Since self-esteem may be a primary component of an optimistic outlook for our children's future, self-esteem was the subject selected for concentrated investigation. This document contains the background for the study; the rationale and purpose; a methods section; description of the subjects'; design; instrument (SEI); procedures; and the results section: explaining statistical conclusions; a discussion, including: summary and integration of results, explanation for findings, implications of findings, limitations concerned with the design and internal validity, external valdity and generalizability, analysis and statistical power, and measurement. In addition, the future direction of research on self-esteem were explored.

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A Comparative Study of Self-Esteem Between Students in Special Education vs. Regular Education Programs

Introduction

Background of the study

Alfred Adler, in his theory of individual psychology, defined organ inferiority as a biologically based defect that gives rise to feelings of inadequacy. He believed that persons who were defective in some way would often try to make up for their deficiency by rigid training in order to feel better about themselves. For example, children with a speech impairment may attempt to master his/her impairment by a concentrated effort to improve their communication skills until they are competent enough to become an expert public speaker. Or, a child with a physical disability may become an outstanding athlete. Adler felt that it was not the disability as such that causes the person to struggle to overcome, but the individual's perspective about the handicap. The person may chose to deal with their imperfection in various ways. However, if they decide to overlook their problems, it is not likely that they will be able to surmount them (cited in Ryckman, 1993).

Subsequently, Adler extended his definition of organ inferiority to incorporate any feelings of inadequacy, including those that originate from within the person. In other words, in addition to people feeling inferior due to physical disabilities; they could also suffer from psychological and social disabilities (Ryckman, 1993).

Adler then coined the term " masculine protest" to refer to any effort made by the person (male or female) to offset their sensitivity to their imperfection by striving for superiority. He believed that superiority was associated with masculine characteristics such as being independent, assertive, and aggressive, while inferiority was analogous to feminine attributes such as codependency, submissiveness, and passivity. Adler felt that women were put in a subordinate standing in our culture. Therefore, women had to defeat those feelings of inferiority by adopting masculine styles of behavior. These behaviors can be noted in women who utter obscene language, boast, and behave aggressively. On the other hand, masculine protest can also be seen in women who behave in a overly feminine way, for example, trying to attract men in order to dominate and degrade them.

Masculine protest was also used to describe men who lacked confidence but tried to demonstrate their masculinity by acting courageous, e.g., the guy that thinks he can prove his maleness by numerous sexual conquests. Whether masculine protest was exhibited by women or men, it was considered to be a sign of disturbed behavior (Ryckman, 1993).

While reflecting on Adler's ideas about "organ inferiority" and "masculine protest," the concept of a research study dealing with how disabilities and gender issues might influence the development of self-esteem began to germinate. Although there has been a revitalized interest in self-esteem research there is still a need for further study.

More information is needed about how self-esteem is developed and how it can be enhanced, especially in populations such as those struggling with different types of exceptionalities and gender-specific problems. School systems are beginning to recognize the consequences of high and low self-esteem in their students' lives.

The necessity for a concentrated focus on these issues and populations should be readily apparent.

Nathaniel Branden (1994) maintains that, presently, the public has found fault with schools because some students graduate from high school without the most basic knowledge of written English or math or other subjects that the students need to survive in today's job market.

Therefore, Branden says that a self-esteem curriculum needs to be developed and implemented in the school system because we need to help children to keep on learning, to stop drug use, to halt teenage pregnancy, to restrain them from destroying others' property, and to assist them in learning what is necessary to be successful. Also, it will encourage them to get ready intellectually and emotionally for an environment where the brain is considered to be everyone's most valuable resource (1994). A consideration of the importance of self-esteem within the educational arena should motivate researchers and educators to discover new ideas and approaches to solving a variety of old problems.

Rationale and Purpose

The purpose of this study was to determine the relationship, if any, between special-education placement and self-esteem. Although there are numerous articles and books on the subject, certain factors have not been addressed. For example, this researcher has not found any studies investigating self-esteem and children with speech/language disorders.

Although such disorders may be less detrimental than some of the others, there still exists the possibility that they could affect students' self-esteem. Also, there is an

absence of information concerning children who have been identified as having multiple disorders (i.e., learning and behavior disorder, learning and speech disorder, etc.). Finally, while past research has studied special education and self-esteem, none has addressed gender differences.

Hypotheses:

H1: Children enrolled in a special education program for learning disability students will show lower levels of self-esteem than regular education students.

Ho: Children enrolled in a special education program for learning disability students will show no difference in levels of self-esteem than regular education students.

H2: Children enrolled in a special education program for behavior disorder students will show lower levels of self-esteem than regular education students.

Ho: Children enrolled in a special education program for behavior disorder students will show no difference in levels of self-esteem than regular education students.

H3: Children enrolled in a special education program for gifted students will show higher levels of self-esteem than regular education students.

Ho: Children enrolled in a special education program for gifted students will show no difference in levels of self-esteem than regular education students.

H4: Children enrolled in a special education program for speech/language disorder students will show lower levels of self-esteem than regular education students.

Ho: Children enrolled in a special education program for speech/language disorder students will show no difference in levels of self-esteem than regular education students.

H5: Children enrolled in a special education program for multiple disorder students will show lower levels of self-esteem than regular education students (excluding the gifted).

Ho: Children enrolled in a special education program for multiple disorder students will show no difference in levels of self-esteem than regular education students (excluding the gifted).

H6: Male students enrolled in the special education program will show higher levels of self-esteem than female students.

Ho: Male students enrolled in the special education program will show no difference in levels of self-esteem than female students.

Methods

Subjects

This sample of archival data was obtained from one hundred sixty-two students who were administered the Self-Esteem Index by teachers at Doddridge County Middle School. The subjects consisted of 5th through 8th grades students from 10 to 14 years old. Scores were obtained during the 1992/1993 academic year. The students were initially divided into two groups: regular education students with a total of 81 subjects (42 girls

and 39 boys) and special education students with a total of 81 subjects (42 girls and 39
boys). Special education students were categorized further by exceptionality. There were
24 learning disability students (13 girls and 11 boys), 14 behavior disorder students (five
girls and nine boys), 16 gifted students (12 girls and four boys), nine speech/language
disorder students (six girls and three boys), and 18 multiple disorder students (six girls and
12 boys). These five groups of students were used to test the research hypotheses. A
graph of special-and regular-education students grouped by educational placement is
shown in Figure 1.

Figure 1.

Number of Students Categorized by Educational Placement

1=Gifted	4=Behavior Disorders
2=Speech/Language	5=Multiple Disorders
3=Learning Disabilities	6=Regular Education

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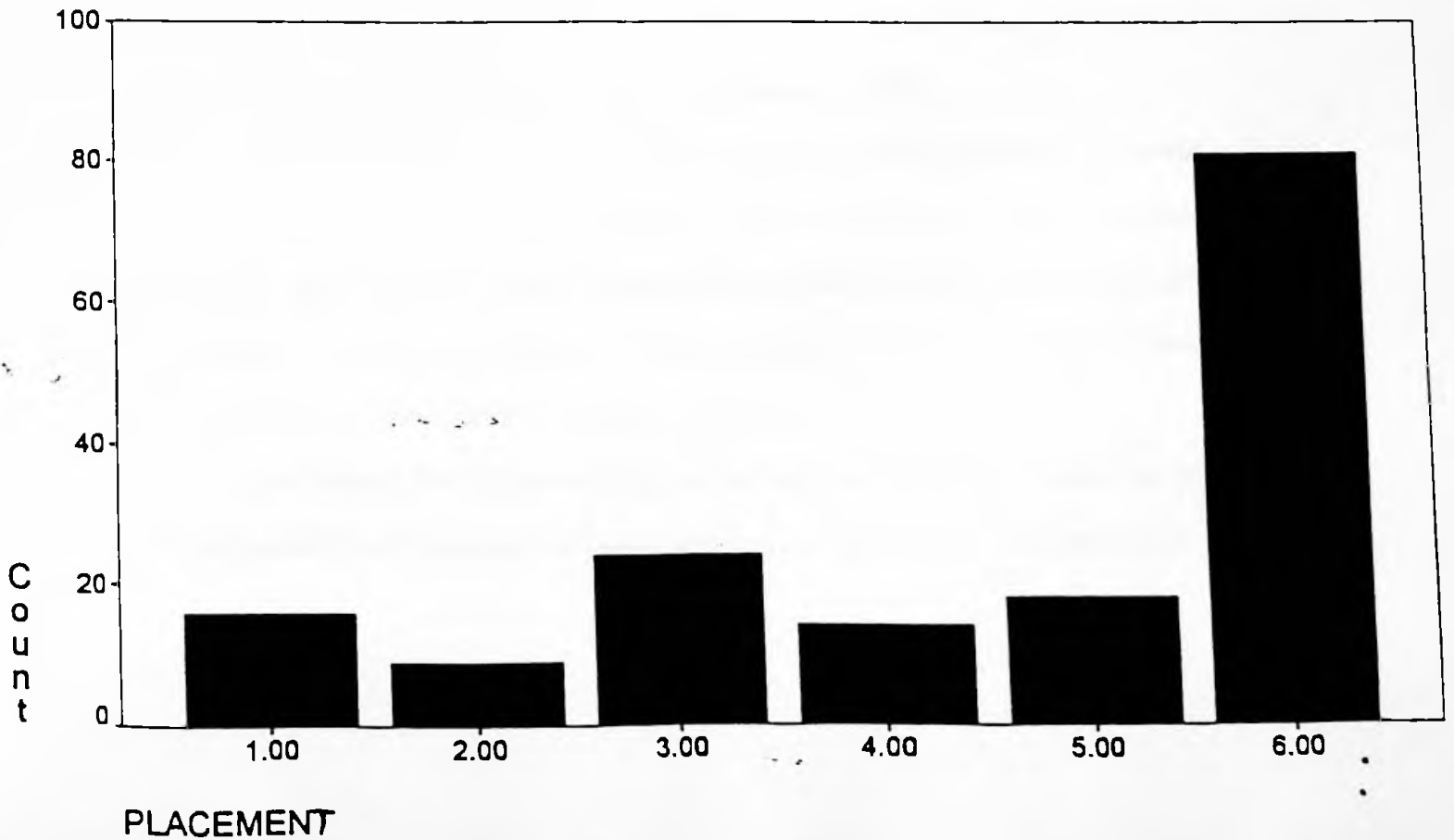
Instrument

The Self-Esteem Index (Brown and Alexander, 1991) is an 80-item self-report instrument based on a multimodal model incorporating four domains: Familial Acceptance, Academic Competence, Peer Popularity, and Personal Security. An estimate of global self-esteem is derived by summing the responses to all 80 items. The global self-esteem score was the only score analyzed in this research. The SEI was standardized in 1980 and 1988 on 2,455 students aged 8-10 and 11-18 from 19 states. The demographic characteristics of the sample compare favorably to U.S. population statistics with respect to gender, race, geographic, region, ethnicity, and parental educational attainment (1991).

