SOCIETY AND THE ADOLESCENT SELF-IMAGE

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PART I
DEFINITION AND MEASUREMENT

...
CHAPTER 1

SELF-ATTITUDES AND OTHER ATTITUDES

IN RECENT years the fields of psychiatry, psychology, and sociology have all experienced an upsurge of interest in the nature of the self-image. The fact that these three fields should come to share an interest in this aspect of personality bespeaks, perhaps, the power of this concept to intrude itself upon established ways of thought and procedure. Though each field bears with it the inert weight of its distinctive tradition, all have found the idea of the self-image relevant to their concerns.

Clinical and experimental studies have provided valuable insights into the nature of the self-image (particularly its pathological manifestations), but we still know very little about the nature and distribution of self-esteem, self-values, and self-perceptions in the broader society. The present report sets forth the results of a study of self-attitudes in the stage of later adolescence, i.e., among a sample of 5,024 high school juniors and seniors from ten high schools in New York State.

At this stage of development—between about 15 and 18 years of age—the individual tends to be keenly concerned with his self-image. What am I like? How good am I? What should I, or might I, become? On what basis shall I judge myself? Many adolescents are consumed with questions of this sort. There are several reasons for this heightened awareness of the self-image during this period of development.

For one thing, late adolescence is a time of major decision. For example, the individual must give serious thought to his occupational choice. But does he have the intellectual ability and assiduity to become a doctor? Does he have the logical and oratorical talents required for the law? Does
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he have the seriousness of purpose required for the minis-
try? The individual must urgently think about what he is
like if he is not to make a disastrous choice. The adoles-
cent must also start thinking about marriage. Is he “ready”
for marriage? Does he have the qualities which will enable
him to acquire the kind of mate he wants, and, if not, is it
possible to acquire these qualities? When an individual is
faced with a serious and urgent decision, and when a major
basis for this decision is his view of what he is like, then the
self-image is likely to move to the forefront of attention.

A second reason for a heightened awareness of the self-
image is that adolescence is a period of unusual change.
Gross and rapid physical changes abound. A boy grows
several inches or gains 20 pounds in a matter of months;
the adolescent looking in the mirror suddenly sees a face
covered with pimples; the flat-chested girl becomes a well-
developed young lady. Internal physiological changes pro-
cceed apace. Sexual drives achieve an intensity which was
unimaginable in the period of latency; new desires surge
through the youth. Finally, psychological changes are tak-
ing place. New interests, attitudes, and values come to the
fore. Whether it is now a concern with automobiles or
dates, an awakened interest in philosophy or religion, a new
concern for aesthetic experience or world affairs, the effect
is to shake up the adolescent’s picture of what he is like
and to intensify his interest in this picture.

Third, late adolescence is a period of unusual status
ambiguity. Society does not have a clear set of expecta-
tions for the adolescent. In some ways he is treated as a
child, in other ways as an adult. He is thus unclear about
his social duties and responsibilities just as he is unclear
about his social rights and privileges. This ambiguity is
accentuated by the fact that both remnants of the past and
portents of the future influence the self-image. A girl who
was stout as a child but has slimmed down in adolescence
may still, in her mind’s eye, continue to see herself as fat.

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A boy who intends to become an artist begins to rehearse
his future occupational role in the present. Tentatively and
awkwardly, perhaps, he begins to adopt the dress, speech,
attitudes, manners, mores, etc., of his concept of an artist.
The same is probably true of other occupational choices.
We would suggest that where such sources of ambiguity
exist, the concern with the self-image is likely to be height-
ened.

These observations highlight the point that the adoles-
cent is pregnant with potentialities but is largely lacking
in fulfillment. Compared to the young child, whose interest
is chiefly in the present, the adolescent’s vision extends
more into the future. He may go in many directions, be-
come many possible things; but this vision of the future
takes as its springboard the picture of what the individual
actually or potentially is.

Because this is a time of life when the individual actu-
ally is changing visibly; because it is a period when an
awareness of, and concern with, the self-image tends to be
high, and because the self-image at this time is so vitally
implicated in such important life decisions, late adoles-
cence is a particularly interesting time of life for studying
the self-image.

But what is a self-image? Often it is treated as a rather
mysterious and indefinable entity. In the present study, we
conceive of the self-image as an attitude toward an object.
(The term “attitude” is used broadly to include facts, opin-
ions, and values with regard to the self, as well as a favor-
able or unfavorable orientation toward the self.) In other
words, this study takes as its point of departure the view
that people have attitudes toward objects, and that the
self is one of the objects toward which one has attitudes.

Intuitively, however, we feel that there is something
different about our attitudes toward ourselves and our atti-
attitudes toward other objects in the world. One way to clarify
the nature of the self-image, then, is to ask: In what way
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are self-attitudes similar to attitudes toward other objects (whether people, groups, organizations, nations, ideas, etc.) and in what ways are they different?

Self-Attitudes and Attitudes toward Other Objects

Social psychology has shown that attitudes vary in terms of certain common characteristics. These characteristics, relevant to attitudes toward all objects, appear to be completely applicable to attitudes toward the self. Putting it boldly, there is no qualitative difference in the characteristics of attitudes toward the self and attitudes toward soup, soap, cereal, or suburbia.

On the basis of thousands of attitude studies conducted in recent decades, a number of dimensions by which attitudes toward any object in the world can be classified have evolved. Attitudes may differ in content, in direction, in intensity, in importance, in salience, in consistency, in stability, and in clarity.¹

Let us compare attitudes toward the self and toward the Soviet Union in terms of these dimensions. (1) Content—We may ask: What is the individual’s picture of the Soviet Union (his picture of its political structure, economic structure, scientific capabilities, educational system), just as we may study the content of the self-picture (whether one sees oneself as intelligent or kind and considerate or good at painting, etc.). (2) Direction—We may ask whether attitudes toward the Soviet Union are favorable or unfavorable, just as we may ask whether our self-attitudes are positive or negative. (3) Intensity—We may feel very strongly about the Soviet political system as very bad, just as we may feel strongly about our self-estimate as “very likeable.” (4) Importance—We would want to con-


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consider whether the Soviet Union is an important subject to the individual, and the self may also be located along this dimension. (5) Salience—Some people think a great deal about the Soviet Union—it is often in the forefront of consciousness—whereas others give the matter less thought; the same is true of attitudes toward the self. (6) Consistency—We may alternately think of the Soviet Union as very strong and very weak; contradictory self-attitudes are also common. (7) Stability—Some people have firm, stable, relatively unchanging opinions of the Soviet Union whereas other people’s attitudes are more shifting and unstable; similarly, there are those who have stable self-attitudes and others who have shifting self-attitudes. (8) Clarity—Some people have a clear, sharp, unambiguous picture of the Soviet Union, whereas others have more vague, hazy, and blurred pictures; self-pictures also vary in clarity.

