THE EFFECT OF AN INSTRUCTIONAL PROGRAM ON THE SELF-ESTEEM OF ELEMENTARY SCHOOL CHILDREN

by

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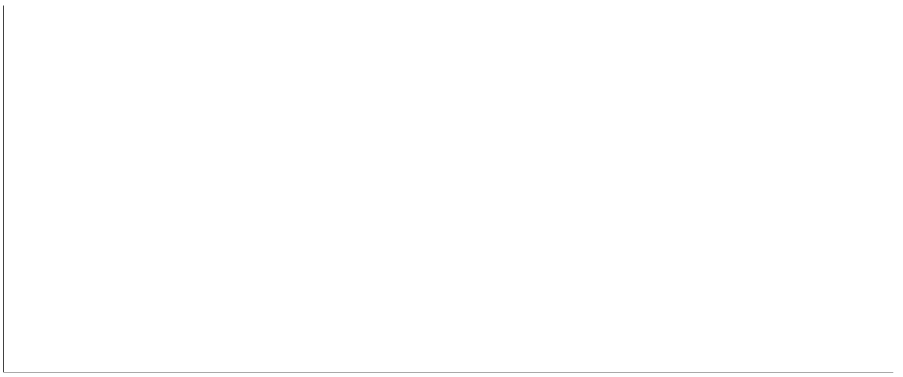

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ABSTRACT

Research shows that the level of self-esteem which students bring to the learning environment influences their receptiveness to instruction. While high self-esteem creates a climate of empowerment, low self-esteem leads to dependency. Authors of self-esteem programs believe students can be taught self-esteem. Empirical research has only begun to test the validity of such beliefs. This study investigated the effectiveness of an instructional program designed to enhance self-esteem. It predicted a greater increase in self-esteem for those students receiving self-esteem instruction than for those who did not, a greater increase for students who began the program with low self-esteem than for those with average or high levels, and a high correlation between student self-reports and teacher ratings of student self-esteem.

The subjects in the study were 107 students in four intact classes, two of Grade 5 and two of Grade 7, at an elementary school in Surrey, B.C. There was one Treatment group and one Comparison group at each grade level. The repeated measures design included a pretest, treatment, and a posttest. Treatment consisted of a 12-lesson (nine week) self-esteem instructional program,

based on the work of Michele Borba, for the treatment group. The Comparison group received regular class instruction.

A mixed model ANOVA found no differences in self-esteem for the main effects of treatment and grade, but a significant increase in self-esteem mean scores for both Treatment and Comparison groups. An ANCOVA found no significant difference for the Treatment group by level of self-esteem on the pretest adjusted mean scores. Ecological factors, such as teacher behavior, may have confounded treatment effect. Teacher ratings of student self-esteem showed a weak correlation with student self-ratings. Item analysis of the Piers-Harris indicated some effect due to instruction and suggested qualitative measures may more accurately assess short term interventions. The results of this study indicate a lack of empirical support for the effectiveness of self-esteem enhancement through instructional interventions. Future research should determine the effect of teacher behavior, isolate the ecological factors which contributed to increased self-esteem, establish effective qualitative measures, and plan for long term follow-up.

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DEDICATION

I dedicate this thesis to my two sons, Chad Ryan and Troy James--who grew more independent, took over many responsibilities at home, and understood why I couldn't always be there--during the two years of this study.

THE EFFECT OF AN INSTRUCTIONAL PROGRAM ON THE SELF-ESTEEM OF ELEMENTARY SCHOOL STUDENTS

CHAPTER ONE

INTRODUCTION

I. Rationale

The importance of self-esteem to the personal and social well-being of individuals and hence society itself, has gained international attention. Governments, the business community, and educators have noticed that "those in society who are burdened with the conviction that they are not worthy will take refuge in behaviors that are unproductive, costly, deviant, and dangerous to society and will, by that measure, contribute disproportionately to serious problems" (Smelser, 1989, p. 1). High self-esteem, on the other hand, creates a climate of personal empowerment which allows us the freedom to enhance the quality of life for ourselves and our community.

The effects of self-esteem on our culture are so pervasive that the government of California convened a state-wide investigation into the connection between self-esteem and such societal ills as drug-abuse,

adolescent suicide, teenage pregnancy and school dropout rate (Mecca, Smelser, & Vasconcellos, 1989). Other states are now following their lead. The Canadian Council for Self-Esteem has recently been established.

Research in a variety of educational fields has established that "self-esteem is a prerequisite for effective learning" (Covington, 1989, p. 77). The Canadian School Boards Association, in an attempt to establish national educational goals, says "schools should teach personal and social skills that promote self-esteem, individual responsibility, and respect for others" (Cato, 1992, p. 3). The British Columbia Ministry of Education shares this belief. Year 2000 documents emphasize one aspect of self-esteem, self-concept. "An enabling environment that allows for the achievement of learning goals and an enhanced self-concept is of prime importance" (Ministry of Education, 1990a, p. 36).

The British Columbia Learning for Living curriculum (Ministry of Education, 1990b) focuses on the components of self-esteem in one third of its goals and indirectly addresses self-esteem in the other goal areas. Topics include self-concept, interpersonal skills, problem-solving, goal-setting strategies and the

development of competence in dealing with these issues.

James Beane states, "Self-esteem is learned and schools and other agencies have a moral obligation to help build it and avoid debilitating it. Self-esteem is a central feature in human dignity, and thus an inalienable human entitlement" (1992, p. 5). Clearly, the components of self-esteem must be carefully considered when educational decisions are made. Educators must develop a repertoire of research-based teaching strategies which effectively increase the self-esteem of at-risk students.

My own classroom experience with students with low self-esteem over the past three years has led to two conclusions which are the foundation of this research. First, students need to develop a sense of self-efficacy, to examine their strengths and weaknesses in order to set realistic, achievable goals for themselves. Second, opportunities to set these goals and maintain personal records of their progress leads to a feeling of empowerment within the educational system and sets the student on the road to intrinsic motivation.

II. Problem Statement

Self-esteem is very much the vogue phrase of the day and is used as a generic term in public literature. It is a handy catch-all explanation for the many ill behaviors challenging society today, from abuse to serial murders. Theorists have begun to suggest treatment programs; however, a research base that supports the effectiveness of such programs has not yet been established.

In his summary of research on self-esteem enhancement, Gurney (1987) described interventions which have been successful with elementary students in North America and Britain. He categorized them as curriculum, those which alter academic subjects; special classroom procedures, such as photography, drama or instruction; changing teacher behavior, including teaching techniques; and changing pupil behavior. Both special classroom procedures and curriculum refer to a variety of classroom activities which may, either indirectly or directly, increase self-esteem.

The indirect approach encourages teachers to enhance the self-esteem of their students by creating an encouraging atmosphere (Black, 1991; Webber, 1990), using constructive praise (Hasentab, 1987), conducting

class discussions and planning sessions (Schilling, 1986), special activities (Gurney, 1987), structuring cooperative rather than competitive lessons (Johnson, Johnson, & Rynders, 1981), and providing opportunities for peer tutoring (Watts, 1982). All of these strategies are gaining popularity in the Canadian school system and the self-esteem of some students has been enhanced by these experiences. However, many of these interventions are so diverse, the psychological foundations on which they are based so questionable, and the research so variant in design as to leave educators more confused than clear on effective interventions.

The direct approach to self-esteem instruction was cited in only 3 of the 16 studies reviewed by Gurney (1987). Direct instruction programs are soundly based in the psychological literature and specifically detailed to allow replication. All three studies successfully implemented self-esteem enhancement programs. The British Columbia Ministry of Education (1990b) supports the direct teaching method in their Learning for Living document, where self-esteem is included in the program objectives.

The Borba program is being introduced to teachers in British Columbia through workshops led by Dr. Michele

Borba and is being implemented in the many schools that have chosen self-esteem enhancement as a school goal. However, there is a lack of empirical evidence of the effectiveness of such curricula.

The self-esteem of children less than nine years of age is not considered stable (Coopersmith, 1967; Piers, 1984). Thus intervention programs at this age would as likely be due to chance as to treatment. Grade seven students (12 and 13 year old children) have been found to have more fragile self-esteem, which is less responsive to intervention, than that of 9-12 year old students (Rosenberg, 1981). More research is needed to support this claim. Therefore, the specific problem of this study is to determine if there is a difference in self-esteem between grade five and seven students who receive direct self-esteem instruction and grade five and grade seven students who receive no self-esteem instruction.

III. Purpose of the study

Based on the Borba model of self-esteem, the purpose of this study is to learn more about the effectiveness of self-esteem instruction for different grade levels of intermediate students in one British

Columbia school district.

IV. Hypotheses

1. It is hypothesized that there will be a greater increase in the mean total scores, from the pretest to the posttest, on the Piers-Harris Children's Self-Concept Scale (Piers-Harris) for the Grade 5 and Grade 7 subjects who receive a 12-lesson self-esteem instructional unit than for the Grade 5 and Grade 7 subjects who do not receive self-esteem instruction.

2. It is hypothesized that the increase in self-esteem scores for the Treatment group is dependent on pre-treatment status. Students with pretest scores below the 50th percentile for norms on the Piers-Harris (low average) will show a greater increase in the mean total posttest score on the Piers Harris than students with pretest scores above the 50th percentile (high average and above).

A. Ancillary Question

1. Is there a significant correlation between the scores on the Piers-Harris student self-report measure and the Behavioral/Academic Self-Esteem teacher rating scale?

2. Are certain items on the Piers-Harris Children's

Self-Concept Scale more predictive of change in self-esteem following an instructional program which targets concepts of SECURITY, SELFHOOD, AFFILIATION, MISSION and COMPETENCE?