Reliability data including internal consistency were acceptable; most falling in the .80's and .90's throughout the age range. However, Brown and Alexander did not report any test-retest data. Concurrent validity studies demonstrated encouraging correlations with similar measures such as the Piers-Harris Children's Self-Concept Scale and the Self-Esteem Inventory (Piers-Harris, 1984; Coppersmith, 1984).

A review of the SEI by Dupruy and Mueller (1992) reported that content validity was confirmed by a strict selection process such as reviewing pertinent literature, consulting experts, and studying comparable self-esteem instruments. Appropriate item discrimination coefficients (between .30 and .80) and factor analysis results both support documentation of the construct validity of the SEI.

In summary, the authors of this review feel that "the SEI is useful for identification of children with self-esteem problems, verification of referrals, and generation of

intervention goals. Overall, they agreed that the SEI was "psychometrically sound," (Dupruy and Mueller, 1992).

The definition of self-esteem used in the SEI is "the way that an individual perceives and values themselves" (1990, p.3). Since this was the instrument used in this study, the researcher finds it necessary to implement their description of self-esteem as the operational definition in this study.

Procedure

Permission was granted by the Doddridge County Superintendent of Schools and the principal of the Doddridge County Middle School to conduct this research and to obtain the test results of the Self-Esteem Index, which had been administered in the 1992/1993 academic year by the teachers to all students attending Doddridge County Middle School. The Special Education students' self-esteem scores were analyzed to determine if there was a significant discrepancy in self-esteem between those receiving services for learning disabilities, behavior disorders, gifted children, speech/language disorders, and multiple disorders when compared to the regular education population. Gender differences among these groups were also addressed. Confidentiality of students was maintained throughout the study.

Design

Since the students in this study were already assigned to either the special or regular education programs, a quasi design was utilized. This descriptive research approach employs a factorial design using archival data. More specifically, this research

involves determining whether educational placement or gender influences levels of self-esteem. The independent variables consist of five levels of placement: learning disabilities, behavior disorders, gifted children, speech/language disorders, and multiple disorders, as well as gender: two levels: male and female. The global score constitutes the dependent variable.

The first set of independent variables involves comparing different groups of students corresponding to placement; the second involves comparing the same group with itself according to gender. A 5x2 mixed ANOVA with one between-subjects factor (placement) and one within-subjects factor (gender) was the statistic used to analyze the data in this study. The SPSS for Windows (SPSS, Inc., 1993) was utilized to generate the results of this analysis.

A factorial design was used when studying the effects of the two independent variables, educational placement and gender. This design was used because in most situations, behavior is influenced by many factors, and the investigator was interested in the possible effects of more than one variable. Therefore, it was more efficient to investigate several variables in a single study than one variable at a time in separate studies. Another reason for using this design is that educational placement and gender variables could combine or interact in various ways that might affect self-esteem scores. Consequently, the researcher needed to determine the nature of the interaction (if any exists).

The factorial design was employed to investigate whether or not there was a significant difference in mean self-esteem scores between the regular- and special-education students (learning disabled, behavior disorders, gifted children, speech/language disorders, and multiple disorder).

To view the means and the standard deviations according to educational placement for females, males, and both genders, refer to Table 1, which shows the Self-Esteem Index mean scores and standard deviations for each of the groups according to educational placement and gender. Also, Figure 2 depicts mean levels of Self-Esteem Index scores for both genders classified by educational placement.

Table 1.
Mean Levels of Self-Esteem Index Scores and Standard Deviations According to Educational Placement for Females, Males, and Both Genders

			Self-Esteem Index Scores					
Educational Placement	**n**	**Gender:**	**F** N=84		**M** N=78	**Both** N=162		
			M	SD	M	SD	M	SD
LD	24		101	15	94	15	98	16
BD	14		96	18	94	16	94	17
GIFTED	16		119	12	118	19	119	14
SPEECH	9		113	16	108	12	111	15
MULTIPLE	18		96	10	97	11	96	11
REGULAR EDUCATION	81		112	13	104	14	108	14

Table 2.

___

Mean Levels of Self-Esteem Scores for Both Genders Classified by Educational Placement

___

N=162

Educational Placement	Mean	Standard Deviation
Learning Disabilities	98	16
Behavior Disorder	94	17
Gifted	119	14
Speech/Language Disorder	111	15
Multiple Disorder	96	11
Regular Education	108	14

Analysis

An analysis of the data examined the means, standard deviations, and frequency distributions. A frequency distribution was completed to investigate the skew, bimodal distributions, extreme outliers, and other features that would help the researcher determine which of the various statistics were appropriate for this particular study. A frequency distribution of Self-Esteem Index scores of 162 male and female middle school students are depicted in Table 2. Scores on the Self-Esteem Index ranged from 55 to 145, with lower scores indicating low levels of self-esteem and high scores reflecting high self-esteem. A chart showing mean levels of Self-Esteem Index scores for special education students (males and females) is shown in Figure 3.

Table 3.

Frequency Distribution of Self-Esteem Index Scores of 162 Middle-School Student

Score	f	Score	f	Score	f	Score	f
145	3	118	4	102	3	87	4
144	1	117	4	101	6	86	2
143	1	115	1	100	1	85	4
135	1	114	2	99	1	84	1
134	1	113	6	98	6	83	2
133	1	112	2	97	5	82	3
128	2	111	3	96	2	81	1
127	2	110	2	95	4	79	1
126	2	109	9	94	1	78	1
125	3	108	9	93	2	67	1
124	1	107	5	92	6	65	1
123	2	106	3	91	2	62	1
122	5	105	5	90	2	55	1
121	5	104	5	89	1		
120	3	103	3	88	1	N=162	

Table 4.

Mean Levels of Self-Esteem Index Scores for Males and Females in the Special Education Program		
Gender	*Males*	*Females*
Mean	*101*	*109*

Results

The results of this analysis indicate that educational placement had a significant effect on self-esteem at the .05 alpha level. Subsequently, the Scheffe' (post hoc) procedure was used to determine which of the groups contributed to this effect.

This investigation determined that the gifted group had significantly higher self-esteem scores than their regular education peers. However, gender showed no significant effect at the .05 alpha level on self-esteem in any of the special education groups. Furthermore, there was no significant interaction at the .05 alpha level of educational placement and gender. In other words, the results indicated that those with learning disabilities, behavior disorders, speech/language disorders, and multiple disorders exhibited the same levels of self-esteem as their regular education peers. Also, the results revealed that educational placement, regardless of exceptionality and of gender did not combine in any significant manner to produce changes in levels of self-esteem in these groups. Table 3 displays a summary of the two-way ANOVA indicating the relationship between placement and gender on SEI scores.

Table 5.
Summary of Two-Way ANOVA of Relationship Between Educational Placement and Gender on Self-Esteem Index Scores

Source	SS	df	MS	F	p
Educational Placement	7143	5	1478	6.8	>.05
Gender	296	1	296	1.4	<.05
Placement x Gender	367	5	73	.35	<.05
Within Groups	9849	150	895	4.2	
Totals	17655	161			

Discussion

<u>Summary and integration of results with past research</u>

In the academic year of 1992-1993, there were one hundred sixty-two fifth through eighth grade students at Doddridge County Middle School, West Union, West Virginia, who took the Self-Esteem Index. The SEI was administered by the teachers in the fall or spring semesters.

Such groups included students 81 (42 girls and 39 boys) whose educational placement was in the special education program. This group consisted of 24 learning disability students (13 girls and 11 boys), 14 behavior disorder students (five girls and nine boys), 16 gifted children (12 girls and 4 boys), nine speech/language disorder students (six girls and three boys), and18 multiple disorder students (six girls and 12 boys). The control group was comprised of 81 regular education students (42 girls and 39 boys). The scores of students comprising the experimental groups were compared with those of the regular-education control-group students to determine differences in levels of self-esteem. This research also investigated whether gender differences influenced levels of self-esteem in the experimental group. The results of this analysis includes the following:

<u>Hypothesis 1:</u>

The null hypothesis was retained. Children enrolled in the special education program for learning disability students showed no significant difference in levels of self-esteem from

regular-education students. The results of this study showed average levels of global self-esteem for those with learning disabilities which is supported by other research findings (McPhail, 1993; Hallowell & Ratey, 1994; Thompson, Marcal, & Marcal, 1992; Byre & Crawford, 1990; Balack, 1981; and Rosenberg & Gaier, 1977).

Hypothesis 2:

The null hypothesis was retained. Children enrolled in the special education program for behavior-disorder students showed no difference in levels of self-esteem from regular-education students. The behavior-disorder students having average levels of self-esteem was rather surprising, since the literature reviewed on behavior-disorder students, found very few sources in agreement with these findings (Schlor, Stidley, & Malspies, 1995).