We suggest that the structure of the self-image is largely revealed by the classification of individuals in terms of these universal dimensions. Thus, if we can learn what the individual sees when he looks at himself (his social statuses, roles, physical characteristics, skills, traits, and other facets of content); whether he has a favorable or unfavorable opinion of himself (direction); how strongly he feels about his self-attitudes (intensity); how important the self is, relative to other objects (importance); whether he spends a great deal of time thinking of what he is like—whether he is constantly conscious of what he is saying or doing—or whether he is more involved in tasks or other objects (salience); whether the elements of his self-picture are consistent or contradictory (consistency); whether he has a self-attitude which varies or shifts from day to day or moment to moment, or whether, on the contrary, he has a firm, stable, rock-like self-attitude (stability); and whether he has a firm, definite picture of what he is like or a vague, hazy, blurred picture (clarity)—if we can characterize the individual’s self-picture in terms of each of these
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dimensions, then we would have a good, if still incomplete, description of the structure of the self-image. And the same would be true of any other object in the world.

But the nature of self-attitudes is also clarified by pointing to certain properties of self-attitudes which are different from most other attitudes. For contrast, let us consider the kinds of attitudes usually examined in public opinion studies—attitudes toward the Soviet Union, toward Cuba, toward the Republican Party, toward the President, toward minority groups, toward X brand of tomato soup. We will call these “public opinion attitudes.”

One difference is that the public opinion investigator attempts to examine different attitudes toward the same object whereas the self-image investigator studies different attitudes toward different objects. (It may be argued, of course, that there are as many ‘Cubas’ as there are people who think about Cuba, but at least the attempt is made to get people to think about the same thing.) In a self-image study, there are exactly as many different objects of study as there are respondents. Thus, to compare upper-class and lower-class attitudes toward the self is not the same as comparing upper- and lower-class attitudes toward the Democratic Party. Of course, self-attitudes are not absolutely unique in this regard; we might ask children how they feel about their parents, or parents how they behave toward their children, and compare social groups in these terms. Self-attitudes do, however, differ from most public opinion studies in focusing upon completely different objects.

A second difference between self-attitudes and public opinion attitudes resides in the area of motivation. Motivation, to be sure, is an important determinant of most, if not all, attitudes. For example, a Russian who wishes to be accepted by his peers and to be integrated into his society is motivated to adopt a positive attitude toward Brezhnev; an American who wishes to be accepted by his peers is likely to hold a negative attitude toward Brezhnev. Group

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differences in attitudes are often inspired by identical motivations.

The distinctive characteristic of self-attitudes, however, is that everyone is motivated to hold the same attitude toward the object, namely, a positive attitude. This may, indeed, be a universal motivation. As Murphy notes: “The main self-attitudes, those involving the fear of losing the self-esteem, are horrified [at violating one’s standards] and struggle to keep the self-picture good.” 2 It can hardly be disputed that, as a rule, people would prefer to have a favorable opinion of themselves rather than an unfavorable opinion.

A third difference between self-attitudes and public opinion attitudes lies in the dimension of importance. Objects of public opinion vary widely in importance, whereas this is not true of the self. To a Republican National Committeeman, the Republican Party is an important object, whereas X brand of whitewall tires may be extremely unimportant. The self, on the other hand, is probably an important object to everyone. Fundamentally, it may be the most important object in the world. “Whatever the self is, it becomes a center, an anchorage point, a standard of comparison, an ultimate real. Inevitably, it takes its place as a supreme value.” 3 The self may vary in salience, but it is hard to imagine someone to whom the self is unimportant.

In conducting research on the self, then, one can be reasonably certain that this is a subject in which nearly everyone will be interested. This point was strikingly demonstrated in intensive interviews with adolescents. It was amazing how eager they were to talk about themselves; this was a subject they found interesting and important to them. Almost invariably they thanked me for the interview, saying they had found it very enlightening. And yet

3 Ibid., p. 408.
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I had only asked questions; they had provided all the answers.

Another distinctive quality of self-attitudes, brought sharply to the fore by George Herbert Mead, is that the self is reflexive. The person holding the attitude and the object toward whom the attitude is held are encased within the same skin. Mead distinguished between the "I," i.e., the functioning, spontaneous part of the self, and the "me," i.e., the part of the self that reflects upon, judges, and evaluates the person. It is thus characteristic of the human being that he may be both subject and object. Statements such as "I hit myself," "I hurt myself," "I hate myself" express this duality. Among all the attitudes which might be studied, then, self-attitudes are unique in this regard—the person holding the attitude and the object toward whom the attitude is held are the same.

As a result, the bases of self-attitudes differ in certain ways from public opinion attitudes. There is, first, the element of immediate experience. We alone can be certain whether we feel angry or happy, whereas we can never be sure that another person manifesting such emotions really feels them. Second, there is the matter of unexpressed thoughts. We may feel ashamed of some base thought or wild fantasy which enters our consciousness, whereas this information is completely inaccessible to anyone else. Third, there is the matter of unique perspective. Most people hearing their voices played back on a recorder for the first time feel that they sound strange. Inevitably, we cannot perceive ourselves exactly as we see other objects; from the viewpoint of the outside observer, our

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perceptions of ourselves often appear somewhat distorted. Fourth, there is the factor of permanence. Unlike any other object in the world, the self is inescapable. Our attention to other objects may shift and change, but the self is always there, even if it is at the remote periphery of attention. And it enters into each situation with a frequency shared by no other object. In sum, the fact that the self is reflexive brings to bear certain influences upon self-attitudes which differ in degree or kind from public opinion attitudes.