It is intended that this study will provide information that will assist educators in identifying and implementing effective interventions to enhance the self-esteem of elementary school students.

CHAPTER TWO

REVIEW OF THE LITERATURE

The literature on self-esteem is voluminous, reaching into all areas of our lives in an effort to understand success and failure. There are few articles on this topic that do not make reference to Stanley Coopersmith, Leon Festinger, Ruth Wylie, and Albert Bandura.

This literature review addresses self-esteem terminology, describes the development of self-esteem theory, categorizes current approaches to the enhancement of self-esteem and reviews empirical studies of classroom interventions.

I. Terminology

In her book, Revolution from Within: a Book of Self-Esteem, Gloria Steinem (1992) traces the term self-esteem to the early 1600's where it was described as a favorable opinion of oneself. Steinem found few languages that do not use self-esteem terminology. Black notes more than 20 synonyms of self-esteem and concludes, "The imprecise terminology contributes to confusion, misunderstanding and misapplication of

findings" (Black, 1991, p. 29).

In the theoretical literature, authors address the meaning of self-esteem in a variety of ways, but most commonly use the term to designate the subjective, evaluative component of self. Self-concept describes the person one believes oneself to be. Self-esteem evaluates that description, assigning a positive or negative degree of worthiness to oneself, according to a self-chosen standard, that is expressed in the attitudes the individual holds toward him/herself (Samuels, 1977; Battle, 1982; Burns, 1982; Borba & Borba, 1989; Smelser, 1989). Specifically, Coopersmith's definition remains one of the most explicit:

> By self-esteem we refer to the evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy (Coopersmith, 1967, p. 4-5).

Self-esteem is based on personal values, unlike self-concept which is based on a qualitative (good, mediocre, bad) assessment of performance (Beane & Lipka,

1980). A description of self without a comparative value is called self-concept. For example, a golfer may describe himself as a poor golfer. That is his self-concept. His self-esteem depends on the value he places on his performance as a golfer. If he is a member of a foursome of good golfers, whose friendship he values and who place high value on the game, the poor golfer's self-esteem will be negative. If, however, he does not place a strong value on membership in this group or perhaps feels more academically than athletically inclined, his self-esteem will be neutral or even positive, despite his poor golfing.

Purkey (1970) defined self-concept "as a complex and dynamic system of beliefs which an individual holds true about himself, each belief with a corresponding value". Several authors contend that self-esteem is a component of self-concept rather than the other way round (Purkey, 1970; Samuels, 1977; Smith, Dockecki & Davis, 1977). However, more recently, researchers have taken the opposite view: when a description is also given a value self-concept becomes self-esteem (Borba & Borba, 1989; Reasoner, 1982; Smelser, 1989).

Some researchers consider self-concept and self-esteem synonymous and interchangeable (Bean &

Lipka, 1980; Burns, 1982; Piers, 1984; Sheare, 1978; Wylie, 1979).

> Self-concept is composed of all the beliefs and evaluations you have about yourself. These beliefs (self-images) and evaluations (self-esteem) actually determine not only who you are, but what you think you are, what you think you can do and what you think you can become (Burns, 1982, p. 1).

Burns states that these terms will be regarded as synonymous.

One of the frequently used instruments in the study of self-concept and self-esteem is the Piers-Harris Children's Self-Concept Scale. Although this scale is defined by the term self-concept, it focuses on evaluation of attributes and states "'self-concept', as used in this Manual, is interchangeable with the terms self-esteem and self-regard" (Piers, 1984, p. 1). Additionally, authors have substituted the terms self-perception, self-image and self-worth when describing self-esteem (Bear, Clever & Proctor, 1991; Kistner, Haskett, White & Robbins, 1987). Current journal reports of recent self-esteem research rarely define the term self-esteem, probably assuming that such

common terminology no longer requires explanation.

Self-efficacy, like self-concept, is another component of self-esteem. It is the degree of capability which an individual brings to a task. Bandura (1977, p. 193) describes it as "the conviction that one can successfully execute the behavior required to produce the outcomes". Burns (1982, p. 1) refers to self-efficacy as "what you think you can do". Festinger (1954) and Coopersmith (1967) call it "aspirations" to achieve.

Locus of control is a term often associated with self-esteem. Bandura differentiated self-efficacy and locus of control on the basis of causality. Locus of control is concerned with internal and external determinants of outcome; self-efficacy, on the other hand, describes what we do with the information we believe to be true about the locus of causality. Those with little self-efficacy feel powerless and attribute their experiences to external factors such as luck, the teacher, or the task. Those with high self-efficacy can set and achieve goals independently and can thus be said to have an internal locus of control. This is the goal of self-esteem programs.

Most authors of empirical literature use the term

self-concept, even when referring to evaluative judgments of self. The term self-esteem is more popular in current educational journals and general publications, particularly newspaper and parenting articles. In this paper the terms self-concept, self-efficacy, and locus of control will be placed within the hierarchical context of self-esteem development.

II. Development of Self-Esteem Theory

The body of research related to self-esteem developed from the work of Leon Festinger and Stanley Coopersmith in the 1950s and 1960s. Festinger was developing a theory regarding the role "significant others" play in determining an individual's self-esteem. Coopersmith theorized that one's self-esteem originated in the home where the family could instill a sense of competence, significance, virtue and power in its members. Ruth Wylie (1979) summarized the research in the late 1970s and Bandura (1977) added to the research when he described a relationship between self-efficacy, anxiety, and self-esteem. Researchers of the 1980s accepted the etiology of these pioneers and branched out to examine between group differences according to such

variables as gender and ability, long term effects, such as suicide, related to low self-esteem and self-esteem interventions.

Stanley Coopersmith is the "father" of self-esteem research. He draws from personality theories developed by psychologists and behaviorists such as Freud, Rogers, Horney and Erickson. Between 1959 and 1965 Coopersmith conducted extensive studies which allowed him to describe the antecedent conditions contributing to positive and negative self-esteem. He theorized that self-esteem operates within the family's definition of and response to successes, ideals (including role models), aspirations and the defenses used to deal with disappointment and failures. Self-esteem increases as feelings of competence, significance, virtue and power develop. (See figure 1.)

Insert Figure 1 about here

Coopersmith (1967) stresses that self-esteem begins within the family, where parents do or don't set and consistently enforce limits while showing warmth and respect to their children. Explicit limits become

useful standards which assist children in making more accurate judgments of their successes. Children feel success when they and their behaviors are significant to those who are important to them. Behaviors are evaluated according to the values one holds. If a high value is placed on intelligence and social skills, then the intelligent and socially skilled child will experience success and those who are not will experience failure. However, individual aspirations determine evaluations of success or failure. If failure is treated as an opportunity for improvement, then the evaluation need not be negative. When outcomes meet expectations, then self-esteem is enhanced.

Coopersmith believed the esteem we attribute to ourselves is determined by our development in four areas, which can each be positive or negative to varying degrees: (a) our sense of power, influence or control over our lives; (b) the significance of our involvement in the lives of those around us--parents, siblings, friends, neighbors, co-workers, and staff at the businesses we support; (c) the virtues or standards we have accepted and which guide our judgment of behaviors--our own and that of others; and (d) the competency of our performance. All are tempered by our

aspirations or personal ideals and our values. This helps explain the great variation in self-esteem among individuals under similar conditions.

These four components must be filtered through a defense core enroute to successful esteem building. Our self-esteem is constantly battered by anxiety over negative events in our lives, such as put downs, change, or uncertainty. Therefore it is important to develop effective, varied, and flexible defenses to allow the child to deal with anxiety in self-enhancing rather than self-destructive ways, to develop a sense of control or power in his universe. Solid lines of defense include turning mistakes into tools for learning, accurately attributing failures to their external and internal causes, and taking safe risks, secure in the knowledge of proper boundaries and limits.

Coopersmith developed the Self-Esteem Inventory consisting of 58 questions which characterized these four components of self-esteem: (a) competence, (b) significance, (c) virtue, and (d) power. It was the first instrument in the field of self-esteem research and is still used to assess self-esteem. Subsequent instruments are similar in format and style.

Several studies of self-esteem draw their

constructs from social comparison theory proposed by Leon Festinger (1954). Like Coopersmith, Festinger believes that a child's self-esteem is directly related to how children compare themselves to significant others such as peers. In experimental settings, Festinger found that he could change a person's evaluation of self by contriving positive or negative comparisons of opinion and ability. For example, subjects wrote their opinion on an issue and then were given a tabulation of the group opinion. Those who were told their opinion differed from the group were less attracted to that group. Similarly, people do not tend to compare themselves to others whose ability differs greatly from their own. Struggling students do not usually compare themselves with the top achievers in the classroom. However, if the discrepancy is considered reasonable there is a drive to close the gap by improving performance. This drive increases in relation to the desirability of group membership, be it family, gang, or classroom. Understanding of optimal comparison groups or affiliations is of critical importance to the development of self-esteem and, subsequently, the performance of students (Rosenberg, 1973; La Greca, 1990).

In 1979 Ruth Wylie analyzed nearly 1500 studies of self-concept and found that research supported the work of Coopersmith and Festinger. She grouped the studies according to variables influencing self-esteem (used interchangeably with self-concept), such as age, socioeconomic status, race, sex, family and psychotherapy. Within these groups there was a mix of ability and age levels addressed. She found a weak correlation between these variables and self-concept due, in part, to weaknesses in methodology. This was particularly apparent when self-concept scores were reported without supporting documentation. For example, Wylie suggested that popularity scores be cross-validated by sociometric scores and that behavioral scores be supported by observations. However, regardless of methodological weaknesses, she did find tentative support for correlations between self-concept and family variables (Coopersmith, 1967), ability and self-concept, and significant others and self-concept (Festinger, 1954).