Hypothesis 3:

The null hypothesis was rejected. Children enrolled in the gifted program did show higher levels of self-esteem than regular-education students. These findings were consistent with those of other researchers supporting the existence of higher self-esteem for gifted students (Enright & Ruzicks, 1989; Beers & Pearson, 1990; Bauman & Eccles, 1989).

Hypothesis 4:

The null hypothesis was retained. Children enrolled in the special education program for speech/language disorder students showed no difference in levels of self-esteem than regular-education students.

Hypothesis 5:

The null hypothesis was retained. Children enrolled in programs for multiple disorders (those with more than one disability) showed no difference in self-esteem from regular-education students.

Hypothesis 6:

The null hypothesis was retained. Male students in the special education program showed no difference in levels of self-esteem from the female students. Based on the conclusions of this investigation, males and females had equal levels self-esteem. This particular outcome appears to contradict several past researches, which indicated that females in the normal population have lower self-esteem than males (American Association of University Women, 1991; Bettschart, Bolognni, and Plancherel, 1996; and Burnett, 1996).

Finally, there was no significant interaction effect between educational placement and gender in any of the groups. Neither special educational placement nor gender interacted in any meaningful way to affect these students' levels of self-esteem.

According to the guidelines for interpreting the Self-Esteem Index, all of the gifted students had scores categorized as "high", as did female and both gender speech disorder students. Also, regular-education female students' scores were classified as "high," whereas all other special and regular education scores were in the "average" range (see Table 4).

Table 6.
Guidelines for Interpreting Self-Esteem Index Deviation Quotients

Placement	Gender	Deviation Quotients	Interpretation
LD	Male	94	Average
LD	Female	101	Average
LD	Both	98	Average
BD	Male	94	Average
BD	Female	96	Average
BD	Both	94	Average
Gifted	Male	118	*High
Gifted	Female	119	High
Gifted	Both	119	High
Speech	Male	108	Average
Speech	Female	113	High
Speech	Both	111	High
Multiple	Male	97	Average
Multiple	Female	96	Average
Multiple	Both	96	Average
Regular Education	Male	104	Average
Regular Education	Female	112	High
Regular Education	Both	108	Average

* High=111 to highest score   + Average=110 to 90   Low=89 to lowest score

Explanations of findings

Originally, the researcher hypothesized that special-education students would have lower levels of self-esteem than their regular education peers. Explanations for the present finding that special-education students have average levels of self-esteem might include: differences in research designs; different variables being investigated; ages of the subjects; differences in self-esteem measurement instruments'; differences in measurement techniques; better education among parents, among teachers, and/or among students about the nature of exceptionalities; early identification and remediation; parents being more involved in their children's educations', unconditional positive regard towards the student from significant others', individual attention in the classroom; amount of counseling and/or career counseling and training; smaller classes; better intervention and treatment plans, (of social-skills training, group therapy, etc.); increased use and availability of medication (e.g., Ritalin); more schools adapting teaching methods to fit the special needs of the child, for example, hands-on learning; and the expansion of community resources that may have a positive impact on these students, for example, family therapy. These are just some of the factors that could have affected special-education students self-esteem in a positive manner.

The only significant effect detected in this research was that gifted students had higher self-esteem than the regular-education students. The following factors may have contributed to these findings: parents' and teachers' higher expectations; type of sampling method used; relying on subjective responses of the students (i.e., self-reports); being assessed in the school setting (where they are usually very successful); special treatment and attention from teachers; increased opportunities for learning (such as advanced

classes, grade-skipping, etc.), increased acceptance by peers (due to academic prestige),

positive disciplinary practices of parents', less depression; less concern with others'

opinions of them; better personal adjustment; positive thinking; mental malleability, and

more emotional resilience.

The most puzzling finding of this study was that males and females in the special-

education group had the same levels of self-esteem. Considering the fact that other

research results on children in the normal population typically shows that girls have lower

self-esteem than boys, the researcher assumed that those results would be replicated in this

study among the special-education group. However, since this was not the case, some of

the possible conclusions might be: more successful women as role-models for girls',

unconditional love and respect from family members; the type of instrument used (self-

report; may have wanted to impress teachers); the age when tested (girls' self-esteem

typically becomes lower as they get older); and increased equal opportunities for girls in

educational and career arenas.

Implications of findings

Just because the results of this study revealed that special education students and

girls had average levels of self-esteem does not lead us to conclude that efforts should not

be made to enhance their self-esteem. Supporting this view, Nathaniel Branden (1987)

states in his book, Raise Your Self-Esteem, that

> self-esteem is always a matter of degree. I've never known anyone who doesn't
> have the possibility of growing in positive self-esteem. We may fluctuate in the
> range of "average" self-esteem meaning that sometimes we feel appropriate,

competent, worthy of happiness and sometimes not. But whatever level of self-esteem you may be feeling now is the starting point from which you can rise. Raising your self esteem is a process, one that can be very exciting and very rewarding. To grow in self-esteem is to grow in the conviction that we are competent to live and worthy of happiness. Therefore we face life with greater confidence, benevolence, and optimism. To grow in self-esteem is to expand our capacity for happiness if we understand this, we can appreciate the fact that all of us have a stake in cultivating our self-esteem, not only those who's self-esteem is painfully low (Branden, 1987).

Furthermore, Branden goes on to say that a person does not have to despise themselves to discover new ways to like themselves better. We certainly do not have to feel totally inadequate to have a desire to enhance positive feelings about ourselves. People with high levels of self-esteem often have higher aspirations concerning what they want out of life. They are more likely to be in touch with themselves affectively, aesthetically, and spiritually. High self-esteem has also been linked to more successful interpersonal relationships (Branden, 1987). Persons with higher self-esteem show more love, kindness, and virtuous behavior toward their fellow human beings. People need to learn to love themselves first before they are truly capable of loving others (Branden, 1987).

Theoretical Implications

Reasoner (1992) says that various distinct approaches have been applied to the process of building self-esteem in schools. Each appears to have some merit, though certain ones may be more useful to some students than to others. Nevertheless, the most effective approach may be an eclectic one, implementing a blend of the five main classifications, according to their focus. For example, the cognitive approach's focal point is on the students' perceptions of the environment and their philosophy on life. Students

are helped to discover the need to live consciously and to develop control over how they react to their environment.

Second, the behavioral approach instructs students to engage in new ways of behaving that result in positive reinforcement from others. These new behaviors include teaching the students how to interact with peers, how to use body language effectively, how to dress, etc. More respect and acceptance from others is frequently the result of changing their behavior patterns. Higher self-esteem is normally the final outcome of this process.

Third, the experiential approach assists students in organizing their experiences and making sure they are positive ones. Experiences like hands-on learning, telling others about their strong points, and group participation make the students feel good about themselves. The majority of self-esteem programs use this approach. Students are allowed to decide which of the various activities they want to participate in.

Fourth, in the development of skills, structured materials and activities are presented in a particular order to acquire certain skills, for example, social skills training, communication skills, problem-solving skills, study skills, etc.

Finally, an environmental approach realizes that various influences that affect how the students perceive themselves are encountered within the school environment. These influences include: tracking, grades, and disciplinary techniques, as well as peer and teacher acceptance. This approach builds a supportive environment for the student, promotes self-understanding, and helps the student to realize that genuine self-esteem comes from within (1992).

A prominent researcher in the area of self-esteem, Coopersmith (1967) offers another theoretical inference which distinguishes between children with high self-esteem

and those with low self-esteem. He says that children with high self-esteem are less selfish and more altruistic to others, are more assertive, exhibit more initiative, are more self-assured, trust their own speculations and competencies and are more likely to become leaders in the future.

In contrast, those with low self-esteem are more likely to avoid situations than to confront criticism, are more inclined to be shy and reserved and to remain detached in group activities, and are consumed with feelings of uncertainty and incompetencies.

Coopersmith also noted a relationship between parents' child-rearing practices and the child's level of self-esteem. Parents of children with high self-esteem typically had a high level of self-esteem themselves, and were usually just and impartial in correcting their children. Parents of children with low self-esteem normally exhibited low levels of self-esteem, and were inconsistent in the way they treated their children, fluctuating between severe and lenient approaches (1967).

Research Implications

Because self-esteem is related to other phenomena and life experiences, research in this area is difficult to conduct. Consequently, the design and methods of research on self-esteem may change from one era to another. However, there needs to be a clearer understanding of self-esteem (e.g., how to measure it and enhance it) by continuing research in this area. Although research involving self-esteem may be difficult, the rewards far outweigh the challenges, since low self-esteem has been linked to a lack of coping skills, psychosocial dysfunction, anxiety, depression, and social deviance. Conversely, high self-esteem is linked to several desirable personality characteristics such as positive views

about one's competence and worthiness, and increased effectiveness in dealing with the struggles of living. People with high self-esteem appear to be more independent, self-directed, and more open to positive feedback. Additionally, they know themselves better and are more tolerate of differences in others.

Therefore, society as a whole and each of us as individuals have much to gain by continuing the research in this complicated and important area known as self-esteem.

Applied Implications

Branden (1994) noted that several leading experts in the educational field have proposed special programs designed to increase students' self-esteem for school systems. Branden recommended two programs in particular: Building Self-Esteem: A Comprehensive Program for Schools developed by Robert Reasoner, and Personal and Social Responsibility developed by Constance Dembrowsky (1992).

Reasoner says that, "more and more schools are finding that focusing on self-esteem enhances the learning environment, reduces peer conflicts, and creates a more desirable teaching situation." (1992).