A fifth difference between attitudes toward the self and attitudes toward public opinion objects is the characteristic set of emotions associated with self-attitudes. Cooley's discussion of the "looking-glass self" is relevant in this regard:

"A self-idea of this sort seems to have three principal elements: the imagination of our appearance to the other person; the imagination of his judgment of that appearance, and some sort of self-feeling, such as pride or mortification." 6

The point is that these emotions—pride and mortification—are aroused only with regard to the self or ego-involved 7 objects. This is not to say that the emotions associated with self-attitudes and public opinion attitudes are entirely different. If we hold strongly negative attitudes toward Castro or toward ourselves, the feelings toward each may well be the same—hatred and contempt. If we hold strongly positive attitudes toward Eisenhower and toward ourselves, similar emotions are likely to come into play, e.g., respect and liking. But there are certain emotional responses which are aroused only with reference to the self (or to ego-involved objects). William James, discussing the issue of self-feeling, distinguished different

8 Mind, Self and Society, Chicago: University of Chicago, 1934.
8 Indeed, one way in which man differs from the lower animals is this—while all animals have consciousness, man alone has self-consciousness. The lion may be king of the jungle, but it is hardly likely that he reflects upon the fact, feels pride in it, and experiences contented feelings of self-satisfaction at contemplating his exalted status.

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types of emotional reactions: "Thus, pride, conceit, vanity, self-esteem, arrogance, vainglory, on the one hand; and on the other modesty, humility, confusion, diffidence, shame, mortification, contrition, the sense of obloquy and personal despair. These two opposite classes of affection seem to be direct and elementary endowments of our nature."  

In sum, while certain emotions are common to both self-attitudes and public opinion attitudes, other emotions—shame, guilt, mortification, pride, self-complacency, etc.—are characteristic only of attitudes toward the self or toward ego-involved objects. This is one reason why the study of self-attitudes has greater significance for mental health than does the study of most other attitudes.

Finally, there are certain differences in the socially significant sources of influence. For example, the mass media of communication—press, radio, television, etc.—may influence our attitudes toward the Democratic Party but rarely toward ourselves. In addition, public opinion attitudes are importantly influenced by group consensus; i.e., partly through communicative interaction, members of various social classes, religious groups, nationality groups, geographical groups, etc., come to share roughly similar attitudes toward the Democratic Party. There are no such widely shared and broadly based group opinions about most of us as individual objects.

This does not imply, however, that social factors are unimportant for the formation of the self-image; on the contrary, they may be exceedingly important.

On a general level, the work of Cooley, Mead, and James makes clear that the individual's self-appraisal is to an important extent derived from reflected appraisals—his interpretation of others' reactions to him. In the process of communication, as Mead notes, the individual must "take the role of the other"; to some extent he must attempt to

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see himself as others see him. Whether or not one wishes to accept the Meadian thesis in its entirety, one point is incontestable: our attitudes toward ourselves are very importantly influenced by the responses of others toward us.

To say, with Mead, that the self arises from reflected appraisals based on taking the role of the other is important and true, but it fails to communicate the specific nature of social influences on self-attitudes. Let us consider how the reactions of others toward us become organized. For one thing, the hypothesis has been advanced that if groups are differentially esteemed in the broader society, then group members who internalize this value system may judge themselves accordingly. This is fundamentally the phenomenon which Kurt Lewin has described as "self-hatred among Jews" 9 and which is at the root of Kardiner and Ovesey's 10 description of Negro psychopathology as characterized by socially induced feelings of inferiority. A related point is that membership in a minority group in one's neighborhood—especially among children—may produce exclusion and rejection, and, through the medium of reflected appraisals, feelings of inadequacy. Third, social groups may differ in their norms regarding family structure, authority in the family, child-rearing values, practices, etc. As a result, children in different social groups are likely to be exposed to characteristic reactions from others which may be decisive in the formation of self-esteem.

Group norms aside, however, interactional influences may have a powerful bearing upon self-evaluation. The child's prestige in his peer group or the adult's position in the occupational world almost inevitably has a bearing upon the individual's self-feelings. For example, in a society which so strongly emphasizes occupational success, what is the effect of occupational failure upon self-esteem?

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What is the effect of widespread competitiveness in social life—in school, in sports, in business? When a massive economic depression strikes the land, can self-attitudes remain entirely unaffected?

Finally, social factors importantly determine the individual's self-values; these self-values, as we shall indicate, have an important bearing upon self-esteem. No one evaluates himself in the abstract; evaluation is always with reference to certain criteria. But the criteria of excellence will derive from the particular historical conditions of the society and the characteristic emphases of the group. In medieval Europe, military prowess and valor were highly important criteria for self-evaluation; today, business acumen or organizational skill are more likely to be applauded. Every society or group has its standards of excellence, and it is within the framework of these particular standards that self-evaluation occurs.

To summarize, we have suggested that there are certain factors especially characteristic of, or completely unique to, self-attitudes. In studying self-attitudes, in contrast to public opinion attitudes, respondents are describing different objects; they are all motivated to hold the same (positive) attitudes toward these objects; unlike other objects, the self is important to everyone; the person holding the attitude and the object toward whom it is held are the same; there are certain kinds of emotional reactions which are unique to the self and ego-involved objects; and certain social forces which influence public opinion attitudes are largely irrelevant to self-attitudes.

At the same time, all the fundamental dimensions of attitudes—content, direction, intensity, importance, salience, consistency, clarity, stability—are completely relevant and significant aspects of the self-image. Thus, the study of attitudes legitimately encompasses the study of self-attitudes. It is an obvious extension of this point to suggest that the social psychology of attitudes—the study of the

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social factors determining opinions, attitudes, and beliefs—should include the social psychology of self-attitudes: the study of the social factors determining opinions, attitudes, and beliefs about the self. The fact that there may be some quantitative differences between self-attitudes and attitudes toward other objects does not in any way undermine the point that the fundamental dimensions are equally applicable to all attitudes.