Bandura (1977) was working in the opposite direction, beginning with the individual who has achieved success, rather than the individual within the context of family and friends. He described success as

self-efficacy and is often referenced in the empirical literature, particularly as it relates to the effect of anxiety on self-esteem. Bandura elaborates on Coopersmith's work by exploring the relationship between self-efficacy and anxiety as they relate to self-esteem development; that is between competence achieved through the fulfillment of aspirations and defenses, which can be used either to stall or fire-up action. In Bandura's study, performance tasks were broken down into individual steps and subjects were asked to rate each step as to their expectation for completion, on a 100 point probability scale. Bandura found that subject's achievement matched their expectations. He determined that the efficacy we bring to a task is a product of our evaluation of past performances, our evaluation of others' experiences in a similar situation, how convincing others can be in talking us through the task, and our emotional response to the situation. These variables differ in power, scope, and specificity, which suggests possibilities for intervention strategies. Wilson and Rotter (1986), for example, found that cognitive treatment interventions such as anxiety management training enhanced self-esteem.

Bandura described the very situations educators

encounter more and more in schools today and have begun to equate with low self-esteem. "The strength of people's convictions in their own effectiveness is likely to affect whether they will even try to cope with given situations" (Bandura, 1977, p. 193). Chapman (1988) noted that "Failure-prone children tend to be externally oriented in accounting for school success and failure...when success does occur, they see it as being caused by a teacher's assistance or easy work" (p. 363). These students do not have a sense of self-efficacy and anxiety stalls action they might take, thereby maintaining an external locus of control and impeding development of self-esteem. Similarly, Samuels (1977) found that "high self-esteem people assimilate new information to maintain consistency and disregard irrelevant information, but low self-esteem people tend to conform passively to the influence of the persuasive field" (p. 63). Further, "By conjuring up fear-provoking thoughts about their ineptitude, individuals can rouse themselves to elevated levels of anxiety that far exceed the fear experiences during the actual threatening situation" (Bandura, 1977, p. 199). From their studies on anxiety, Margalit & Zak (1984) concluded, "Belief of unworthiness and

self-dissatisfaction has to be the focus of the educational therapists' work combined with their relieving of the anxiety related to feeling like a pawn" (p. 539). This could be done if, as Bandura suggests, self-efficacy is a behavior that can replace anxiety. An advocate of social learning theory, Bandura takes the position that such emotion might be channeled positively if the students were made aware of the effect of arousal on motivation and accomplishment. In one study he described two strategies which can increase self-efficacy--participant or vicarious modeling. Clemes and Bean (1986) also advocate the power of models--human, philosophical and operational, in the enhancement of personal self-efficacy or competence. Research had begun to investigate how these self-esteem variables can be applied to education.

Topics of research included the correlation between academic achievement and self-esteem (Battle, 1982; Chapman & Boersma, 1979; Hansford & Hattie, 1982; Kistner et al., 1987; Purkey, 1970); special populations (Avazian, 1987; Battle, 1987; Bear et al., 1991; Boersma, Chapman & Battle, 1979; Cooley & Ayres, 1988; Rosenberg, 1973; Silverman & Zigmond, 1983), and interventions to enhance self-esteem (Boessing &

Sasseen, 1980; Borba & Borba, 1989; Clemes & Bean, 1986; Gurney, 1987; Hasentab, 1987; Hoy, 1986; Johnson et al., 1981; Layden, 1982; Omizo & Omizo, 1987; Priest, 1988; Reasoner, 1982; Schilling, 1986; Searcy, 1988; Walker, 1991; Wasserman, 1988; Webber, 1990).

Intervention literature can be classified as either ecological or instructional. Although not necessarily discrete, ecological refers to external arrangements such as establishing an encouraging atmosphere, allowing choices and providing recognition. Instrucitonal interventions require the children to assess and affect the development of their own self-esteem, given the necessary training.

III. Self-esteem Enhancement - Ecological

Ecological theorists, characterized by a comment by Black (1991), support an encouraging atmosphere in which, "individuals are always respected and valued" (p. 29) and teachers establish rapport, and a sense of trust and confidence with their students (Brennan, 1985; Paterson, 1989). Teacher feedback should consist of praise which is constructive, specific and task oriented (Hasenstab, 1987, p. 199). Those who take an ecological approach also encourage teachers to create a democracy

rather than an autocracy (Beane, 1992), where learning is relevant (Brennan, 1985) and students have choices. Class meetings, parent involvement and student directed learning opportunities, such as learning centers and independent novel studies, are implemented to promote classroom democracy. The teacher should be a "guide on the side, not a sage on the stage" (Peturson, 1989). A cooperative classroom structure is an ecological intervention that allows everyone to contribute and be recognized in their area of competency. Affiliations are encouraged because students work in groups or with buddies, rather than individually (Boessing & Sasseen, 1980; Johnson et al., 1981; Paterson, 1989; Watts, 1982; Webber, 1990). In a study of handicapped and nonhandicapped students participating in a bowling activity, Johnson et al. (1981) found, "those in the cooperative condition had higher self-esteem and perceived more personal acceptance from the teacher" (1981, p. 31). Peer tutoring opportunities have become one of the most popular prescriptions for enhancing the tutor's self-esteem. It creates self and peer recognition of the tutor's abilities while providing the tutee with another opportunity to affiliate with a peer (Hoy, 1986; Watts, 1982; Webber, 1990). Some ecological

theorists advocate schoolwide programs for self-esteem enhancement (Borba & Borba, 1989; Friedland, 1992; Reasoner, 1982; Webber, 1990). Such programs begin with teacher training in esteem enhancement, a school mission statement that makes self-esteem a high priority goal for all--students, teachers, and parents--and a commitment by all constituents to implement their choice of selected ecological interventions throughout the school.

IV. Self-Esteem Enhancement - Instructional

Proponents of the instructional approach, are convinced that, "Building self-esteem in children can be viewed as a sequential, step-by-step process" of concept development (cited in Borba and Borba, 1989, p. 5). "Self-esteem is learned--if it's learned, you can teach it!" (Borba, 1982, p. iii). "Teachers must plan for the self-concept development of their students. It cannot be left to chance" (Silvernail, 1985, p. 41). These authors believe that the self-esteem of students can be enhanced by classroom instruction.

Reasoner (1982) was one of the first to propose the following hierarchy of developmental stages through which individuals must progress in order to attain a

healthy self-esteem.

A sense of SECURITY meets basic needs of food, shelter and a belief that there are people in our lives on whom we can depend. It is the foundation on which all the other stages are built and which is tested regularly in a society where separation, moves, working moms and disasters are a part of our daily lives. Research shows that the most effective way to achieve security is a home environment where reasonable limits and rules are set and consistently and calmly enforced (Coopersmith, 1967; Ramsey & Walker, 1988). Knowing the foundations of their security empowers students to assess their needs.

Only when feelings of security are established can children develop their sense of self. SELFHOOD, or self-concept, gives us a picture of our self--our attitudes, preferences, interests, attributes and physical characteristics which we use to describe ourselves. "An important first step involves teaching the child about his own strengths and weaknesses" (Hoy, 1991, p. 13). At this stage it is particularly important for children to learn to identify and express emotions. For at-risk students this is often a task requiring direct instruction, including knowledge of

body language and the role of feelings in our lives.

Once children have a satisfactory understanding of who they are, they begin to look beyond self and seek AFFILIATIONS; to feel accepted in a group, to recognize their relationship to significant others in their lives and to initiate friendships. Social comparisons are critical to the development of affiliations, but may be deemed positive or negative by society. After all, youth gang membership may enhance an individual's self-esteem because of a sense of affiliation, but generally does not lead to constructive contributions to society. Children need to learn standards by which they can judge their affiliation choices.

Encouraging and supportive affiliations contribute to the determination of purpose or MISSION in a child's life. As children develop most become self-motivated and able to accept responsibility for their actions. The locus of control becomes internal, rather than external. Students can be taught to set goals and identify consequences. Hoy (1991) believes self-advocacy training develops one's ability to set realistic goals. Such training may include problem solving and decision making skills, brainstorming to generate alternate responses and bibliotherapy. A

skilled goal setter handles tasks competently.

COMPETENCE, or self-efficacy, is the feeling that one is capable because problems have been dealt with successfully. Children are aware of individual and familial strengths and weaknesses, believe in themselves and view mistakes as tools for learning. At this stage children can be taught to evaluate progress, profit from mistakes and redefine goals accordingly, thereby establishing an effective sense of self-esteem.

Coopersmith, Festinger, Bandura, Reasoner, Clemes & Bean, and Borba use different terms to describe similar stages of self-esteem development. The foundation of self-esteem is the security provided by a loving family. Coopersmith uses the term "power", meaning the security to develop control through independence. This stage was not part of Festinger or Bandura's research. Clemes and Bean do not identify a security stage while both Reasoner and Borba use the term "security". As the child grows, a realistic individual identity is fostered. Coopersmith refers to this stage as "virtue", when the children develop standards of behavior for themselves. Neither Festinger nor Bandura described this stage. Reasoner calls it "identity", Clemes and Bean use "uniqueness" and Borba refers to "selfhood". The

develop as the individual acquires friendships and social skills through experiences in school and the community. Coopersmith and Festinger discuss "significance" and "significant others" while Reasoner, Clemes and Bean, and Borba use the terms "belonging", "connectedness", and "affiliation" to refer to relationships with others. Bandura does not address this stage. With growing independence personal aspirations are voiced, a sense of purpose is developed, and goal setting skills are practiced. To Coopersmith and Bandura this of "competence" and "locus of control". To Reasoner, Clemes and Bean, and Borba it is "purpose", "models", and "mission". When realistic goals are competently planned and executed the highest self-esteem level, self-efficacy, has been achieved. To Coopersmith and Bandura this is part of "competence" and "self-efficacy". Reasoner and Borba call this stage "competence" and Clemes and Bean call it "power".