More specifically, the Building Self-esteem program is designed to foster a sense of security by aiding students to render precise plans and schedules, by allowing students input in decisions about regulations, by administering disciplinary procedures in such a manner as to protect self-esteem, and by encouraging children to take responsibility for their actions. A sense of identity is promoted through recognizing and respecting the individuality of each person, through developing desirable self-perceptions, through

exhibiting unconditional positive regard, and through focusing on children's strengths and teaching them how to compensate for weaknesses. A sense of belonging is produced by creating a pleasant atmosphere and by decreasing feelings of loneliness by encouraging children to look and act upon the chances to help others and by advocating joining groups, clubs, organizations, etc. A sense of purpose is advanced by teachers and students having high expectations, amplifying students' self-assurance and their trust in their competency, teaching values, and assisting students in defining personal goals. A sense of competence is developed by explaining choices and providing other viewpoints, by giving comfort and support, by communicating positive information about the child to the child and others, and by praising their accomplishments.

Ann Weaver, the Director of the School Climate Office of The State Department of Education in California reports that "...ninety-four percent of California schools have adopted planned programs to develop the self-esteem of their students. Most schools selected as Distinguished Schools have also developed programs to enhance self-esteem of staff as well" (Reasoner, pg.2). Nathaniel Branden maintains that this program has been extremely effective in the California schools. It has been credited with better grades and attendance, lower rates of dropouts, teen pregnancies, drug use, and vandalism. The California schools implementing this program have been rated among the best schools in California.

The second, Constance Dembrowskys' program Personal and Social Responsibility's main focus is not solely on building self-esteem but on developing self-responsibility and self-efficacy skills in students. This program is thought to be especially beneficial for teenagers who are "at risk" (Branden, 1992). Dembrowsky is concerned with enhancing self-esteem by teaching students what they need to find out in order to become

personally empowered and that real self-esteem comes from within (1992).

Furthermore, Reasoner (1992), claims that other positive outcomes associated with the implementation of self-esteem curriculum is that student's level of intellectual capabilities, as assessed by intelligence tests (administered individually) improve dramatically. Studies conducted after the self-esteem programs were implemented showed as much as a fifty percent increase in the number of students identified as gifted (cited in Reasoner, 1992).

Despite the fact that there may be some demographic differences in the population of students in the California schools and the one in West Virginia, generally they are both plagued with many of the same problems that have a detrimental effect on self-esteem. Therefore, we may safely conclude that West Virginia students could benefit from the implementation of similar self-esteem programs in our schools. Programs of this nature could be a definite asset for special-and regular-education students. The positive results of such programs could be the motivating force for other states to follow in designing and executing these kinds of programs in school systems across the country.

Limitations

Design and internal validity

Since this research used a correlational/quasi-experimental design, it does not involve the random assignment of students to the special or regular education groups nor to male and female groups. Therefore, the researcher cannot say that these variables "caused" the differences in their self-esteem scores. For instance, although the gifted

students had higher self-esteem than the regular education students, we cannot say that being gifted causes higher self-esteem. Since neither the educational placement nor gender of the students was manipulated, it is impossible to say for certain that either of these variables influenced the self-esteem scores. In quasi-experimental designs there may be other reasons for the relationship between educational placement and self-esteem, and between gender and self-esteem. For example, higher levels of self-esteem could have helped cause the student to be gifted. Or, some other variable such as parental disciplinary techniques or authoritarian (high in warmth, control, communication, and maturity demands) childrearing practices may have confounded the results. A reciprocal/circular causation could have occurred in that higher levels of self-esteem and/or parental expectations may have promoted the changes in educational placement (such as being placed in the gifted program) and, in turn, resulted in even higher levels of self-esteem.

External validity and generalizability

Threats to this study's external validity or generalizability across situations, stimuli, and procedures to real-life situations include reactivity, the students could have responded to the self-esteem inventory in nontypical ways because they knew their behavior was being investigated. Demand characteristics may have influenced the students answers (teachers might have given cues to students concerning how they were expected to respond). Additionally, evaluation apprehension may have biased the students self-esteem scores. The students might have acted differently in the school setting because they did not want to be evaluated negatively by the teacher.

Analyses and statistical power

A statistical problem in this investigation is that some of the special education groups were small, which limited the power of the statistics so that only the strongest effects were detected. Also, the statistical results may not be as robust as they might have been due to the unequal number of students in the special-education groups and the fluctuating variances of each of the groups.

Measurement

The Self-Esteem Index used in this study needs to provide better reliability (no test-retest reliability data) and validity information. Furthermore, this instrument is a self-report (subjective measure) that may not correspond with direct observations of levels of self-esteem assessed by more objective measures (e.g., teacher or peer ratings).

Future directions

Future research on self-esteem should be conducted, looking especially at such variables as parental disciplinary styles, gender, age, weight, race, socioeconomic status, ethnicity, birth order, etc. Moreover, other research ought to focus on constructing self-esteem instruments and verifying their reliability and validity. At the same time as self-esteem is being measured with subjective methods such as self-reports, more objective information (e.g., by parents, peers, and teachers ratings) would provide a more comprehensive assessment.

Prospective investigations call for careful examination of successful self-esteem programs. Longitudinal studies should be done on children who have completed these programs (e.g., students in California) to determine if their success can be verified and if the effects are lasting. Future explorations should challenge researchers to design and implement innovative and effective self-esteem enhancement programs. Distinct programs need to be proposed and executed for early intervention programs, kindergartens, elementary, middle, secondary, and post-secondary levels.

Likewise, parent effectiveness-training, teacher-education programs, special-education programs, and adult-education programs should offer instruction in areas such as building self-esteem, assertiveness, and social skills training.

Future research may suggest the need for gender-specific issues and individualized programs to be added to the already existing self-esteem enhancement programs. Finally, other future investigations involving additional special-education groups (e.g., the mentally or physically impaired) and other specific populations need to be completed. The benefits and implications for the development of higher levels of self-esteem for individuals, families, communities, and entire countries could be remarkable.

References

American Association of University Women. (1991). Shortchanging Girls, Shortchanging America. Washington, D.C.: AAUW.

A Report of the NCSS Task Force on Social Studies in the Middle School.(1991).Social Studies in Middle School. Social Studies Texan. 7(3), 66-74. Dubuque, Iowa: Kendall/Hunt Publishing Company.

Alberti, R., E. & Emmons, R. L. Your perfect right: A guide to rational living. (Fourth Edition). San Luis Obisco, CA: Impact Publishers.

American Psychiatric Association. (1994). Diagnostic and statistics manual. (Fourth Edition). Washington, DC: American Psychiatric Association.

Bauman, E., Eccles, A., & Rosenberg, K. (1989). Peer acceptance and self-esteem in gifted children. Journal of Social Behavior and Personality. 4(4), 401-409.

Bear, G., Clever, A., & Juvonen, J. (1992, Summer). Discrepancies between competence and importance in self-perceptions of children in integrated classes. Journal of Special Education. 26(2), 125-138.

Bednar, R., Wells, G., & Peterson, S. (1989). Self-esteem: Paradoxes with children and adolescents. New York: Pergamon Press.

Beer, J. & Pearson, M. (1990, June). Self-consciousness, self-esteem, and depression. Psychological Reports. 66(3), 960-962.

Bettschart, W., Bolognni, M., Halfon, O., & Plancherel, B. (1996, June). Self-esteem and mental health in early adolescence: development and gender differences. Journal of Adolescence, 19(3), 233-245.

Bower, E. M. (1969). Early identification of emotionally handicapped children in school (Second Edition). Springfield, IL: Charles C. Thomas.

Branden, N. (1969). The psychology of self-esteem. New York: Bantam

Branden, N. (1987). How to raise your self-esteem. New York: Bantam.

Branden, N. (1994). The six pillars of self-esteem. New York: Bantam.

Brown, L. & Alexander, J. (1990). Self-esteem index. Austin, TX: Pro-Ed.

Burns, D. (1980). Feeling good: The new mood therapy. New York: Quill.

Burnett, P. (1996, May). Gender and grade differences in elementary school children's descriptive and evaluative self-statements and self-esteem. School Psychology International, 17(2), 159-170.

Byrne, T. & Crawford, A. (1990). Some theoretical and practical issues in counseling the learning disabled student. Journal of College Student Psychotherapy, 5(1), 75-86

Chiu, L. (1990, July). Self-esteem of gifted, normal, and mild mentally handicapped children. Psychology in the Schools. 27(3), 263-268.

Coopersmith, S. (1967). The antecedents of self-esteem. San Francisco: Freeman and Company.

Drew, M., Egan, M., Hardman, M., and Wolf, B. (1990). Human exceptionality. (Third Edition). Boston: Allyn & Bacon.

Duprey, P. & Mueller, R. (1994). Review of the self-esteem index. Mental Measurements Yearbook. Lincoln: Buros Institute of Mental Measurements, University of Nebraska-Lincoln.

Elmore, R. & Zenus, V. (1994, February). Enhancing social-emotional development of middle school gifted students. Roeper Review. 16 (3), 182-185.

Enright, E. & Ruzicka, M. (1989, December). Relationship between perceived parental behaviors and the self-esteem of gifted children. Psychological Reports, 65(3), 931-937.

Epstein, S. (1979). The ecological study of emotions in humans. In K. Blandstein (Ed.), Advances in the study of communications and affect, (pp. 47-83). New York: Plenum.

Epstein, S. (1980). The self-concept: A review and the proposal of an integrated theory of personality. In E. Straub(Ed.), Personality: Basic aspects and current research, (pp. 83-131). Englewood Cliffs, N. J.: Prentice Hall.

Epstein, S. (1985). The implications of cognitive experiential self-theory for research in social psychology and personality. Journal for the Theory of Social Behavior. 15, 283-309.

Grimes, J. & Thomas, A. (1995). Best practices in school psychology. (Third Edition). Washington, D. C.: National Association of School Psychologists.

Gutkin, T. & Reynolds, C. (1990). The handbook of school psychology.(Second Edition). New York, N. Y. : John Wiley

Grizenko, N., Papineau, D., & Sayegh, L. (1993, January). Effectiveness of a multimodal day treatment program for children with disruptive behavior problems. Journal of the American Academy of Child and Adolescent Psychiatry. 32(1), 127-134.

Hallowell, E. & Ratey, J. (1994). Driven to distraction. New York, N. Y.: Pantheon.