If this is so, then certain methods which have been developed for collecting and analyzing information about opinions and attitudes—the sample survey, scaling, multivariate analysis, typological analysis, panel analysis, etc.—might profitably be employed in the study of self-attitudes. Several of these techniques are used in the present study.

In the following chapters we shall deal with several dimensions of the self. We shall also devote considerable attention to self-values—the conceptions of the desirable which represent the individual’s criteria for self-judgment. But our main concern, or, to use Lazarsfeld's phrase, our "pivotal variable," will be self-esteem. In other words, what is the direction of the self-attitude? Does the individual have a favorable or unfavorable opinion of himself? Does he consider himself worthy or unworthy? The main aim of the present study is the following: to specify the bearing of certain social factors on self-esteem and to indicate the influence of self-esteem on socially significant attitudes and behavior.

It is an unfortunate fact that, although hundreds of self-concept studies have been conducted in recent years, no generally accepted measure of self-esteem is available in the literature. Since this variable is of decisive importance in this study, it is necessary to examine in some detail precisely how self-esteem was measured and to discuss the degree of confidence which can be placed in the measuring instrument.
CHAPTER 2

THE MEASUREMENT OF SELF-ESTEEM

The measure of self-esteem employed in this study is a ten-item Guttman scale which has satisfactory reproducibility and scalability. In constructing this measure, we were guided by the following practical and theoretical considerations:

1. **Ease of administration**—Since a large sample is required for multivariate analysis, it was not practicable to use a technique which required apparatus—such as blocks, ink blots, direct measures of physiological response—or which required individual administration—such as interviews, clinical appraisal, etc. Our instrument simply required the respondent to check his answers to ten items.

2. **Economy of time**—In order to obtain the cooperation of school authorities, it was necessary to use anonymous questionnaires which could be filled out within a single class period. At the same time, we wished to obtain a great deal of other information about the respondent—his social statuses, group memberships, neighborhood environment, high school activities, occupational aspirations and values, etc. Complex and time-consuming measuring instruments, such as the MMPI or the Q-sort, were ruled out. It was thus necessary to employ a measure of self-esteem which would be completed in two or three minutes.

3. **Unidimensionality**—An instrument was required which would enable us to rank people along a single continuum ranging from those who had very high to those who had very low self-esteem. The Guttman scale insures a unidimensional continuum by establishing a pattern which must be satisfied before the scale can be accepted. The adequacy of each item is not determined primarily by its relationship to a total score but by its patterned relation-

ship with all other items on the scale. The reproducibility of this scale is 92 percent and its scalability is 72 percent; these coefficients are satisfactory in terms of the criteria established by Guttman and Menzel.1

4. **Face validity**—While the Guttman model can usually insure that the items on a scale belong to the same dimension, they cannot define the dimension. As Suchman notes: "... even if an item is reproducible perfectly from scale scores, this is not proof that the item is part of the definition of the universe. ... Only a judgment of content can determine what belongs to a universe, and not correlations or reproducibility."2

For this reason we explicitly attempted to select items which openly and directly dealt with the dimension under consideration. Respondents were asked to strongly agree, agree, disagree, or strongly disagree with the following items:

1) On the whole, I am satisfied with myself.
2) At times I think I am no good at all.
3) I feel that I have a number of good qualities.
4) I am able to do things as well as most other people.
5) I feel I do not have much to be proud of.

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6) I certainly feel useless at times.
7) I feel that I am a person of worth, at least on an equal plane with others.
8) I wish I could have more respect for myself.
9) All in all, I am inclined to feel that I am a failure.
10) I take a positive attitude toward myself.

“Positive” and “negative” items were presented alternately in order to reduce the effect of respondent set. While the reader may question one or another item, there is little doubt that the items generally deal with a favorable or unfavorable attitude toward oneself.

Such “logical validation” or “face validity,” while important, is not sufficient to establish the adequacy of the scale. Unfortunately, there are no “known groups” or “criterion groups” which can be used to validate the scale. The adequacy of this measure must thus be defended on the following grounds: if this scale actually did measure self-esteem, then we would expect the scores on this scale to be associated with other data in a theoretically meaningful way. Let us consider some of these relationships.

Depression. It is a familiar clinical observation that depression often accompanies low self-esteem. If such depressed feelings rise to the surface, and if the scale measures self-esteem, then people with low self-esteem should appear more depressed to outside observers. This hypothesis was examined among a special group of subjects.

In pursuance of its research objectives, the National Institutes of Health retain a group of “normal volunteers” who serve as research subjects for a variety of scientific investigations. Technically, a normal volunteer is defined as “a healthy person—that is, one with no scientifically contra-indicator abnormalities—who has been admitted as a patient of the Clinical Center in order to serve as a volunteer subject for approved research projects.” Most of these vol-

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unteers are young adults who are housed on the wards of the Clinical Center.

In the course of pretesting our research instruments, 50 normal volunteers were asked to fill out various questionnaires, all of which contained the self-esteem scale. Independently of these results, nursing personnel on the wards on which the volunteers were located were asked to fill out Leary scales° on these subjects. Of special interest were the following facts: the normal volunteers did not know that the nurses would fill out the Leary scales; the nurses did not know what answers the subjects gave to the questionnaires, did not see the questionnaires, and in most cases, we believe, did not even know that the subjects had filled out self-esteem scales; and in most cases the research investigator did not know who the nurses were who filled out the questionnaires, and most of them did not know him. We may thus have reasonable confidence in the independence of the data.

The Leary scale consists of a series of “interpersonal” items designed to characterize an individual. The rater is simply asked to say whether the subject is or is not like the word or phrase presented. We amended this form to allow the nurse to say that she was undecided. For about half the subjects, one nurse filled out a Leary scale for each normal volunteer; a large number of different nurses participated, depending upon where the volunteer was housed. For the other half, two nurses filled out the scales for each subject independently of one another. In the latter case their joint appraisals were used. If they disagreed, the response was placed in the “undecided” category.

We find a significant° association between the individ-

° An elaborate discussion of this scale appears in Timothy Leary, Interpersonal Diagnosis of Personality, New York: Ronald, 1957.