Although these five components of self-esteem are hierarchical in the developmental stage we all revisit the stages as we experience highs and lows in our lives or challenges to our self-esteem. Those who have built the strongest foundations will be best equipped to survive the passages.

Insert Table 1 about here

V. Review of Intervention Studies

Gurney (1987) investigated treatment interventions and their effectiveness in his review of research findings. He reported on 25 studies conducted in Canada, the U.S., and the U.K. between 1965 and 1983, which sought to enhance self-esteem by experimental means. Although some studies were omitted due to weakness in design, it is clear that this area of self-esteem has received little research attention.

Gurney defined four types of classroom interventions that are both ecological and instructional: (a) curriculum, (b) special procedures, (c) changing teacher behavior, and (d) changing pupil behavior. He concluded that teachers should: (a) direct extra attention to low self-esteem students, (b) be knowledgeable about each student's background, (c) move students from extrinsic to intrinsic motivation, (d) involve the parents in intervention programs, (e) plan schoolwide interventions, and (f) praise themselves to maintain their own self-esteem.

However, the research literature remains

inconclusive regarding both type and effectiveness of instructional interventions for elementary school students in their natural environment. The six studies that are discussed here exemplify current research and provide some support for Gurney's classifications and conclusions. The treatments cover a range of interventions--from counseling to praise--and the results vary. Some studies are more stringent than others, suggesting cautious interpretation of the results.

This review updates Gurney's findings, critiques each study, and discusses implications for future research. The studies are grouped according to Gurney's classifications.

Insert Table 2 about here

The first two studies describe interventions which attempt to change student behavior through self-instruction. Gurney (1987) reviewed several studies which found this method to be effective and to persist over time.

A. Omizo & Omizo self-defeating behavior study.

Previous research by Sabatino, Miller, & Schmidt, (cited in Omizo, 1987) indicated that learning disabled (LD) students possessed self-defeating attributes which contributed to low self-esteem and an external locus of control. Building on research in the 1970s, this study determined how counseling, to eliminate self-defeating behaviors, affected the self-esteem and locus of control of LD children.

The 52 boys and 8 girls, between the ages of 12 and 15, had been identified as learning disabled. These volunteer participants came from a suburban school district of predominately lower- to middle-class families in the United States.

Subjects were randomly assigned to three experimental groups of 10 and one control group of 30, following an experimental design (McMillan & Schumacher, p. 318). The three experimental groups were each assigned a different trained counselor, in order to assess intercounselor effect. The Coopersmith Self-Esteem Inventory (SEI) and the Locus of Inventory for Three Achievement Domains (LOCITAD) were each administered pre- and post-treatment. Validity and reliability data for each instrument were included.

Group differences prior to treatment were not discussed. The seven treatment sessions lasted one and one-half hours each, once a week. As the sessions progressed, students were counseled to select and gradually eliminate a self-defeating behavior, such as fighting, daydreaming, or homework avoidance. The posttest was administered one week after the final counseling session.

A multivariate analysis of variance (MANOVA) was used to determine differences between the experimental and control groups on the self-esteem and locus of control measures. For the experimental group, positive changes in mean self-esteem scores were significant at the $p<.05$ level. Changes in locus of control mean scores were significant ($p<.05$) for success and failure in the intellectual domain and failure in the social domain. There were no significant changes in mean scores on either measure for the control group. In other words, the experimental group had begun to believe that intellectual outcomes and social failures were consequences of their actions and therefore under their control. The researchers concluded that this program could be generalized to other facilitators as there were no significant differences between the three

experimental groups.

External and internal threats to validity were carefully considered for this study. Instrumentation reliability and validity were reported; mortality was controlled by design (McMillan & Schumacher, p. 318). Experimenter bias was controlled by the use of three facilitators. Any reactive effects of testing would be a further indication of the subjects' ability to apply information to enhance their self-esteem. Furthermore, the effects of history and maturation were controlled by the short (seven week) duration of the treatment.

The use of a MANOVA to analyze this data may skew the results in favor of statistical significance when a more stringent analysis might not support such results. This is because the researchers have divided the LOCITAD measure into six subscales and treated these as distinct variables. Rather than examining differences in subscale results, intervention research should try to establish changes in individual results. The former may provide suggestions for change in instrumentation while the latter may provide useful information for development of intervention strategies which consider individual differences.

Due to the small sizes of the treatment groups,

these results cannot be generalized to the classroom where class sizes range from 25 to 30. This study indicated a possible relationship between self-esteem and locus of control, since the same treatment brought positive changes in both. Self-esteem enhancement programs should consider inclusion of locus of control sessions. The effectiveness of self-esteem instruction is supported by the results of this study.

B. Layden attributional style change study.

Layden's study (1982) looked more closely at the relationship between self-esteem and locus of control, based on earlier research by the author (cited in Layden, 1982) that found those with low self-esteem tend to externalize success and internalize failure, which is just the opposite of persons with high self-esteem. She investigated the efficacy of attributional style changes in low self-esteem and high depression subjects (other subject information was not reported) by asking them to attribute an experience to the opposite cause. That is, students attributing failure on a Math test to the teacher (external locus of control), would be asked to list seven things they might have done to contribute to the failure (internal locus of control). Layden

assigned each subject an attributional style and a task designed to evoke changes in internal/external locus of control. The control group received no treatment. Because there was no indication of random selection, this design can be characterized as quasi-experimental (McMillan & Schumacher, p. 322-3).

Four instruments were used in the pretest: (a) Coopersmith Self-Esteem Inventory, (b) 26 Dot (a self-esteem scale), (c) D-30 (a measure of depression), and (d) ASQ (Attributional Style Questionnaire). An additional measure, the Beck Depression Inventory, was used for the posttest.

Three attributional styles were defined and subjects were placed in a treatment condition which required that they assume an attributional style similar to persons with high self-esteem. That is, Group 1 (IE condition) was required to record sevem positive events and attribute internal causes to the success, then record seven negative events and attribute external causes to the failure. Group 2 (I condition) recorded seven positive events and seven negative events and attributed internal causes to both. Group 3 (E condition) recorded seven negative and seven positive events and attributed external causes to both. Analysis

was conducted with a Least Significant Differences Test and improvement in self-esteem was statistically significant for all three groups. The results indicated that self-esteem was more responsive to treatment than was depression. Changes in locus of control were not measured. This study provides evidence that changes in attributional style, over a 5-week period, can enhance self-esteem.

It is impossible to assess threats to internal validity posed by maturation, selection and mortality without information about the subjects, the controls, the environment or the selection process. Selection is the most serious threat to a quasi-experimental design (McMillan & Schumacher, p. 324). Instruments were named but no additional information was provided; however, the Coopersmith Self-Esteem Inventory is well-known to have high validity and reliability. Analysis by a Least Significant Differences Test may be less stringent than the data an ANOVA would provide (McMillan & Schumacher, p. 358), and might falsely inflate the results. Data analysis is difficult to assess when the number of subjects is unknown. Results of this study would support the inclusion of similar locus of control activities in a self-esteem enhancing program.

The following study describes an intervention designed to change teacher behavior. Teacher training interventions have proven effective in enhancing student self-esteem as, next to parents, teachers are the most significant influence on student self-esteem (Boessing & Sasseen, 1980). Teacher behavior is as crucial as program selection to the implementation of self-esteem interventions (Brennan, 1985; Clemes & Bean, 1988; Gurney, 1987; Purkey, 1970; Sarokan, 1986).

The next study addressed changes to teacher behavior.

C. Priest teacher training program.

Priest (1988) reported on a teacher training program designed to increase teacher awareness of the role of self-esteem in child development. Priest's rationale developed from work by Berliner (1985), who found that teacher interactions with students directly influence student self-esteem. As a grade two teacher in an inner city school, Priest noticed negative attitudes of teachers toward their work, their students, and minorities. She felt the teachers were unaware of the effect their attitude had on their students and that they lacked understanding of child development theory.

Although no specific research question was stated, the purpose appears to be to improve the knowledge, attitudes and teaching techniques of the subjects and, as a result, enable them to enhance the self-esteem of their students.

Ten primary grade teachers from one school in a low income, predominately Spanish/Black community volunteered to participate in the study. There is no description of the gender or experience of the volunteers. The treatment consisted of ten 45-minute training sessions.

Two instruments (criterion referenced tests) were developed by the researcher, based on the curriculum to be taught in the training sessions. The Test of Developmental and Cognitive Levels of Primary Grade Children consisted of 10 questions which assessed the teacher's knowledge of Erikson's (1963) theory of psychosocial development in children. The Test of Teaching Techniques measured knowledge of classroom techniques which raise self-esteem. Additionally, an observation checklist, completed before and after the training, recorded actual change demonstrated in the classroom. An attendance record was kept and subjects were required to complete a training session evaluation.

A detailed outline of each treatment session is given in the report of the study. It is based on principles defined by Sarokan (1986), who found that a school can enhance pupil self-esteem when: (a) the staff identifies factors related to low and high self-esteem, (b) teachers are trained in positive reinforcement, (c) student participation in athletics, music, and drama is increased, and (d) all student accomplishments are demonstrably recognized.