Horney, K. (1950). Neurosis and human growth. New York: Norton.

Johnson, D., Lampron, L., & Thompson, R. (1990, February). Behavior problems in children with the presenting problem of poor school performance. Journal of Pediatric Psychology, 15(1), 3-20.

Johnson, D. J. (1995). An overview of learning disabilities; Psychoeducational perspectives. Journal of Child Neurology, 10, 52-58.

Kuliekc, M., Olszewski-Kublilus, R., & Van Tassel-Baska, J. (1994, February). A study of self-concept and social support in advantaged and disadvantaged seventh and eighth grade gifted students. Roeper Review. 16(3), 186-191.

Leonari, A. (1993). Comparability of self-concept among normal achievers, low achievers and children with learning disabilities. Educational Studies, 19(3), 357-371.

Malspeis, S., Schor, E., & Stidley, C. (1995, August). Behavioral correlates of differences between a child's assessment and the parents assessment of the child's self-esteem. Journal of Developmental and Behavioral Pediatrics, 16(4), 211-219.

Marcal, D., Marcal, S., & Prout, H. (1992, March). A meta-analysis of self-reported personality characteristics of children and adolescents with learning disabilities. Journal of Psychoeducational Assessment, 10(1), 59-64.

McKeon, M. (1994, Spring). The role of science in the reversal of the trend of failure in children with emotional and behavioral difficulties. Therapeutic Care and Education, 3(1), 68-71.

McPhail, J. (1993, November). Adolescents with learning disabilities: A comparative lifestream interpretation. Journal of Learning Disabilities, 26(9), 617-629.

Miller, K. & Niemi, K. (1995, June). Gifted and talented: Fourth,- fifth,- and sixth-grade students' evaluations of a gifted program. Journal of Genetic Psychology, 156(2), 167-174.

Mruk, C. (1995). Self-esteem: Research, theory, and practice. New York: Springer.

National Advisory Committee on Handicapped Children. (1968). Special education for handicapped children (First Annual Report). Washington, DC: US Department of Health, Education, and Welfare.

Pope, A., Mc Hale, S., & Craighead, E. (1988). Self-esteem enhancement with children and adolescents. New York: Pergamon Press.

Reasoner, R. (1992). Building Self-Esteem: A Comprehensive Program for School, rev. ed. Palo Alto: Consulting Psychologists Press.

Rosenberg, M. (1965). Society and the adolescent self image. Princeton, N. J.: Princeton University Press.

Rosenberg, M. & Simmons, R. G. (1971). Black and white self-esteem: The urban school child. Social Psychological Implications, Rose Monograph Series: American Sociological Association, pp. 125-145.

Rosenberg, M. (1986). Conceiving the self. Malabar, Florida: Robert E. Krieger
Publishing Company.

Ryckman, R. (1993). Theories of Personality. Belmont, California: Brooks/Cole
Publishing Company.

Tomlinson, C. (1994, February). Gifted Learners: The boomerang kids of middle school?
Roeper Review. 16(3), 177-182.

SPSS, Inc. (1993). SPSS for Windows (Release 6.0 student version). Englewood Cliffs,
NJ: Prentice Hall.

Wexler, D. (1991). The adolescent self: Strategies for self-management, self-soothing, and
self-esteem in adolescents. New York: W. W. Norton.

White, R. (1963). Ego and reality in psychoanalytic theory: A proposal regarding
independent ego energies. Psychological Issues, 3(3), 125-150.

Appendix A

Literature Review

LITERATURE REVIEW

Introduction

William James was one of the first to deal directly with the concept of self-esteem (cited in Mruk, 1995). He believed self-esteem to be a major guiding force within our lives and directly related to how successful we are in reaching our various goals (Mruk, 1995). Since that time others have used terms such as "ego defense mechanisms" (Freud); "organ inferiority" (Adler); and "self-acceptance" (Rogers) instead of speaking specifically about self-esteem (Branden, 1994).

During the sixties, a renewed interest in self-esteem seemed to take place (Mruk, 1995). For example, Robert White (1963) professed a psychodynamic approach which contends that the main source of self-esteem originates from a person's interpretation of how effective they are at dealing with their environment. For instance, an infant's efficacy may be determined by how effective they are in getting others to respond to their cries. When they are successful, the cumulative effect of influencing their environments results in an increase in feelings of competency (White, 1963). White felt that growth was possible from the early years and throughout the life span by development of our awareness of our influence on and self-efficacy in our environments. Also, he believes that the less demanding and needy we are and the more we accept responsibility for ourselves, the more competent we become, thus producing an increase in our level of self-esteem (White, 1963).

A sociocultural approach by Morris Rosenberg (1965) explains that self-esteem pertains to the appraisal that individuals form about themselves which indicates either a consistently favorable or unfavorable perspective.

Furthermore, he says that high self-esteem communicates affectively that the person is valuable and that he admires himself for the person he is. However, he is not egotistical and does not think that others should revere him. In other words, he does not think he is better than other people. Conversely, low self-esteem suggests disrespect, dislike, and discontent with oneself.

Rosenberg (1965) views self-esteem as being the result of an interaction of social, cultural, family, and personal influences. He says our attitudes affect whether we have high or low self-esteem. Our sense of worth and respect for ourselves leads to high self-esteem, while feelings such as disrespect, rejection and dissatisfaction with ourselves contribute to low self-esteem (1965). Rosenberg contributed much to our knowledge of self-esteem through his extensive research and the development of an instrument to assess self-esteem (Mruk, 1995).

Stanley Coopersmith (1967), another eminent figure in self-esteem research, brings us a behaviorist viewpoint stating that we allude to self-esteem as the way we evaluate ourselves and whether we approve of ourselves or not. It signifies whether the person feels he is important, competent, and exemplary. Therefore, self-esteem is our personal assessment of how worthy we are that is conveyed in our thoughts about ourselves. A persons actions and verbal communication are the outward manifestations of those underlying personal paradigms.

Essentially, Coopersmith felt that a person's feelings of worth and competency determines their level of self-esteem. He also thinks that others can easily judge how we feel about ourselves by observing our behavior. For instance, when you ask someone how they are, you can usually tell how that person is feeling by observing their body movements, facial expressions, and mannerisms even before they tell you verbally.

Coopersmith also completed numerous studies and designed a popular self-esteem inventory which has proved to be insightful and is still used today (Mruk, 1995).

Espousing a humanistic perspective, Nathaniel Branden (1969) declares that self-esteem consists of two related elements: an awareness of inner competency and value. Self-esteem is the combination of acceptance and approval of oneself. Ultimately, it is the belief that an individual is important and efficient in adapting to life circumstances (1969).

Branden maintains that we will go to great lengths to feel good about ourselves. The list of things we do to further this endeavor is almost endless, and involves such tactics as denial, repression, and in some cases, neurotic and psychotic behavior. Additionally, he says that we will often present ourselves to the world in such a way that it appears that we feel worthy and competent when underneath this facade we actually feel inferior and inadequate. In reality, we are afraid that if others see our true selves, we will be exposed and vulnerable, and that will lead to our downfall in a world which values strength and competency. Branden has done a great deal of research and written many books and articles on self-esteem. His work is most likely still popular today because of his clarity in conveying knowledge about self-esteem to others and its practical application to our daily lives.

Seymour Epstein's (1985) cognitive outlook says that self-esteem comes from children's innate necessity to attain their parents' affection. Basically, self-esteem is equivalent to our general appraisal of how lovable and deserving we are; this appraisal establishes an individual's self perceptions.

Additionally, he states that our self-esteem has a powerful influence on our feelings and actions. Therefore, developing high self-esteem is essential to the individual. Epstein's theory says that we have a cognitive scheme of ourselves and others and of how we should function in the world. So not only is our interpretation of what happens to us important but also how it fits with our cognitive scheme of the way things should be is equally important. Therefore, both conditions have the ability to influence our perception of ourselves either positively or negatively.

In a more recent research study on self-esteem, Bednar, Wells, and Peterson (1989) state that self-esteem can be described as a personal and lasting knowledge of one's self-validation. It mirrors the individual's outlook and primarily how he considers himself psychologically. In essence, self-esteem is an abiding and loving judgment of self-worth relying on legitimate inferences about the self. Bednar et. al. (1989) believes that our self-esteem is based on our personal feelings of worth and image of ourselves that remains stable over time.

Pope, McHale, and Craighead (1988) conclude that self-esteem is often created by cognitive dissonance, which is an unpleasant condition within the individual when their beliefs, feelings, and actions are incompatible with one another. This kind of self evaluation can have a profound effect on many different areas of our lives. Self-esteem will remain adequate as long as how a person perceives himself/herself and how he/she actually is remain consistent with each other. However, a problem arises whenever a person's idealized image does not fit with reality.

The preceding was a brief overview of some of the different theoretical approaches to the study of self-esteem. It is important to integrate this information in order to get a more accurate understanding of what self-esteem is, what the research has uncovered, and how it can be applied in the most effective manner.

As shortcomings, the literature consistently indicates that the foundation for self-esteem is laid in childhood and continues to develop throughout life. Since self-esteem is so important in child development, it seemed plausible that students diagnosed with some type of disability may well have to contend with low self-esteem. Therefore, the following examination of the literature will address the area of self-esteem in relationship to the various special education exceptionalities. Additionally, gender issues will also be explored.

Learning disabilities and self-esteem

According to Gutkin and Reynolds (1990), the National Advisory Committee on Handicapped Children (1968) defines learning disabilities as a disorder where there is a disturbance in one or more of the operations included in language comprehension (oral or written) that may be reflected in an inability to pay attention, contemplate, verbalize, read, write, spell, or do math. Learning disabilities comprise impairments in perception, brain damage, impairment in reading ability, and a loss of the power to use or understand words.

Children who have difficulties learning which are fundamentally the consequence of visual, hearing, motor, or mental impairments, or because of environmental, cultural, or financial deprivation cannot be classified as having a learning disability.