° The .05 level of significance is employed throughout this report. When three or more groups are compared, the significance of difference
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ual’s self-esteem and the likelihood that he will appear depressed to nurses. Table 1 shows that nurses were far more likely to deny that those with high self-esteem scores were “often gloomy” or “frequently disappointed” than those with low self-esteem scores. (Table 1).

Not only are people with low self-esteem scores more likely to appear depressed to others but they are, as we would expect, more likely to express feelings of unhappiness, gloom, discouragement, etc. Indeed, if they did not, we would have strong reason to question the validity of the scale. Table 2 shows a very strong and consistent relationship between the self-esteem scale and a Guttman scale of “depressive affect.” For example, only 4 percent of those with the highest self-esteem scores, but 80 percent

is based on the chi-square test. If the chi-square is computed for the entire table, an asterisk before the table title indicates that the chi-square for the entire table is significant. Where it is appropriate to compute a chi-square for a subgroup in a table, an asterisk before the title of the group indicates that the chi-square is significant for the subgroup.

When two groups are compared, the significance of difference between percentages is employed. An asterisk between two percentages indicates that this difference is significant. Where certain groups are combined in order to permit comparison of significance of difference between percentages, the basis of the combination is indicated at the foot of the table. (For example, in Chap. 3, Table 9 shows that Jews differ significantly from Protestants and Catholics combined in terms of proportions with high self-esteem.)

“Control tables” (i.e., tables designed to show that a relationship is maintained when certain variables are held constant) and standardized tables are indicated by † before the table title. Significance levels are not computed for these tables.

The bases of the significance computations in Chap. 13, Tables 5–8, are indicated in footnote 5 of that chapter.

The calculation of significance levels for all tables in this report dealing with normal volunteers is based upon the chi-square test. In each case, the “undecided” response has been combined with the minority category (i.e., the response less frequently given for the entire sample); hence, each of these tables has 2 d.f.

* This scale is described in Appendix D-5.

TABLE 1
Guttman Scale of Self-Esteem and Leary Scale Descriptions as Gloomy and Disappointed

<table>
<thead>
<tr>
<th>Described by nurses as</th>
<th>Self-Esteem score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
</tr>
<tr>
<td>* “often gloomy”</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>—</td>
</tr>
<tr>
<td>Undecided</td>
<td>9</td>
</tr>
<tr>
<td>No</td>
<td>91</td>
</tr>
<tr>
<td>Total percent</td>
<td>100</td>
</tr>
<tr>
<td>(Number)</td>
<td>(23)</td>
</tr>
</tbody>
</table>

* “frequently disappointed”

|                        |         |        |        |
| Yes                    | 4%      | 13%    | 50%    |
| Undecided              | 9       | 13     | 25     |
| No                     | 87      | 73     | 25     |
| Total percent          | 100     | 100    | 100    |
| (Number)               | (23)    | (15)   | (12)   |

TABLE 2
Self-Esteem and Depressive Affect

<table>
<thead>
<tr>
<th>“Depressive affect” scale</th>
<th>Self-Esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High 1 2 3 4 5 6</td>
</tr>
<tr>
<td>Not depressed</td>
<td>68% 77% 60% 44% 30% 13% 3%</td>
</tr>
<tr>
<td>Intermediate</td>
<td>7 15 24 29 30 22 18</td>
</tr>
<tr>
<td>Highly depressed</td>
<td>4 8 15 27 40 65 80</td>
</tr>
<tr>
<td>Total percent</td>
<td>100 100 100 100 100 100</td>
</tr>
<tr>
<td>(Number)</td>
<td>(456) (775) (638) (425) (214) (109)</td>
</tr>
</tbody>
</table>

* See footnote 4, pages 19–20.
of those with the lowest self-esteem scores, were "highly depressed" according to this measure.

*Psychophysiological indicators.* The presence of low self-esteem among neurotics is commonly observed in clinical practice. Indeed, some clinicians go so far as to characterize low self-esteem as one of the basic elements of neurosis. Horney and Fromm stress that an underlying feeling of worthlessness is characteristic of the sick personality. Angyal states: "In the neurotic development there are always a number of unfortunate circumstances which instill in the child a self-derogatory feeling. This involves on the one hand a feeling of weakness which discourages him from the free expression of his wish for mastery, and on the other a feeling that there is something fundamentally wrong with him and that, therefore, he cannot be loved. The whole complicated structure of neurosis appears to be founded on this secret feeling of worthlessness, that is, on the belief that one is inadequate to master the situations that confront him and that he is undeserving of love ..."³

The measure of "neuroticism" employed in this study was developed by the Research Branch of the U.S. Army in World War II.¹⁰ It is based on a list of "psychosomatic symptoms" which proved extremely effective in differentiating between large samples of normal and neurotic soldiers. (The "neurotics" were a criterion group of soldiers

⁶The development and validation of this measure appears in Shirley A. Star, "The Screening of Psychoneurotics in the Army: Technical Development of Tests," in S. A. Stouffer, *et al., Measurement and Prediction*, Chap. 13. One of the 15 symptoms, viz., "Do you have any particular physical or health problem?" was omitted from our score.

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**MEASUREMENT OF SELF-ESTEEM**

whose psychological malfunctioning was so serious that they could no longer carry on their duties and were hospitalized as a result.) The symptoms utilized are typical secondary physiological manifestations of anxiety: trouble in getting to sleep and staying asleep; hand trembling; nervousness; heart beating hard; pressures or pains in the head; fingernail biting; shortness of breath when not exercising or working hard; hands sweating; sick headaches; nightmares; "cold sweats"; fainting spells; dizziness; and upset stomach.

Table 3 shows that, without exception, each step down

---

**TABLE 3**

*Self-Esteem and Physiological Indicators of "Neurosis" Used by the Research Branch*

<table>
<thead>
<tr>
<th>Number of psychosomatic symptoms</th>
<th>High</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 or less</td>
<td>60%</td>
<td>50%</td>
<td>41%</td>
<td>37%</td>
<td>28%</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>2-4</td>
<td>35%</td>
<td>39%</td>
<td>43%</td>
<td>46%</td>
<td>44%</td>
<td>50%</td>
<td>42%</td>
</tr>
<tr>
<td>5 or more</td>
<td>5%</td>
<td>10%</td>
<td>16%</td>
<td>18%</td>
<td>28%</td>
<td>31%</td>
<td>42%</td>
</tr>
<tr>
<td>Total percent (Number)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

---

the self-esteem scale finds a larger proportion of respondents with many psychosomatic symptoms. At the extremes the differences are particularly great. Whereas 60 percent of the highest self-esteem group had few symptoms, this was true of only 16 percent of those with the least self-esteem.