The specific goals for Priest's training sessions were to increase teacher: (a) awareness of the importance of self-esteem development in students, (b) awareness of their use of esteem enhancing techniques in the classroom, and (c) knowledge of the developmental stages and cognitive level of primary grade students. Priest's instructional sessions included a definition of some of the characteristics of self-esteem, the value of a sense of self, family and friendship for the pupil, the development of significance/security, discipline pros and cons, and the parent/teacher partnership.

Data analysis was conducted by marking the tests. Pre and posttest raw scores were then compared. Results indicated an increase in raw scores for the group. Data was supported by Priests' observations of teaching

techniques in the classroom and the completion of a checklist on each observation. Recommendations included suggestions for improvements in the workshops, such as increasing the time spent on each session.

This pre-experimental, one group, pretest-posttest design (McMillan & Schumacher, 1989, p. 312-314) cannot be considered a well-designed study, but rather an exploratory investigation requiring further development. Lack of subject information restricts interpretation and generalization of the results and the use of volunteers threatens to present a selection bias (McMillan & Schumacher, 1989, p. 313). Internal consistency, test-retest reliability and validity of the instruments was not established. Although results were reported to have been cross-validated by classroom observations, Priest did not state whether or not the high achievers on the test were also those found to be most successful in the classroom during the observations. Because pretest scores were not included in the report, comparison with posttest scores is not possible. Considering the vocation of the subjects, it is highly likely that retesting alone would increase scores on the posttest (McMillan & Schumacher, p. 313). The researcher did not attempt to measure increases in

self-esteem in students. It would be valuable for this study to focus on transference to the classroom. There is little doubt that teachers can learn new information; it is the effect of this information on teachers' behavior that must be examined.

Although research has determined that teacher behavior is an important factor in student self-esteem (Clemes & Bean, 1988; Gurney, 1987; Purkey, 1970; Reasoner, 1982; Sarokan, 1986; Wasserman, 1988), this study did not report on the changes in teacher behavior as a result of the training sessions. The conclusions drawn by Priest were not consistent with the purpose of the study. They addressed considerations for improving the workshop, not suggestions for furthering teacher awareness of self-esteem enhancement in the classroom. Without a control group, causation of change due to the treatment can only be tentative (McMillan & Schumacher, p. 312). Reliable instrumentation, a larger number of subjects and a control group would increase the validity of this study.

The next study illustrates special procedures to enhance self-esteem. Boessing and Sasseen (1980) developed an intervention which implemented esteem

enhancing strategies in a grade four classroom. Their work is based on research which has determined a correlation between self-esteem and school performance (Byrne, 1984; Byrne & Shavelson, 1986; Hansford & Hattie, 1982; Shavelson & Bolus, 1982; Silvernail, 1985).

D. Boessing & Sasseen positive self-concept study.

The treatment program consisted of a variety of special classroom procedures based upon recommendations in the self-esteem literature, although actual implementation procedures are unclear. Praise, stickers, a compliments box, a happiness book, autobiographies, student of the week and the DUSO program were included in classroom procedures during the study. Each morning began with a self-enhancing activity from the above selection. The teacher circulated during math class, praising and recognizing student success. Peer tutoring was part of the math program. The subjects were 16 low ability, Caucasian, math students: 10 males and 6 females. A pre-experimental design was used (McMillan & Schumacher, p. 312).

Although four instruments were reviewed, the researchers selected the How I See Myself Scale for

students because it measures five aspects of self-concept: physical appearance, interpersonal, teacher/student, academic ability, and autonomy. Validity and reliability criteria were not mentioned. The HISMS consists of 40 items answered on a five point scale.

To analyze the data the researchers examined the percentage of correct student responses by item and compared pretest and posttest results. There was an increase in correct scores for 25 questions, a decrease for 14 questions and one question remained stable. The authors concluded that the attitude of the subjects "seemed to improve" (Boessing & Sasseen, 1980, p. 12) because "most students made positive changes" (Boessing & Sasseen, 1980, p. 12). Continuation and expansion of the program, with ongoing evaluation and modification, was recommended. Boessing and Sasseen suggested that a year-end follow-up administration of the HISMS would add power to their results.

Several concerns raised by Boessing & Sasseen in their problem statement and literature review were not addressed in the discussion. Although the stated rationale noted the relationship between self-esteem and performance, achievement was not measured in this study.

The Florida Key was examined as a teacher observation report; however teacher observations never became part of the study. History and testing are the most serious threats to this study, due to the absence of a control group and the use of repeated measures. Validity and reliability data were not reported. Neither experimental hypothesis nor research question was stated. Information regarding the relationship between self-esteem and math classes and why it is important as an area of study was not presented. Rather than comparing mean scores in a t-test (McMillan & Schumacher, p. 354-5), the authors simply reported that 25 more questions received a positive response. This information does not allow conclusions about the significance of the results. No conclusions are drawn regarding the benefits of the program to the emotional, behavioral or intellectual well-being of the child. Surprisingly, the authors conclude that the students' "attitude seemed to improve" (Boessing & Sasseen, 1980, p. 12) without applying any parameters to this conclusion. The variety of treatment activities cannot be explained individual differences; this study lacks precision. Further studies should measure the interaction between the variables of praise,

recognition, and programming.

The final two studies are examples of curriculum interventions. Previous research in curriculum interventions (Gurney, 1987) concentrated on remedial reading sessions, social skills training, and esteem enhancing programs such as DUSO (Developing Understanding of Self and Others).

E. Walker group counseling study.

Walker (1991) conducted a year-long study which investigated counseling interventions with at-risk students who had had two grade retentions. The author developed her rationale from previous research by the U.S. Offices of Educational Research and Improvement (cited in Walker, 1991) which suggested that at-risk students have negative self-concepts and that interventions tend to be late in the student's history and reactive rather than proactive. Therefore, Walker implemented self-esteem enhancing programs in group counseling situations for elementary level students. Her investigation examined relationships between self-esteem and achievement, proactive interventions and attendance in at-risk students, utilizing a true experimental design (McMillan & Schumacher, p. 318).

The sample was selected from 30 elementary schools in Newark, New Jersey. All had two grade retentions and were performing below grade level, deeming them 'at-risk'. The grade three through eight students, were randomly assigned into treatment (n=270) and control (n=183) groups. One-quarter of the sample was Hispanic or Portuguese, three-quarters were Black, and the majority (68-71%) were male.

Treatment consisted of individual and group counseling for 40 minutes each week. During group counseling the Toward Effective Development and PUMSY programs were used with grades three through six. The American Guidance Services Transition System was used with the sevens and eights. Parents participated in Systematic Training for Effective Parenting (STEP) workshops to help them learn how to enhance their child's self-esteem at home. The Coopersmith Self-Esteem Inventory (SEI) was used to assess changes in self-esteem. The California Test of Basic Skills assessed achievement. Pretest scores on these instruments indicated that the treatment and control groups were similar on variables of attendance, self-esteem scores and achievement scores. Attendance and participation, by both students and parents, were

also assessed.

Analysis of covariance was conducted to determine differences in self-esteem between the adjusted posttest mean scores of the treatment and control groups. Maintaining achievement as a covariate, differences between the two groups was also assessed. Correlations between achievement and self-esteem were measured.

The pretest means showed that the at-risk students were indeed below those of similar subjects in other studies which used the SEI. Within group analysis determined the most significant effect of treatment was for Hispanics and males, with $p<.01$ in each case and for the Grade 3/4 group at $p<.05$. Other grade level differences were not significant. Attendance had a significant negative correlation with poor readers (especially Grade 7/8 students) while achievement differences were not significant. Social self-esteem rated higher than home or school self-esteem, suggesting that a negative academic self-concept may be compensated by a positive social self-concept. Further, the structure of self-concept differed among the population variables of gender, grade and ethnicity. From these two findings, the author suggested that interventions may more effectively enhance self-esteem if they begin

with the individual's successes, such as high social self-esteem, and then expand to academic and behavioral program goals. This is especially important for the Grade 7/8 students.

Walker concluded that counseling may enhance or maintain some aspects of self-esteem, in spite of academic failure, but it does not directly affect the learning environment or academic self-concept. At the grade seven and eight level interventions should be intense, enduring and motivating.

This appears to be a strong study in terms of design, instrumentation and length. Although history and maturation (McMillan & Schumacher, p. 318) are probable threats to a year-long study, the presence of comparison and control groups, along with randomization, generally controls for this possibility. To reduce diffusion of treatment threats (McMillan & Schumacher, p. 318), subjects were selected from different grade levels (6) and different schools (30). All results have been published, which allows readers to draw their own statistical conclusions and to assess generalizability. It is difficult to determine the influence of experimenter bias (McMillan & Schumacher, p. 319), as there is no description of either Walker's or the

counselor's qualifications or the treatment program. A rival hypothesis might be the attention subjects receive at the individual counseling sessions. Such interaction has been shown to enhance self-esteem also. Although the Hawthorne effect may be evidenced in this study, it is not a threat to self-esteem intervention research. The purpose of the intervention is to make students aware of self-esteem and how it is affected. Knowing about the treatment is essentially the treatment. This study provides some support for the effectiveness of self-esteem instruction with a Black/Hispanic population. Studies with different populations and within regular learning environments are needed.

F. Wasserman affective behavior study.

Wasserman's (1988) classroom study implements the Reasoner self-esteem program, a forerunner of the Borba model. Trudy Wasserman conducted a pre-experimental (McMillan & Schumacher, p. 312) study of grade one students at a private school in Florida. One of the goals of the school was to develop a positive self-image in the students in order to eliminate low self-esteem behaviors such as fighting, withdrawal and frequent visits to the school nurse. Prior to the study, the

school had no systematic program of self-esteem enhancement and no formal method of evaluation.