In reviewing the literature, Hallowell and Ratey (1994) stated that when looking at learning disabilities in the school system, although improvements have been made, there is currently a main theme of pass or fail. It seems that most people think that schools are impartial to students, yet, intelligence is seen as the golden opportunity for success. Parents, teachers, and students probably would not admit it but nevertheless they accept the idea that a student is either intelligent or dull.

Such attitudes can cause school to be a traumatic experience for those who suffer from learning disabilities. However, early identification of children with learning disabilities can often put an end to the trauma of not being understood, being thought of as "stupid," not being able to be successful in school, and not knowing the reason why.

A study by Thompson, Marcal, and Marcal (1992), found that children and adolescents with learning disabilities rated themselves on variables such as self-esteem, anxiety, and locus of control in less favorable terms on these dimensions than their non-learning-disabled peers. According to this research it appears that a learning disability exerts an adverse impact on a child's personality development. While the reason for this impact remains obscure, having a learning disability does appear to contribute to emotional problems.

Byre and Crawford (1990), believe that low self-esteem has two correlated kinds of offenses. Type I insults make us doubt ourselves as capable individuals. For instance, when a child's achievements are compared to those of their peers, he may not measure up. Consequently, the child becomes upset and tries to either escape from the situation or overcompensate for his deficiencies. School systems are frequently guilty of committing Type I insults although they can occur in other settings throughout the course of the person's life. For instance, a learning disabled child's difficulties with visual-perceptual and motor deficiencies may cause their performance to suffer in sports and social situations. Considering the fact that there is not a cure for learning disabilities, the individual may well have a lifelong battle trying to deal with feelings of inadequacy (Byre & Crawford).

The other type of damage, referred to as Type II Insults, are offenses to the individual which question their worthiness to be loved. They are usually a consequence of the parent-child interaction (Byre & Crawford). It is normal for parents to be concerned with their child's strengths and weaknesses, especially with regard to academics.

Considering the importance placed on education in the world today, parents may have trouble not conveying their feelings of perplexity and defeat to their learning-disabled child. Parents with low self-esteem are the ones who are likely to struggle the most with these problems. Such attitudes of the parents are communicated to the child (either consciously or unconsciously), and the child's self-esteem is likely to suffer in the process.

Children with learning disabilities may try to counteract these insults to their self-esteem by engaging in hostility. This hostility might be manifested as temper tantrums, impaired language development, and other inappropriate behaviors.

Type II insults may also result in the development of anxiety. This anxiety may cause the child to have trouble making important life decisions such as those concerning career choices, autonomy, and relationships. Another possible consequence of these insults is depression (Byre & Crawford).

Learning disabled children not only have to contend with the insults to their self-esteem from the past but also with the fact that they will have to continue to confront these insults throughout their lives. Sometimes just acknowledging and accepting their learning problems can lead to enhanced self-esteem (Byre & Crawford).

A study by Clever, Bear, and Juvonens (1992) investigated the self-perceptions of children with learning disabilities and found that they have poorer academic achievements and behavior conduct than those without learning disabilities.

However, on measures of global self-worth, the learning disabled children did not appear to be different from their non-learning disabled peers.

In a study by McPhail (1993), volunteers from three groups of high school juniors and seniors were classified accordingly: students with learning disabilities, low achieving students (without learning disabilities), and average-achieving students (without learning disabilities). All three groups were given pagers and notebooks (containing questions to answers and to make a subjective record of experiences) for seven days. The students where then signaled at forty-minute intervals during school, and at two-hour intervals after school. The students were instructed to answer questions in a notebook whenever they were signaled. These questions were subjective in nature and dealt with levels of affect, activation, cognitive efficiency, self-esteem, motivation, and feedback from others. The results of this study were somewhat surprising because the learning-disabled students reported slightly more positive levels of affect and activation during the school hours when compared to students in the low-achieving and average-achieving groups. However, when these three groups were compared in the same areas at home, their scores were very similar to one another. Some things that made this study different include the method of sampling behavior; the students' subjective responses were immediate (without forethought) and the setting (which was their natural environments either at school or at home). The results of this study are thought to be a reflection of unique personality characteristics developed through an interaction of their experiences with people, situations, and institutions.

McPhail speculated on the reason for learning-disabled students feeling more positive during school. She attributed this to factors such as the individual attention, increased levels of autonomy, and time spent on vocational training and counseling (which may have given them an advantage in developing their occupational goals over their average-achieving peers). Early diagnoses, placement in learning-disability classes, smaller classes, and increased parental involvement in their educational process could also have contributed to these positive results.

Additionally, an informal evaluation of these groups revealed that learning-disabled students had more opportunity to interact socially with other students, teachers, and counselors. Therefore, increased social support within the school environment could be another explanation for students with learning disabilities reporting more positive experiences in school than low-achieving and average-achieving students.

There is a great deal of literature correlating learning disabilities and self-esteem. Despite some disagreement in their findings, the majority of these data does support the conclusion that children with learning disabilities frequently report low self-esteem (Hallowell & Ratey, 1994; Thompson, Marcal, & Marcal, 1992; Byre & Crawford, 1990; Blalock, 1981; Rosenberg & Gaier, 1977).

Behavior disorders and self-esteem

Bower (1969) lists the following characteristics for students with behavior disorders:

"1. An inability to learn which cannot be explained by intellectual, sensory, or health factors.

2. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers...

3. Inappropriate types of behaviors or feelings under normal conditions...

4. A general, pervasive mood of unhappiness or depression.

5. A tendency to develop physical symptoms, pains, or fears associated with personal or school problems." (pp.22-23).

A study by Grizenko, Papineau, and Sayegh (1993) was conducted at a preadolescent day-treatment program that provided multimodal therapy that emphasized the psychodynamic approach. The 30 behavior-disordered children in the day-treatment program were compared to behavior disordered children on a waiting list.

All the subjects were assessed in areas of behavior, self-esteem, scholastic achievement, peer relationships and family relationships. The purpose of this day-treatment program was to rehabilitate children with disruptive behavior disorders so they could return to their school and home environments as promptly as possible. The treatment plan included both special education and psychotherapy (e.g., play therapy, social skills training, role-playing, group therapy, care of and play with pets, art classes, career counseling and family counseling). Medication was also used when needed. The children manifested dysfunctional behavior in the areas of academic functioning, social skills, and self-esteem. The behavior-disordered children in the day-treatment program improved significantly on assessment of behavior and self-perception. Such children also showed improvement in the areas of behavior, self-esteem, peer interactions and family interactions. Interestingly enough, no improvement was made in academic functioning. These gains were also maintained at the six-month follow-up study after the children had completed the program.

The above findings suggest that behavior-disordered children have deficits in self-esteem and that they respond positively when treated with a multimodal treatment plan.

Thompson (1990) completed a study of 79 school-aged (six to seventeen years of age) children who displayed poor school performance and lower perceptions of self-worth. The children were evaluated at the Developmental Evaluation Center (DEC) of the Department of Pediatrics at Duke University Medical Center over a two-year period. The measures included: 1) Wechsler Intelligence Scale for Children-Revised (WISC-R); 2) Woodcock-Johnson, and 3) the Perceived Competency Test for Children. One of the parents normally completed the Family Environment Scale (FES) and a behavior checklist.

The children with behavior problems were divided into four subgroups: 1) learning-disordered children, (2) mentally-impaired children, (3) borderline intellectual functioning, and (4) children without learning disorders or cognitive impairment. The results indicate that children with poor school performance have a high number of behavior problems when compared with children without disabilities. Of the entire group studied, 92% exhibited a behavior disturbance, according to results obtained from checklists regarding behavior and social skills. Seventy-one percent of these children were given an Axis I diagnosis, and, 39% showed behavioral problems in the clinical range when assessed by a behavior checklist. When the children had been assessed using all three measures, 30% were identified as having a behavior disturbance. Also, 76% of the children were found to have behavioral problems when assessed by two out of the three measures. Out of the 79 children studied, only four percent (three children) were found not to have a behavioral problem.

McKeon (1994) defined emotionally and behaviorally difficult children as children who: have failed in personal relationships and learning situations, have low self-esteem, and usually elicit strong affective reactions in their peers and with adults. As a result, a group of teachers has organized a way of incorporating the needs of special education students into the Science and Technology National Curriculum program.

According to McKeon, children learn best through self-discovery and applied science provides this opportunity. For instance, children who have emotional/behavioral disorders are thought to be an especially good match because this type of curriculum provides hands on experience in learning; small steps are used to develop skills and enhance perceptions; science projects can hold their interest; working in groups can improve interpersonal skills; and the wide range of activities permits students that have strengths in different areas to be able to assist each other in these areas. This work can be helpful to emotional/behavioral disordered children due to its practical applications of concrete experience. By providing interesting activities and equipment science gives them personally relevant ways of learning that increase motivation. Small steps help them by increasing their concentration, by improving problem-solving skills, and by promoting success quickly on current tasks as well as in long-term learning. The group experience not only develops interpersonal skills but also encourages participation, thereby magnifying their academic skills. Collectively, these positive experiences, the development of skills, and their successes add up to higher self-esteem for behavior-disordered children.

In other study, this one conducted by Schor, Stidley, and Malspies (1995), researchers administered a self-esteem measure to children in behavior-disorder classes as well as those in regular education. Parents of these children were also asked to complete

the same instrument according to how they thought their children would answer. When the self-esteem measures that the children and parents completed were compared, the parents of the children without behavior disorders were better at predicting their children's self-perceptions. However, even these parents' ratings did not match their children's rating; the parents tended to rate their children as having higher levels of self-esteem than the children rated themselves. These more favorable assessments by the parents are thought to be a preventive measure against the development of behavior disorders (Schor, Stidley, & Malspies). The parents of the behavior disordered children were less able to predict their children's self-concept and were more likely to rate them in a negative manner. Also, this research revealed that children with behavior disorders scored lower on the self-esteem measure than did their non-behavior disordered peers. However, the behavior-disordered children's overall mean scores were still in the average range. These results suggest that parents of behavior disordered children are often unable to identify their child's feelings and thought patterns, which causes conflicts in communication between the parents and the child. It shows that parents who have a better understanding of their child and expect more positive behaviors are normally not disappointed. Family therapy and early intervention programs that teach communication skills are thought to be helpful in deterring (or at least reducing) the severity of some behavior problems.