This already strong relationship can be made even sharper if we select 10 out of these 14 symptoms for con-
DEFINITION AND MEASUREMENT

sideration. Table 4 shows that fully 69 percent of those highest in self-esteem, but only 13 percent of those lowest

**TABLE 4**

* Self-Esteem and Frequency of Report of Psychosomatic Symptoms

<table>
<thead>
<tr>
<th>Number of psychosomatic symptoms</th>
<th>Self-Esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High 1 2 3 4 5 6</td>
</tr>
<tr>
<td>2 or less</td>
<td>69% 57% 45% 40% 31% 22% 13%</td>
</tr>
<tr>
<td>3</td>
<td>12 15 17 14 18 18</td>
</tr>
<tr>
<td>4 or more</td>
<td>19 28 43 61 69</td>
</tr>
<tr>
<td>Total percent (Number)</td>
<td>100 100 100 100 100 100</td>
</tr>
<tr>
<td></td>
<td>(513) (872) (786) (509) (268) (126) (38)</td>
</tr>
</tbody>
</table>

in self-esteem, experienced two or fewer symptoms. Conversely, 69 percent of the latter, compared with 19 percent of the former, reported four or more symptoms.

In order to bring additional evidence to bear on this question, we presented to our respondents a list of "ailments" which are often thought to have psychogenic components and asked them to indicate how much they had been bothered by such ailments during the past five years. People with high and low self-esteem differed in reporting

11 The 4 omitted are fainting, dizziness, "cold sweats," and upset stomach. Probably the reason fainting and dizziness discriminate less well in this sample than in the army study is that half of our sample are female, in contrast to the all-male army sample. Because of cultural factors, it may be a less serious sign of psychological malfunction for a female to report having experienced fainting and dizziness than a male; this might account for the weakening of the relationship. The other two items were reported so rarely in the total sample that they could not powerfully differentiate groups in terms of neurosis. The items included in this score, as well as the cutting points, appear in Appendix D-7.

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"nervousness," "loss of appetite," "insomnia," and "headache"—items which, it may be noted, were similar to some appearing in the psychosomatic symptom score. The results indicate that as self-esteem scores declined, the proportions reporting being bothered by three or more of these ailments were 15 percent, 18 percent, 24 percent, 22 percent, 33 percent, 37 percent, and 64 percent. There is thus a clear, though imperfect, relationship between self-esteem and psychosomatic symptoms of anxiety. Since anxiety may be considered a central component of neurosis, we shall have frequent occasion in this report to present data dealing with anxiety.

**Peer-group reputation.** Cooley, Mead, James and others agree that the individual's self-opinion is largely determined by what others think of him. Two items of evidence bear on this question. The first is based on a sociometric study conducted among 272 seniors from two high schools in the vicinity of Washington, D.C.

Since all students take English, sociometric ratings were confined to this class. Our respondents were given the following directions: "Think of the people in your English class. If you were asked to vote for a leader in your English class today, which person would you be most likely to choose? Second most likely? Third most likely?" Table 5 shows that among those with high self-esteem scores, 47 percent received two or more choices as a leader; among those with medium self-esteem scores, the proportion was 32 percent; and among those with low self-esteem scores, the proportion was 15 percent. Otherwise expressed, low self-esteem people were half as likely as medium self-esteem people and one-third as likely as high self-esteem respondents to be selected as leaders by others. When we asked these students who they felt would actually be chosen as a class leader if an election were held, similar results appeared.

Leadership in a classroom is determined by a variety of factors, one of which undoubtedly is participation in that
### TABLE 5
Self-Esteem and Number of Choices as Class Leader

<table>
<thead>
<tr>
<th>Self-Esteem</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Selected as leader by two or more classmates</em></td>
<td>47%</td>
<td>32%</td>
<td>15%</td>
</tr>
<tr>
<td>(Number)</td>
<td>(88)</td>
<td>(144)</td>
<td>(33)</td>
</tr>
<tr>
<td>Judged likely to be elected by two or more classmates</td>
<td>44%</td>
<td>33%</td>
<td>12%</td>
</tr>
<tr>
<td>(Number)</td>
<td>(88)</td>
<td>(144)</td>
<td>(33)</td>
</tr>
</tbody>
</table>

One question used to examine the degree of participation was the following: "When people in your English class discuss topics of interest, which people are most likely to participate actively in such discussions? Name five people (in any order) in your English class who usually talk up, express their views, and participate actively. (Put down whichever names come to mind first.)" We find that the lower the individual's self-esteem, the less likely he is to be described as an active class participant. Eighteen percent of those with lowest self-esteem received four or more choices, compared with 26 percent of those with medium self-esteem and 31 percent of the high self-esteem group.

In addition, we attempted to select out those students who are conspicuous by their inconspicuousness—the people who are inordinately subdued, inactive, apathetic. We therefore asked: "Now name five people (in any order) who rarely talk up, rarely express their views, and do not tend to participate actively. (Put down whichever names come to mind first.)" Unfortunately, it was possible to ask this question in only one of the two high schools studied. In this school we find that people with low self-esteem scores tend to be outstanding in their social invisibility.