E. J. Forte (cited in Wasserman, 1988) has proposed that the younger the child the more rapid the effect of a self-esteem enhancement program, due to the instability of self-esteem prior to age nine or ten (Coopersmith, 1967; Piers, 1984; Rosenberg, 1981). Another researcher, I. Forte (1983), concluded that self-esteem can be effected simply by exposure to the educational process. Others have established a positive relationship between improved behavior and an increase in self-esteem (Friedland, 1992; Mecca et al., 1989). Wasserman sought to establish five behavioral outcomes which would be indicative of enhanced self-esteem: student initiative, social attention, success/failure relationships, social attraction, and self-confidence.

Subjects were 67 grade one students attending a private school in Florida. Treatment was based on the Building Self-Esteem Program developed by Reasoner (1982). The 10-week program began with an introduction and ended with a career day which summarized the five objectives. The Identity lesson examined the child's unique self; Belonging studied affiliations and friendships; Security reviewed concepts of realistic

limits, consistent rules, self-respect and responsibility; Purpose taught goal setting; and Competence practices decision making and self-evaluation.

The Behavioral Academic Self-Esteem Scale (Coopersmith, 1979) was administered to the subjects' parents. The Self-Observation Scale, developed by Katzenmeyer, was administered to the subjects. Both scales met the author's criteria of behavioral focus, ease of administration and grade one applicability. Validity and reliability criteria were not mentioned. Wasserman reported pretest and posttest results for every student. T-test analysis of mean gains indicated the changes were not statistically significant. However, Wasserman felt that the percent increase in scores on both parent and subject measures indicated gains of practical significance supported by the school nurse's report of fewer incidents related to psychosomatic and anxiety symptoms. These conclusions are not supported by the empirical results of the research.

The author recommended implementation of a self-esteem program of extended scope and duration. That is, it should be ongoing, open-ended and part of a

K-12 curriculum in order to significantly improve the results. The establishment of parent workshops would capitalize on the parental role in the child's self-esteem development. Ongoing assessment of the program should be mandatory. Additionally, she proposed tracking this group through the grades and setting up a control group for comparison.

The validity of this study is seriously threatened by non-validated instrumentation and the lack of a control group. Although the subjects were chosen because self-esteem is not considered stable for children under nine years of age, this very reason proposes a threat to internal validity due to maturation, all the more so when there is no control group. That is, increased self-esteem scores could be as reasonably attributed to maturation as to instruction. On the other hand, the instability of this age group may be the reason that significance was not attained; there may be too much fluctuation to move strongly in one direction. The decrease in visits to the nurse may have been caused by history and the subjects growing familiarity with their new environment. The researcher controlled for threats to testing, instrumentation (no reliability and validity

information) and bias by gathering data from multiple sources, using two instruments and by referencing reported scores to behavioral outcomes. Moreover, the premise and context of the study was clear, the data description was precise and thorough and researcher qualifications were listed. Although not stated, a single group pretest-posttest design was used. As noted earlier, this design is not as powerful as one with a control group or with random selection of subjects. Further, this study loses generalizability due to the subject selection criteria. Parents paid over $4,000 per year in registration fees and the majority were professionals. Although the school accepted low to high ability students and was heterogeneous, the author stated that the enrollment is not reflective of society in general. Ten subjects dropped out of the program and the possible effect was not described. To increase generalization, further studies should include proven standardized instrumentation, a more representative population and a control group.

VI. Conclusion

Inconsistencies in the design of these studies limit interpretation and generalization of the results

but does provide direction for future research. To generalize these studies to regular educational situations, they should be conducted in the natural learning environment--the classroom. The researcher should select public school classes with a range of abilities which closely reflect the general population, choose a sample size which allows more precise data analysis through the use of inferential statistics, and include a control group to reduce the plausibility of rival hypotheses. In addition, the researcher should ensure that analysis is appropriate to the question asked and the data obtained in the study.

Of the self-esteem interventions reviewed here, the three counseling studies reported the most significant results. Effects for intervention treatment and grade level differed. Commonalities between these studies and those reviewed by Gurney (1987) are: (a) the teachers were motivated, (b) the students were given extra attention, (c) four studies trained students to self-monitor and self-reinforce, and (d) parents were directly involved in two studies. It appears that researchers are beginning to achieve consensus on effective interventions.

Student self-awareness training, such as that of

the counseling interventions, is the basis of self-esteem programs designed by several authors (Borba & Borba, 1989; Canfield, 1976; Clemes & Bean, 1990; Dembrowsky, 1979; Reasoner, 1982). From their work, combined with ecological interventions emphasizing teacher behavior, this researcher prepared am empirical study of instructional self-esteem enhancement in a classroom setting.

CHAPTER THREE

METHODOLOGY

Past research has shown a direct relationship between self-esteem and success, both academic and social. Thus it is of vital concern to educators. The development of self-esteem can be seen to parallel our growth through childhood toward independence. Researchers have plotted the path of self-esteem from the security of home and family, the acknowledgement of individuality, affiliations with significant others, the development of aspirations and the independence of self-efficacy. We know its roots. Now we must learn how to promote its growth.

Educational researchers of the 1990s must establish the stability of self-esteem. Can it be influenced by interventions, either ecological or instructional or a combination of both? Piers (1984) and Coopersmith (1967) believe self-esteem is a relatively stable concept that is established by the age of eight or nine. Rosenberg (1981) suggests that early adolescence is when a child's self-esteem is at its lowest with 12 and 13 year old children (Grade 7) being the most susceptible. Does that mean that high self-esteem is never shaken and

low self-esteem will never recover? Are adolescents prime candidates for intervention? Research is beginning to establish effective interventions (Gurney, 1987). Based on previous work (Canfield 1976; Coopersmith, 1967; Reasoner, 1982), Michele and Craig Borba (1989) developed a self-esteem curriculum which they deemed effective with students in California. The Borba curriculum is thorough in scope and sequence, designed for implementation in grades 4 through 10, comprehensive in lesson variety, and criterion referenced to their own assessment instrument. Borba believes that "self-esteem can be changed--regardless of age! As an educator... you have the power to start the cycle and turn the tide of a student's life by helping him reach his potential as a learner" (1986, p. iii).

I. Purpose

As indicated in Chapter Two, more research is necessary to establish the effectiveness of instructional interventions. Although many authors of self-esteem curricula claim the effectiveness of their approach, there is mixed support for these claims in the research literature. Based on the Borbas' model, the purpose of this study was to investigate the

effectiveness of self-esteem instruction for different grade levels of intermediate students in one British Columbia school district.

II. Instructional Procedures

The Piers-Harris was administered by the researcher to Treatment and Comparison groups each composed of 27 Grade 5 students and Treatment and Comparison groups each composed of approximately 27 Grade 7 students. The measure was administered separately to each group in their own classroom on two occasions, the first time was prior to the 12-lesson instructional sessions and the second time was at the end of the treatment sessions. As suggested in the manual, each statement in the measure was read aloud and the students progressed through the items as a group, to reduce the possibility of misunderstanding due to reading or reasoning ability. Questions were answered and unfamiliar terminology was explained. Administration of the instrument took approximately 15 minutes.

A. Treatment Group

The treatment began one week after the administration of the pretest. The self-esteem program of 40-minute lessons was taught to the Treatment groups

twice a week over 9 weeks. The total program was completed in 12 lessons (see Appendix A). Some activity ideas were drawn from Borba (1986, 1989), Reasoner (1982), and Dembrowsky (1979). Others were created by the researcher. The treatment program differed from all those mentioned above in that it developed student awareness of the concept and developmental stages of self-esteem through direct instruction rather than in a series of isolated activities which do not instruct the students in the purpose of the lessons.

The treatment consisted of a set of seven topics designed to familiarize the subjects with the concept and components of self-esteem. It was piloted in a grade five classroom prior to the research study in order to refine activity choices, timeliness and teaching techniques. Instruction began with an introductory lesson to familiarize students with the definition and components of self-esteem. Each component unit started off with a self-evaluation of the component being addressed. A topical introductory story elicited discussion, followed by a short group activity and then an individual/buddy assignment. Quotes which reflect the component theme were discussed in small groups as part of each lesson. The group was required

to analyze the language and meaning of the quote and then relate it to the topic under discussion. Closure was attained when the students evaluated the story character's self-esteem, using the student's self-evaluation as a guide. The final lesson reviewed and summarized the program and concluded with a discussion of empowerment.

Lesson 1 - <u>INTRODUCTION</u> -

PURPOSE: The students will gain an understanding of the five components of self-esteem and its definition.

What is self-esteem? - How I feel about who I am

The components are - a)SECURITY
b)SELFHOOD
c)AFFILIATION
d)MISSION
e)COMPETENCE

Lessons 2 & 3 - <u>SECURITY</u> - Who can I trust?

PURPOSE: The students will recognize that security develops when their basic physiological needs are met and trusting relationships have been established

Lessons 3 & 4 -<u>SELFHOOD</u> - How am I unique?

PURPOSE: The students will develop an appreciation of their uniqueness

Lessons 5 & 6 - AFFILIATION - What are my friendship skills?

PURPOSE: Students will begin to recognize some advantages of affiliation and examine behaviors which enhance the development of healthy relationships.

Lessons 7, 8, & 9 - MISSION - What are my goals?

PURPOSE: Students will begin to understand how they can take charge of their lives by developing goals

Lessons 9, 10, & 11 - COMPETENCE - How can I become aware of my accomplishments?