Although there are fewer studies in the literature which address the relationship between self-esteem and behavior disorders, those which exist show a strong inverse relationship (McKeon, 1994; Thompson, 1990; Grizenko, Papineau, & Sayegh, 1993). As some studies suggest, this could be partly due to the attitudes of both parents and teachers that result in a self-fulfilling prophecy being played out in these children's lives (Schor, Stidley, & Malspies, 1995).

Gifted children and self-esteem

In the Gifted and Talented Children's Act of 1978, the definition of " gifted " refers to those children from preschool to high school level who are recognized as having a proven or possible competency in mental ability, artistic ability, administrative ability, exceptional abilities in the humanities, or expertise in a particular academic area. (Gifted and Talented Children's Act, 1978).

A pilot study was completed by Enright and Ruzicks (1989) on 13 gifted children, aged six to 10 years, who were enrolled in a private elementary school. This research studied how the effects of parent-child relationships influenced the gifted child's self-esteem. The gifted children completed a self-esteem measure and a questionaire on parental practices. The results revealed that mothers have a greater impact on their children's self-esteem than do the fathers. There was also a significant correlation between self-esteem and maternal disciplinary practices. A high degree of physical punishment was associated with low levels of self-esteem. Conversely, a low level of physical punishment was associated with high levels of self-esteem. High self-esteem was also associated with maternal support and clearly defined disciplinary techniques, (i.e., consistency, rules, etc.). Removal of privileges as a means of punishment was also related to high self-esteem. Overall, these results suggest that self-esteem is enhanced by parental acceptance of the child as well as by setting and enforcing clearly defined rules. This study found a highly variable rate of scores on measures of self-esteem, which leads us to conclude that gifted children also struggle with feelings of low self-esteem. Finally, this study showed that children's levels of self-esteem vary across the age span usually in a positive direction, increasing with age.

In a program consisting of 38 gifted students in a rural school district, each student was administered a self-esteem measure, a self-consciousness measure, and a depression inventory (Enright & Ruzicks). They found that gifted children are not overly concerned with how others perceive them. Basically, this study agrees with others confirming the fact that gifted children normally have higher self-esteem, are well-adjusted, and are more successful in life than their average or below average ability peers. Gifted children are thought to be positive thinkers, and to be mentally flexible and emotionally resilient (Beers, Pearson, 1990).

Chui's (1990) research indicated that gifted and normal-intelligence children had significantly higher levels of self-esteem than their mentally handicapped peers. However, there was not a significant difference in self-esteem when the gifted and normal-intelligence children were compared to each other. Teachers also rated the children on predicted levels of self-esteem. On this measure, the teachers rated the gifted children higher on self-esteem than the normal-intelligence or mentally handicapped children. In summary, these results show that children's self-reports and teachers ratings reveal lower levels of self-esteem for mentally handicapped students, suggesting the need for schools to design special programs and strategies to increase feelings of self-esteem especially in the mentally handicapped child.

Self-esteem instruments and peer ratings were given to 54 gifted and 681 normal IQ children in grades two through eight in the regular classroom (Bauman & Eccles, 1989). Gifted children scored higher on both self-esteem and peer ratings. However, after analyzing interaction effects, it became apparent that these superior scores were valid only in areas related to self-esteem and school, and peer acceptance was higher only in the academic domain. All other areas of self-esteem and peer acceptance were the same for

gifted children and their normal IQ peers. These results imply that gifted children's popularity and higher ratings on self-esteem are based almost totally on academic prestige, whereas in other settings, for example, on the playground or on a sports team, the results may be very different (Bauman & Eccles, 1989).

There is a massive amount of information on gifted children and self-esteem; unfortunately, they often appear to contradict each other. Initially, the researcher believed that gifted children would have higher levels of self-esteem than their average-IQ peers. This was based on the assumption that gifted children are more likely to have experienced a large amount of success in their lives (academically) (Bauman & Eccles, 1989).

Also, parents, teachers, and society commonly value individuals who display superior intelligence more than those who are less intellectually endowed. While some previous research supported this hypotheses others did not (Enright & Ruzicks, 1989; Beer & Pearson, 1990; Chui, 1990).

Speech/Language disorders and self-esteem

A comprehensive definition of a speech disorder developed by Gelfand, Jenson, and Drew (1988) describes a speech disorder as speech behavior that is abnormal and exhibits unacceptable speech styles that are distracting, inhibit communication, and/or have a detrimental effect on the speaker or the listener in the communication process.

The researcher was unable to locate any literature studying the correlation of speech disorders and self-esteem. Therefore, it seemed a topic worthy of investigation.

Multiple disorders and self-esteem

Often children are classified as having more than one exceptionality, such as having a learning and a behavior disorder, or a learning disorder and a speech impairment, or behavior and speech disorders. There was also a lack of information in the literature regarding the comparison of children identified with multiple disorders and self-esteem. Since there is currently insufficient data in this area, it became necessary to add this group to the study to determine if a correlation exists between those with multiple disorders and self-esteem.

Gender and self-esteem

In the course of this study, the issue of whether gender differences (being male or female) might have any effects (either positive or negative) on students' levels of self-esteem. This question became another crucial dimension that needed to be explored. The literature on gender issues and self-esteem is profuse, yet none of these involved looking at the gender differences of students receiving services in the special education program. The following is a condensed sampling of the literature addressing the effects of gender on self-esteem in the normal population.

Shortchanging Girls, Shortchanging America (1992) was one of the first studies to bring to our attention the gender discrimination that is apparent in the schools across the United States. This research was conducted by Greenberg-Lake; it was the first of its kind dealing with young American girls marked decline in self-esteem and attributing this to how they are treated in school.

When the results of this study were disclosed in 1991, it generated more than 1,300 research studies in print concerning a proposal for equal treatment of girls plans for revisions in the American school system. Educational administrators, teachers, and the public are currently becoming involved in ways to eliminate gender prejudice and improve the future for female students in our educational institutions.

In 1994, "Goals 2000: Educate America," a federal amendment, was approved; elements of this act include requirements for gender equality. Not only is it necessary to try to enhance self-esteem in girls (an issue of equal treatment), but it is also a concern for economic reasons. Since it has been projected that by 2005, 48 percent of the jobs in the United States will be held by women. Therefore, we need to revise the educational plan for females since it affects such a large percentage of those employed and has a definite impact on maintaining America's current economic success.

The results of this investigation concluded that girls and boys both undergo significant changes that result in a drop in levels of self-esteem during the adolescent years. However, there are some distinct differences between girls and boys in the process of developing self-esteem. Typically, boys exhibit higher self-esteem than girls in adolescence. This gain is maintained and becomes more established throughout their life span. Girls' lower self-esteem during adolescence contributes to a lack of identity that limits their performance and capabilities. Boys have more self-assurance in their abilities to "do things" which is associated with more trust in themselves in general. Physical changes in adolescents tend to be viewed in a positive way by boys as becoming more powerful and rugged, whereas girls' sense of self is affected negatively since people convey the message that their value as a person depends on their physical attractiveness.

Self-esteem also appears to have an impact on career goals', for instance, boys tend to "dream big" such as about becoming a famous athlete or actor and are more confident in their ability to make their dreams come true. Girls, on the other hand, have lower expectations for their career goals; feelings of incompetence and insecurity are probably contributing factors.

One unique finding in this particular study was that feeling important and respected within their family and being confident about school achievement have a more substantial influence on a adolescents' self-perception than their popularity with peers.

Additionally, this survey revealed a significant relationship between students' views of their skills in math and science, and levels of self-esteem. Girls, as they mature, frequently pick up negative stereotypes that they are not competent in these areas, which predictably leads to lower self-esteem. Consequently, girls typically demonstrate a lack of interest in pursuing careers that require mastery of these subjects. For example, by the time boys and girls reach high school, 52 percent of the boys want to be scientists, while only 29 percent of the girls have the same goal. These findings could have an adverse impact on our country considering the technical age we are now experiencing. Our society today needs more experts in the fields of science, engineering, and math. The result of the accumulation of this knowledge concerning issues of gender bias leads us to challenge schools to update their programs to include support for the improvement of self-esteem in students, with an emphasis on gender-specific issues (1994).

Another article, in the Journal of Adolescence (June, 1996) which investigated the differences in self-esteem between boys and girls. This research confirmed the stereotype that girls have lower self-esteem than boys.

This agrees with other recent research findings that attributions are less approving of girls than boys, that girls place more concern on appearance during puberty than boys, and that cultural importance is attributed to male dominant characteristics that are transmitted through socialization. Also, the findings state that boys and girls develop their sense of self in different ways. For example, boys are thought to develop their identity by becoming self-reliant and independent, whereas girls' growth is dependent on developing relationships with others. As a result, boys and girls will undoubtedly have distinct perceptions on issues of self-esteem.

Boys will attribute more significance to achievements, depending primarily upon how well they measure up compared to their peers. In contrast, girls evaluate themselves more on personal and psychological dimensions. The authors found that girls' self-esteem is more global, less differentiated, and has an exaggerated effect on their moods (leading to more depression) while boys separate the academic and behavioral components of their development of self from their social self (Bettchart, Bolognni, and Plancherel, 1996).