---

### TABLE 6
Guttman Scale of Self-Esteem and Leary Scale Descriptions of Reputation

<table>
<thead>
<tr>
<th>Described by nurses as . . .</th>
<th>Self-Esteem score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
</tr>
<tr>
<td><em>“well thought of”</em></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>78%</td>
</tr>
<tr>
<td>Undecided</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td>17</td>
</tr>
<tr>
<td>Total percent (Number)</td>
<td>100</td>
</tr>
</tbody>
</table>

| “makes good impression”      |       |        |      |
| Yes                          | 61%   | 53%    | 33%  |
| Undecided                    | 22    | 20     | 25   |
| No                           | 17    | 27     | 42   |
| Total percent (Number)       | 100   | 100    | 100  |

| “often admired”              |       |        |      |
| Yes                          | 39%   | 20%    | 8%   |
| Undecided                    | 17    | 27     | 17   |
| No                           | 43    | 53     | 75   |
| Total percent (Number)       | 100   | 100    | 100  |

| “respected by others”        |       |        |      |
| Yes                          | 39%   | 53%    | 25%  |
| Undecided                    | 39    | 20     | 25   |
| No                           | 22    | 27     | 50   |
| Total percent (Number)       | 100   | 100    | 100  |
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bility. Sixty-seven percent of this group were so designated by two or more of their peers, compared with 55 percent of the medium self-esteem group, and 43 percent of those with the highest self-esteem.

The second body of evidence is drawn from the normal volunteer data described above. As Table 6 indicates, nurses were less likely to say that those with low self-esteem scores were “often admired,” “respected by others,” “well thought of,” and “makes good impression.”

Parenthetically, we may note a point made by Cooley: the individual imagines his appearance to other people and feels pride or mortification on the basis of their assumed feelings. It is thus consistent, though hardly surprising, to note the responses to the question, “What do you think most people think of you?” Thirty-eight percent of those with high self-esteem scores, but only 8 percent of those with low self-esteem scores, said “very well.” (Table 7) While this finding is undoubtedly accounted for in large measure by the mechanism of projection, it is also

<table>
<thead>
<tr>
<th>TABLE 7</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Self-Esteem Score and Respondent’s Opinion of What Others Think of Him</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>“What do you think most people think of you?”</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Think very well of me</td>
<td>38%</td>
<td>28%</td>
<td>23%</td>
</tr>
<tr>
<td>Think fairly well of me</td>
<td>61</td>
<td>71</td>
<td>76</td>
</tr>
<tr>
<td>Think fairly poorly or very poorly of me</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total percent</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>(Number)</td>
<td>(512)</td>
<td>(867)</td>
<td>(785)</td>
</tr>
</tbody>
</table>

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clearly in agreement with the hypothesis advanced by Cooley.

Other evidence. In Chapters 8-12, we shall discuss the relationship of self-esteem to various other aspects of psychological functioning, interpersonal attitudes, peer group participation and leadership, concern with broader social affairs, and occupational values and aspirations. To the extent that the relationships reported there appear to be theoretically meaningful and consistent with expectations, they would suggest that the scale actually is measuring self-esteem.

There is one further item of evidence which may provide some sense of what is meant by self-esteem. Is the person with a low self-esteem score someone who is constantly beating his breast, berating himself, telling everyone within earshot how worthless he is? Does he habitually use expressions of self-reproach without conviction for the purpose of gaining comfort or advantage from others?

Consider the Leary scale item “able to criticize self.” It is interesting to note (Table 8) that, according to the

| TABLE 8 |

<table>
<thead>
<tr>
<th>Self-Esteem Score and Description as “Able to Criticize Self”</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Described by nurses as “able to criticize self”</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>43%</td>
<td>33%</td>
<td>25%</td>
</tr>
<tr>
<td>Undecided</td>
<td>30</td>
<td>40</td>
<td>33</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>27</td>
<td>42</td>
</tr>
<tr>
<td>Total percent</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>(Number)</td>
<td>(23)</td>
<td>(15)</td>
<td>(12)</td>
</tr>
</tbody>
</table>

29
nurses, those normal volunteers with low self-esteem scores were actually somewhat less "able to criticize self" than those with high self-esteem scores. Clearly, these results lend no support to the assumption that a low self-esteem score simply reflects a tendency to berate oneself publicly.

In sum, practical considerations required the utilization of a measure which was easy and economical to administer. This scale is internally reliable and unidimensional and appears to have face validity. If the scale actually measures low self-esteem, then we would expect those with low scores to appear depressed to others and to express feelings of discouragement and unhappiness; to manifest symptoms of "neuroticism" or anxiety; to hold a low sociometric status in the group; to be described as commanding less respect than others and to feel that others have little respect for them. The evidence supports these expectations.

The Meaning of Self-Esteem

Thus far we have used the term "self-esteem" rather loosely, implying that its meaning was self-evident. Self-esteem, as noted, is a positive or negative attitude toward a particular object, namely, the self. But self-esteem has two quite different connotations. One connotation of high self-esteem is that the person thinks he is "very good"; a very different connotation is that he thinks he is "good enough." It is thus possible for a person to consider himself superior to most others but to feel inadequate in terms

12 "From general considerations of scale theory, it should be clear that if a set of items has high reproducibility, then the items must necessarily have high test-retest reliability. If there were a substantial unreliability factor operating in the responses to the items, this would create appreciable scale error; there would be more than a single factor present. Hence, if scalogram analysis shows that essentially only a single factor is operating in the responses, this must mean that there cannot be many additional factors, including unreliability." Louis Guttmann, in Stouffer, Measurement and Prediction, p. 305. A study by Earle Silber and Jean S. Tippett showed a test-retest reliability of .85.

of certain standards he has set for himself. Conversely, an adolescent may consider himself an average person but be quite contented with the self he observes. In one sense a person's self-esteem may be high whereas in the other sense it may be medium or low.

High self-esteem, as reflected in our scale items, expresses the feeling that one is "good enough." The individual simply feels that he is a person of worth; he respects himself for what he is, but he does not stand in awe of himself nor does he expect others to stand in awe of him. He does not necessarily consider himself superior to others.

One might consider using the term "self-acceptance" to describe these people, since this term implies that the individual knows what he is, is aware of his virtues and deficiencies, and accepts what he sees without regret. But our high self-esteem students do not simply accept themselves for what they are; they also want to grow, to improve, to overcome their deficiencies. They respect the self they observe, but they note imperfections and inadequacies, and hope, usually with confident anticipation of success, that they will overcome these deficiencies.

One might also consider applying the term self-satisfaction to describe these people, were this term not too loaded with the connotation of smugness.

When we speak of high self-esteem, then, we shall simply mean that the individual respects himself, considers himself worthy; he does not necessarily consider himself better than others, but he definitely does not consider himself worse; he does not feel that he is the ultimate in perfection but, on the contrary, recognizes his limitations and expects to grow and improve.