PURPOSE: Students will learn how to profit from mistakes, evaluate their progress, and eliminate self-defeating behavior.

Lesson 12 - SUMMARY AND CONCLUSION

PURPOSE: Students will look at self-esteem holistically and develop a self-empowering plan.

B. Comparison Group

The Comparison group was told they were part of a research project on self-esteem and was then asked to

complete the pretest. They then received instruction in a core curriculum subject, determined in consultation with the classroom teacher and taught by the researcher. The Grade 5 Comparison group worked on writing skills by developing response journals. The Grade 7 Comparison group was introduced to independent research on the subject of Mesopotamia. The lessons consisted of twenty-four 40-minute lessons, twice a week, over a period of 9 weeks and followed objectives outlined in the Intermediate Program document (Ministry of Education, 1990a).

III. Instruments or Measures

A. The Piers-Harris Children's Self-Concept Scale

The dependent measure of self-esteem was The Way I Feel About Myself: The Piers-Harris Children's Self-Concept Scale (Piers-Harris) (Piers & Harris, 1969). The Piers-Harris is an 80 item self-report inventory, which requires a yes or no response to questions such as, "I am an important member of my class" and "I give up easily". The measure yields a composite score and six cluster scores (Behavior, Intellectual and School Status, Physical Appearance and Attitudes, Anxiety, Popularity, and Happiness and

Satisfaction). Cluster scores were not examined in this study. The total score was used because it is the most reliable measure and the one with the best research support (Shavelson et al., 1976; Piers, 1984).

The Piers-Harris was selected for a number of reasons. First, it uses self-reports. Some researchers have concluded that the evaluation of self-esteem is subjective and can be best assessed by self-reporting, as it involves either one's own assessment of performance or one's interpretation of others' assessment of oneself, both in relation to self-appointed ideals and culturally learned standards (Burns, 1982; La Greca, 1990). Second, it is psychometrically sound and considered to be one of the best measures of self-concept currently available (Hughes, 1984; Jeske, 1988). Third, the instrument is designed for use with children ages 8 to 18 and is, therefore, suitable for the age range of the sample. Fourth, it has been researched extensively and found to have high content validity (Shavelson, Hubner & Stanton, 1976; Winne, Marx & Taylor; 1977), and a moderate relationship to other measures, depending on their focus (Piers, 1984).

Based on studies with various subgroups, as

reported in the Revised Manual (Piers, 1984), technical data on the Piers-Harris indicate that test-retest total score reliabilities range between .42 and .96. Researchers that have investigated internal consistency reported reliability coefficients of .88 to .93 (Winne et al., 1977). Since the current study uses repeated measures, it is important to note that "Changes in group means on a retest (up to 5 points) have been found to be consistently in the direction of a higher score ... even if no treatment or manipulation has taken place" (Piers, 1984, p. 57). Two factors that will affect mean scores on a retest are regression to the mean and the test-retest condition. The Piers-Harris results support a regression to the mean factor for scores below the mean but negate such a factor for students scoring above the mean on the pretest. Results reported by Piers (1984) are consistent with the test-retest condition. Thus, it is important to include a comparison group when this scale is used to measure change.

B. The Behavioral Academic Self-Esteem Scale

An adaptation of The Behavioral Academic Self-Esteem Scale (BASE) (Coopersmith, 1979) was completed for each student by the classroom teacher at the end of the treatment sessions. This measure

consists of 16 items, marked on a five-point scale related to self-esteem. Questions include, "This child is sought by peers" and "This child deals with mistakes or failures easily and comfortably". It is based on the Behavior Rating Form (BRF) which Coopersmith developed in 1967.

> "The behaviors to be rated were selected after a series of observations of child behavior in and out of the classroom, repeated interviews with teachers, principals, and a clinical psychologist, and evaluations and discussions with a research committee. On theoretical and empirical grounds, the behaviors were assumed to be an external manifestation of the person's prevailing self-appraisal" (Coopersmith, 1967, p. 10-11).

The BASE was selected because it closely corresponds to the questions on the Piers-Harris, addresses issues raised in the treatment sessions, and cross-validates the students' self-ratings with independent observations of the behavioral manifestations of their beliefs about self.

Validity and reliability data are not available. A Hoyt (Nelson, 1974) estimate of reliability was conducted during data analysis to address this problem.

IV. Sample

The sample included four classes with a total of 107 students at a middle-class, elementary school in Surrey, B.C. The two grade five classes had 27 students; one grade seven class had 27 students and the other grade seven class had 26 students. The students were predominantly Caucasian, however, approximately 8% of the school population received instruction in English as a second language. While established classes were maintained, the classes to receive treatment were chosen at random. The subjects were assigned to their classes on the recommendation of their former classroom teachers in order to obtain a balance in academic ability, work habits, and to accommodate any special needs of the students.

V. Design

This was a quasi-experimental study, which used intact classes randomly chosen for treatment. The nonequivalent groups in this pretest-posttest comparison group design were established by student placement at the school level. There was one Treatment group and one

Comparison group at each grade level. Data was analysed to determine: (a) if there was a difference in pretest and posttest self-esteem scores for grade five and grade seven students, following a treatment program of 12 self-esteem lessons, each consisting of two 40-minute sessions, (b) if there was a difference in pretest and posttest self-esteem scores for grade five and grade seven students who did not receive self-esteem instruction, (c) the differences between the two groups, (d) the pretest scores which showed the greatest increase on the posttest, and (e) which questions on the Piers-Harris were least stable for the Treatment group.

VI. Hypotheses

1. It was hypothesized that there would be a greater increase in the mean total scores, from the pretest to the posttest, on the Piers-Harris Children's Self-Concept Scale for the Grade 5 and Grade 7 classes who receive a 12-lesson self-esteem instructional unit than for the Grade 5 and Grade 7 class who do not receive self-esteem instruction.

2. It was hypothesized that the increase in self-esteem scores for the Treatment group would be dependent on pre-treatment status. Students with

pretest scores below the 50th percentile on norms for the Piers-Harris would show a greater increase in the mean total posttest score on the Piers-Harris than students with pretest scores above the 50th percentile, beyond the usual five point increase on a retest (see Instruments or Measures p. 66).

A. Ancillary Question

1. Is there a significant correlations between student self-report scores on the Piers-Harris and teacher ratings of student self-esteem on the BASE?

2. Are certain items on the Piers-Harris more predictive of change in self-esteem following an instructional program which targets concepts of SECURITY, SELFHOOD, AFFILIATION, MISSION and COMPETENCE?

VII. Analysis

Data analysis was conducted using a mixed model analysis of variance (ANOVA) (Hopkins, Glass & Hopkins, 1987). The data were collected and organized into a three dimensional design consisting of treatment (T) x grade (G) x occasion (O). There were two levels of treatment (self-esteem instruction and regular curricula), two grade levels (grade five and grade seven), and two occasions (pretest and posttest). Main

effects, simple main effects, and interaction effects were tested at the .05 level of confidence.

To test the second hypothesis, individual differences in scores between the pretest and posttest occasions for the Treatment group were analyzed by an analysis of covariance (Myers & Well, 1991), with the pretest scores as the covariate, for three levels of scores - high (67-80), medium (53-66) and low (0-52).

The Pearson Product Moment correlation (Hopkins et al., 1987) determined the relationship between the Piers-Harris and the BASE scores by combining treatment level, grade level, and instrumentation.

A multi-way contingency analysis determined which questions on the Piers-Harris showed the greatest change from pretest to posttest in order to respond to the ancillary question.

CHAPTER FOUR

RESULTS

The purpose of this study was to learn more about the effectiveness of a program of self-esteem instruction for different grade levels of intermediate students in one British Columbia school district.

I. Internal Consistency of the Instruments

Hoyt internal consistency reliabilities were developed using LERTAP (Nelson, 1974). The Hoyt estimate of reliability for the Piers-Harris pretest was 0.92 and for the posttest was 0.94. Reliability for the BASE was 0.93.

II. Hypothesis I--Differences in Self-Esteem Scores

A mixed model analysis of variance (ANOVA) of the dependent variable (self-esteem scores) for repeated measures was conducted using BMDP8V (Dixon, 1985), to investigate the differences between the Treatment and Comparison groups on change from pretest to posttest scores at Grade 5 and Grade 7. The pretest scores of the Treatment and Comparison groups were tested for homogeneity of variance and were found to differ by only

1.1 points, 63.58 for the Treatment group and 62.48 for the Comparison group. The standard deviations were also similar, 11.15 for the Treatment group and 12.62 for the Comparison group. These results can be found in Table 3.

Insert Table 3 about here

Since cell sizes were unequal and the computer program required equal cell sizes, a table of random numbers was used to eliminate one score from each of the three larger cells. The result was an "n" of 26 for each cell.

The results of the analysis of variance of self-esteem scores by treatment, grade, and occasion are presented in Table 4. The mean self-esteem scores by treatment, grade, and occasion are listed in Table 5.

Insert Table 4 about here

Insert Table 5 about here

A. Main Effect--Treatment

From the pretest to the posttest, Piers-Harris mean scores for the combined Treatment group increased from 63.58 to 67.10, as shown in Table 5. Similarly, cell mean scores for the combined Comparison group increased from 62.48 to 65.83. As shown in Table 4, there was no significant main effect for treatment where $F(1, 104) = 0.27$, $p = 0.60$.

B. Main Effect--Grade Level

Mean scores for the combined Grade 5 classes were 63.71 on the pretest and 67.08 on the posttest, as shown in Table 6. Mean scores for the combined Grade 7 classes were 62.35 on the pretest and 65.85 on the posttest. There was no significant main effect for grade level where $F(1, 104) = 0.32$, $p = 0.57$, as shown in Table 4.