Likewise, Burnett (1996) examined the different ways that boys and girls describe and evaluate themselves and the resulting effect on their self-esteem. This investigation was conducted using 957 students in the third through seventh grades. This study also replicated others' typical findings, stating that boys have, higher evaluations of themselves in terms of their physical capabilities and mathematics competencies, and that girls have higher confidence in their reading ability. Evaluations concerning satisfactory relationships with peers and global self-esteem are believed to remain stable, while all other evaluations of the self are thought to worsen according to this study. The researchers explanation for this phenomena was that, as adolescents mature, their cognitive schemes become more reality-based and less egocentric.

The amount of research that has been done considering gender and self-esteem is truly astonishing. There seems to be an infinite number of studies supporting evidence of gender differences in the development and maintenance of self-esteem. According to the majority of this research, girls are normally found to have lower levels of self-esteem than boys. Although there is much speculation and confusion involved in the rationale behind these deficits, the most common theory is that of cultural and socialization factors in a patriarchal society. There was enormous support in the literature corresponding with the research hypothesis in this study that boys would exhibit higher levels of self-esteem than girls (in the normal population).

Appendix B
Instructions to Examinee

Instructions to the examinee

The following instructions were read to the examinee: "Read this list of sentences. Some of these will describe you very well and some will not describe you at all. If you think a sentence is always true of you, put a mark in the circle or square under *Always True*. If you think a sentence is usually true of you, put a mark in the circle or square under *Usually True*. If you think a sentence is usally not true of you, put a mark in the circle or square under *Usually False*. If you think a sentence is never true of you, put a mark in the circle or square under *Always False*. Remember to answer all of the questions. If you do not know the meaning of any words in the sentences, please ask me. You may begin." (Brown & Alexander, 1991).

Example: When I look in the mirror I am pleased.

Always True Usually True Usually False Always False

Scoring Guidelines

The global self-esteem score or Self-Esteem Quotient has a mean of 100 and a standard deviation of 15. An average score of 90-110 SEQ or above was equaled with high self-esteem while below average (scores of 89 and below) were interpreted as an indication of low self-esteem. The classification for Self-Esteem Index scores are as follows:

131+	Very High
121-130	High
111-120	Above Average
90-110	Average
80-89	Below Average
70-79	Low
-69	Very Low
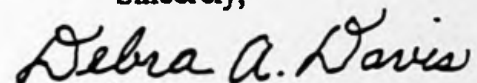
Appendix C

Letter of Consent

November 4, 1996

Dear Mr. Nichols:
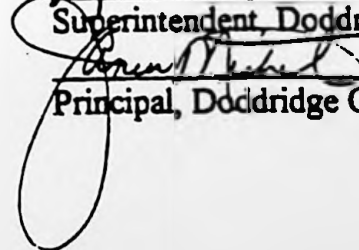
As a graduate student in the school psychology program at West Virginia Graduate College I am requesting permission to conduct a research project in the Doddridge County school system. The research would require obtaining the tests and results of the Self-Esteem Index, which have previously been administered by the teachers to all students attending Doddridge County Middle School, and comparing the Special Education student's self-esteem scores to regular education student's scores. These results will be analyzed to determine if there is a significant discrepancy in self-esteem scores between those receiving services for learning disabilities, behavior disorders, mental impairment, speech/language disorder, other health impaired, and gifted students than their peers in the regular education program. No identifying information will be used or released. Confidentiality will be maintained! Thank you for your time and cooperation!

Sincerely,

Debra A. Davis

Debra A. Davis

In signing this form, I am stating that I am aware of the nature of the study and I grant permission for the research to be conducted by Debra Davis to fulfill requirements for her thesis project at West Virginia Graduate College.

_____ 11/4/96
Superintendent, Doddridge County Schools   Date

_____ 11/4/91
Principal, Doddridge County Middle School   Date

Appendix D

Sample Instrument

SEI

Self-Esteem Index

STUDENT RESPONSE BOOKLET

bject's Name _____

	Year	Month
te of Testing	————	————
bject's Date of Birth	————	————
bject's Age at Testing	————	————

Instructions

Read this list of sentences. Some of these sentences will describe you very well and some will not describe you at all. If you think a sentence is always true of you, put a mark in the circle or square under *Always True*. If you think a sentence is usually true of you, put a mark in the circle or square under *Usually True*. If you think a sentence is usually not true of you, put a mark in the circle or square under *Usually False*. If you think a sentence is never true of you, put a mark in the circle or square under *Always False*. Remember to answer all of the questions. If you do not know the meaning of any words in the sentences, ask the examiner. You may begin when the examiner tells you to.

SEI

Self-Esteem Index

STUDENT RESPONSE BOOKLET

Subject's Name _____

	Year	Month
Date of Testing	_____	_____
Subject's Date of Birth	_____	_____
Subject's Age at Testing	_____	_____

Instructions

Read this list of sentences. Some of these sentences will describe you very well and some will not describe you at all. If you think a sentence is always true of you, put a mark in the circle or square under *Always True*. If you think a sentence is usually true of you, put a mark in the circle or square under *Usually True*. If you think a sentence is usually not true of you, put a mark in the circle or square under *Usually False*. If you think a sentence is never true of you, put a mark in the circle or square under *Always False*. Remember to answer all of the questions. If you do not know the meaning of any words in the sentences, ask the examiner. You may begin when the examiner tells you to.

	ALWAYS TRUE	USUALLY TRUE	USUALLY FALSE	ALWAYS FALSE
My parents and I have fun together.	O	O	O	O
I am a hard and steady worker at school.	O	O	O	O
I'm pretty popular with other kids my age.	O	O	O	O
Kids pick on me a lot.	☐	☐	☐	☐
My home life is pretty pleasant.	O	O	O	O
I am good at school work.	O	O	O	O
I'm a lot of fun to be around.	O	O	O	O
I have nightmares almost every night.	☐	☐	☐	☐
We have a very close family.	O	O	O	O
I am pretty good about doing my homework on time.	O	O	O	O
It's easy for me to make friends.	O	O	O	O
I often feel ashamed of myself.	☐	☐	☐	☐
My parents don't listen to me.	☐	☐	☐	☐
I'm proud of my school work.	O	O	O	O
I am a leader in most of the games that my friends play.	O	O	O	O
My friends don't have much confidence in me.	☐	☐	☐	☐
I can go to my parents with my problems.	O	O	O	O
I give the teachers a lot of trouble at school.	☐	☐	☐	☐
I don't have trouble talking to other people.	O	O	O	O
I exaggerate my troubles in order to get attention from other people.	☐	☐	☐	☐
My parents understand me as well as most kids' parents do.	O	O	O	O
I like going to school.	O	O	O	O
I'm as nice looking as most other kids.	O	O	O	O
I never feel like I'm part of the group.	☐	☐	☐	☐
My parents are proud of me.	O	O	O	O
My parents are disappointed in my school grades.	☐	☐	☐	☐
My friends think I have pretty good ideas.	O	O	O	O
It takes me a long time to get used to new things.	☐	☐	☐	☐

	ALWAYS TRUE	USUALLY TRUE	USUALLY FALSE	ALWAYS FALSE
My family is interested in me and the things that I do.	○	○	○	○
I do as little work at school as I can get by with.	□	□	□	□
I think I'm pretty easy to like.	○	○	○	○
I'm usually the last one to be chosen for a game.	□	□	□	□
Nobody pays much attention to me at home.	□	□	□	□
School work isn't very interesting.	□	□	□	□
I'm not shy.	○	○	○	○
I am often afraid.	□	□	□	□
I feel left out of things at home.	□	□	□	□
My teachers like me.	○	○	○	○
The other kids usually want me to take charge when we work on a school project together.	○	○	○	○
My friends let me take the blame for things they have done.	□	□	□	□
My parents don't scold me unless I deserve it.	○	○	○	○
I am slow when it comes to doing my school work.	□	□	□	□
I usually say what I think.	○	○	○	○
Other kids think I'm a cry baby.	□	□	□	□
I don't trust my family.	□	□	□	□
I find it hard to work in classrooms that have a lot of rules.	□	□	□	□
I think most people are pretty interesting to talk to.	○	○	○	○
I would rather play with children who are younger than I am.	□	□	□	□
My family doesn't trust me.	□	□	□	□
I'm not doing as well in school as I'd like to do.	□	□	□	□
When I grow up, I will be an important person.	○	○	○	○
I am a klutz.	□	□	□	□
My family will help me if I get into trouble.	○	○	○	○
My teachers make me feel like I'm not good enough.	□	□	□	□
I like being with other kids.	○	○	○	○
I spend too much time alone.	□	□	□	□

	ALWAYS TRUE	USUALLY TRUE	USUALLY FALSE	ALWAYS FALSE
I argue a lot with my family.	☐	☐	☐	☐
My behavior at school is okay.	○	○	○	○
I'm not afraid of as many things as my friends are.	○	○	○	○
I am uncomfortable in groups of people.	☐	☐	☐	☐
I don't have enough freedom at home.	☐	☐	☐	☐
Most of my teachers are pretty fair.	○	○	○	○
I'm not a very lonely person.	○	○	○	○
I wish I were younger.	☐	☐	☐	☐
I am an important member of my family.	○	○	○	○
Sometimes I play sick to get out of school.	☐	☐	☐	☐
I include other people in my plans.	○	○	○	○
Sometimes I pretend to know more than I really do.	☐	☐	☐	☐
My parents expect too much from me.	☐	☐	☐	☐
My teachers give me school work that I cannot do.	☐	☐	☐	☐
I learn a lot from other people.	○	○	○	○
I get a lot of headaches and stomachaches.	☐	☐	☐	☐
The people in my family have quick tempers.	☐	☐	☐	☐
I like it when the teacher calls on me.	○	○	○	○
I don't have trouble making up my mind about things.	○	○	○	○
When things go wrong, I sometimes try to blame the other guy.	☐	☐	☐	☐
Things at home upset me.	☐	☐	☐	☐
It's fun to learn new things.	○	○	○	○
I have friends I can confide in.	○	○	○	○
It is hard for me to talk in front of the class.	☐	☐	☐	☐