Low self-esteem, on the other hand, implies self-rejection, self-dissatisfaction, self-contempt. The individual lacks respect for the self he observes. The self-picture is disagreeable, and he wishes it were otherwise.
DEFINITION AND MEASUREMENT

The Sample

A major purpose of this study was to learn how different social experiences, stemming from membership in groups characterized by different values, perspectives, or conditions of existence, would bear upon levels of self-esteem and upon self-values. Two approaches may be used in attempting to maximize the range of social experiences, statuses, or group affiliations in a sample. The first approach is to select groups which are known to differ in their social characteristics: one might choose a predominantly upper-class school, a predominantly middle-class school, a predominantly working-class school; one might choose a school in a farming community, a middle-sized town, a metropolitan center. The other approach is to select a population which is known to be socially heterogeneous and to sample randomly from this population. This is the method we have chosen. The population selected for study was the student body attending public high schools in New York State. Various social classes, races, religious groups, rural and urban communities, and nationality groups are all well represented in this state. Broad geographical range was sacrificed by the selection of a single state, but a wide range of other social characteristics did appear in our sample.

The sample consists of ten high schools selected by random procedures from the roster of public high schools in New York State. High schools were stratified by size of community, and the ultimate selection was made by means of a Table of Random Numbers. Since the sampling unit was the high school rather than the individual, the adequacy with which the sample represents the population of students cannot be determined. A further limitation of the sample lies in the fact that it omits students in parochial or private secular schools, adolescents who have dropped out of school before reaching their junior or senior years.

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and students absent from school on the day the questionnaires were administered. The sample, then, consists of 5,024 high school juniors and seniors from ten randomly selected public high schools present on the day of administration.18

Within the classrooms, teachers distributed three questionnaire forms alternately to their students and read instructions to them. Each student completed one questionnaire form. The questionnaires were anonymous. In response to two questions added at the end of the questionnaires, the great majority of students said that they found the questionnaires interesting to fill out and that they had little difficulty answering the questions.

Standardization

One of the main purposes of selecting a large sample is to permit the use of multivariate analysis. For example, the introduction of a third (or higher order) variable may refine or explain the relationship between two variables. In survey research, a third variable is often introduced for the purpose of "controlling on" or "holding constant" certain factors when examining the relationship between two variables. Fundamentally, there are three methods for controlling on these factors: partial correlation, subclassification, and standardization.18 The first is applicable to variable data whereas the other two can be applied to attribute data. Although subgroup classification is the usual control procedure in survey analysis, we have found that the use of standardization often yields a clearer picture

18 A more detailed discussion of the selection of the sample appears in Appendix A.
14 Hans Zeisel, Say It With Figures, New York: Harper and Bros., 1947, Chaps. VIII and IX.
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of the effect of the control factor.\textsuperscript{16} Since we shall have frequent occasion to use this technique in the present study, it may be useful to indicate what is involved in this procedure.

Standardization has long been used in demographic and public health research for the purpose of controlling on certain population characteristics when comparing group rates. The demographer, for example, may find that the death rates in Florida are higher than those in New York State. This finding might lead to the erroneous supposition that the conditions of life in Florida are somehow more unhealthy than those in New York State. It is known, however, that many older people migrate to Florida for reasons of health; the differences in death rates may thus be due to the fact that a larger proportion of people living in Florida are old people. The demographer thus determines “age-specific” death rates, i.e., the death rates which appear within each age group. He then selects some “standard population,” e.g., the total population of the United States, and determines what the death rate in Florida and New York would be if the age distribution in these states were exactly the same as that in the entire country. These are “theoretic rates.” He might find that the death rates in New York and Florida would actually be the same, or that the death rate in New York would be higher, if there were no differences in the age distributions of their populations.

In the present report we shall frequently use standardization to observe the relevance of a “test factor” for an observed relationship. For certain purposes, e.g., the specification of conditional relationships, subgroup classification will be employed. Standardization, on the other hand, will usually be employed to determine what the relationship between two variables would be when controlled on


MEASUREMENT OF SELF-ESTEEM

one or more test factors. The usefulness of this procedure will, we hope, become apparent as the report proceeds.

Organization

The present report is divided into six parts. Part II, Chapter 3, begins by considering the distribution of self-esteem among several broad social groupings—social class, religious groups, races, and nationality groups. In Chapter 4, the focus is narrowed to the neighborhood. Here we attempt to indicate how the relevance of broad social group memberships may be influenced by the neighborhood contexts in which they are imbedded. The next three chapters (Part III—Chapters 5–7) focus upon a still narrower interpersonal environment—the family. The following kinds of questions are considered: What is the self-concept of the child whose family has been broken by divorce, separation, or death? What happens when the parent marries again? What is the effect of birth order in the family? Does it make a difference whether the child has mostly brothers or mostly sisters, whether he is one of the younger children or one of the older children? What bearing does the parents’ interest in the child have upon his self-esteem?

In Part IV we turn to a consideration of some of the inner states associated with self-esteem. Chapter 8 discusses certain psychological conditions associated with self-esteem which may lead to feelings of anxiety. Chapter 9 considers the interpersonal attitudes and behavior of the person afflicted with feelings of self-contempt.

In Part V (Chapters 10–12), attention is again turned outward toward the social realm. How is self-esteem associated with certain socially significant attitudes and behavior in the adolescent—his participation and leadership in the high school community, his concern with public affairs which may influence his role as a citizen, and his occupational values and aspirations?
PART II
THE BROADER SOCIAL ENVIRONMENT

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Part VI (Chapter 13) deals with the adolescent's self-value, the conceptions of the desirable which he uses as a basis for self-evaluation. What is the relationship between these self-values and global self-esteem? How are self-values modified in the interest of maintaining a satisfactory level of self-esteem? How do social groups vary in the qualities they care about in themselves?

Part VII (Chapter 14) suggests a number of directions which future research might take. In general, then, the main focus of the present report is on the broader social and narrower interpersonal, factors associated with the self-concept and upon certain psychological responses and social behavior in which the self-concept appears to be significantly implicated.