Insert Table 6 about here

C. Main Effect--Occasion

The combined pretest mean score of all subjects was 62.36, as shown in Table 5. The combined posttest mean score was 66.47. There was a significant increase in self-esteem scores for both the treatment and comparison groups from the pretest to the posttest $F(1, 104) = 17.33$, $p = 0.00$. This is reported in Table 4.

D. Interaction Effects--Treatment x Occasion

Pretest/posttest score differences for the Treatment group were similar to those for the Comparison group, as shown in Table 3. Indeed there was not a significant difference between Treatment and Comparison groups as shown by the Treatment x Occasion interaction of $F(1, 104) = 0.01$, $p = 0.91$, as shown in Table 4.

III. Hypothesis II--Effect of Initial Score on Increase in Self-Esteem

Comparison of pre- and posttest scores support Piers' observation (Piers, 1984, p. 57) that scores above the mean tend to increase on the posttest and do not regress to the mean. This suggested further analysis to determine which pretest scores show the greatest increase on the posttest.

The distribution of individual scores was examined;

both pre- and post treatment distributions of scores were found to be negatively skewed. An apparent ceiling effect, and the high correlation between pre- and posttest scores supported a three-way analysis of covariance (ANCOVA). Such analysis also addressed the second hypothesis, that the lowest scores would show the greatest increase, for the Treatment group. Pretest scores of the Treatment and Comparison groups were each divided into three levels--high, medium, and low. The high level included the above average scores of 67 (84%) or more; the medium level represented scores that were average or slightly above at 53-66 (50%+); the low level included scores at or below the mean, from 0-52 (50% or less). Analysis was conducted using adjusted pretest scores as the covariate, as shown in Table 7.

Insert Table 7 about here

The main effect for treatment was F (1, 104) = 0.16, p = 0.69 and for level was F (1, 104) = 0.04, p = 0.96. Interaction effect (Treatment x Level) was F (1, 104) = 1.02, p = 0.36. These effects were not

significant.

IV. Ancillary Question 1--Correlations Between Student and Teacher Ratings

The Behavioral Academic Self-Esteem Scale (BASE) was completed by the teacher of each class to create a comparison between self-rating and second party rating, based on external behaviors. A Pearson correlation coefficient was determined separately for the Treatment and Comparison groups, as presented in Tables 8 and 9.

For the Treatment group the BASE correlated .02 with the pretest and .13 with the posttest. For the Comparison group the BASE correlated .20 with the pretest and .30 with the posttest. Teacher ratings had a weak correlation with student self-ratings. They were more closely aligned to the normal curve, while student ratings were negatively skewed and showed a higher correlation with their own pretest ratings. Teacher ratings showed a higher correlation to posttest than pretest ratings for both the Treatment and Comparison group. The self-ratings of the Comparison group showed a higher correlation with teacher ratings than did the ratings of the Treatment group on both the pre- and posttest.

Insert Table 8 about here

Insert Table 9 about here

V. Ancillary Question 2--Piers-Harris Item Differences by Occasion

To discover the items on the Piers-Harris which showed the greatest change following treatment, a multi-way contingency table analysis was conducted using SPSS-X (1983). Prior to analysis, all questions were sorted under the self-esteem instructional session headings to which they corresponded: SECURITY, SELFHOOD, AFFILIATION, and MISSION/COMPETENCE, as reported in Table 10. Questions that referred to family were classified under SECURITY. Descriptive characteristic questions such as shyness and strength were placed under SELFHOOD. Questions which dealt with relationships were

listed under AFFILIATION. Questions that discussed self-evaluation were filed under a combined MISSION/COMPETENCE heading because they suggested both assessment for goal setting and strategies for problem-solving, issues that were dealt with in separate sessions. Six questions referred solely to behavior. These questions were excluded.

Insert Table 10 about here

Questions on the Piers-Harris were then compared to self-esteem instructional categories to establish whether some lessons were more predictive of change than others. The crosstabulation of item results found the Treatment group changed to a low self-esteem response on 9 of the 80 items while the Comparison group changed to the low self-esteem response on 19 of the 80 items. All other changes were in a positive direction, as indicated in Table 11. The number of subjects who changed their response ranged from 0% to 22.6% for the Treatment group and 0% to 18.5% for the Comparison group.

Insert Table 11 about here

Differences in response changes from the pretest to the posttest were assessed. The Treatment group had the top five net changes on items: (a) 8 (20.7% change), (b) 60 and 62 (16.9% change), (c) 71 (15.2% change), and (d) 20 (14.9% change). These items came from all four instructional components. The Comparison group shared fifth spot with a 14.9% change on item 55, followed by 73 (14.8% change), and 32 (14.6% change). The Treatment group scored a 13.3% net change on item 63 and 11.3% change on items 18 and 66. A 12.9% net change was recorded on item 42, 11.2% on item 77, 11.1% on items 49 and 54, and 11.0% on item 33 for the Comparison group. All other net changes were less than 10.0%.

Response changes for the Treatment group were scattered over all components, as shown in Table 10. No changes were made on items 1, 13, 16, 25, 28, 34, 49, 52, 59, 73, and 75. These items were concentrated in the SELFHOOD component.

The greatest changes occurred on SECURITY and AFFILIATION items. This indicates some response to the

instruction. The SECURITY items that changed suggest generalization of instruction to the home situation. The AFFILIATION items that changed are directly responsive to the lessons that discussed ways to meet friends and that elicited the characteristics of a good friend. On the Piers-Harris posttest the Treatment group felt it was now easier to make friends, fewer wanted their own way, and more wished to work in a group, rather than alone. More subjects in the Treatment group indicated "When I grow up I will be an important person" (Piers & Harris, 1969, item 9) and fewer would give up easily. This response change may reflect the lesson that taught the students to empower themselves by assessing their needs, setting goals, and solving problems. They also indicated, "I am different from other people" (Piers & Harris, 1969, item 77). Although this is considered a negative response, the self-esteem lessons asked the subjects to view themselves as unique individuals and it appears to have been effective.

Unlike the Treatment group, the Comparison group changes were concentrated in the SELFHOOD and MISSION/COMPETENCE components, as presented in Table 10. No changes were made on items 1, 3, 4, 14, 22, 35, 46,

50, 59, and 67. These items were concentrated in AFFILIATION and none were from MISSION/COMPETENCE.

The greatest change occurred on item 32, a behavior item. Several of the large net change questions for the Comparison group were on items that overlapped; their response changes were not as varied as Table 10 appears to indicate. Two of the overlapping questions asked about body shape (SELFHOOD) and three asked whether or not they had good ideas.

The Comparison group increased the number of high esteem responses, on the MISSION/COMPETENCE component, to items such as worrying about tests, working slowly, and daydreaming. Distribution of change for this component was fairly equal between the two groups.

This study contributes additional information to the self-esteem literature. Group differences were not significant for treatment, grade, or level. Teacher ratings of self-esteem showed a weak correlation with student self-ratings. Piers-Harris item response differences indicate instruction contributed to changes in the subjects' views of SECURITY and AFFILIATION, and provided some insight into group dynamics during the study.

CHAPTER FIVE

SUMMARY AND CONCLUSIONS

The British Columbia Ministry of Education, in its Year 2000 documents, emphasizes the importance of enhancing self-esteem in the classroom (Ministry of Education, 1989, 1990a, 1990b). Several schools in Surrey have selected the topic of self-esteem for their professional development studies, and many teachers have attended workshops which suggest programs that help teachers build self-esteem in their classrooms. This study provides empirical evidence of the effectiveness of such programs.

I. Discussion of Hypotheses

The results of this study indicate that there was no significant increase in self-esteem scores for the Grade 5 and Grade 7 students who participated in a 12-lesson program of self-esteem instruction or for the at-risk, low self-esteem students. Correlations between student and teacher measures were weak. The relationship between the instructional components and items on the Piers-Harris suggested that instruction contributed to the response changes on the posttest.

The analysis of variance indicated there was a significant increase in self-esteem for both the Treatment and Comparison groups on the posttest. Mean score increases for both groups indicates self-esteem is not stable over the short term--it can be influenced by external factors. Although the increase in mean scores is not a result of the instruction, it may be attributed to several explanations. The increase may be the result of testing--the pretest may have initiated change, independent of treatment effects. Piers (1984) found that both high and low scores on the Piers-Harris tend to increase by about five points on the retest, rather than regress to the mean. The increase may be the result of ecological influences such as setting, teacher behavior, school atmosphere, or home environment. The study began at the end of September, after the students had one month to settle into their new setting, yet within the timeframe for adjustment to new teachers and new routines. The increase in scores may be a reflection of normal fluctuations in self-esteem during that adjustment time. The common element in all four classrooms was the teacher and in each case she planned for an encouraging atmosphere, effective praise, and recognition of success. The school had a reputation as

an environment in which students were respected and valued. The students came from fairly stable, middle-class homes where they were generally encouraged and supported by their parents.

Mean scores for the combined Grade 5 classes were not significantly different from those of the combined Grade 7 classes. These findings contradict other studies (Rosenberg, 1981; Walker, 1991) which found the self-esteem of young adolescents became lower and less stable than the self-esteem of their younger peers. Additional research is needed to clarify this discrepancy between studies.

The median scores on the pre- and posttest for the Treatment group and for the Comparison group were all above average on the Piers-Harris norms. Such healthy self-esteem scores may have left little room for improvement following treatment, except for those students whose self-esteem is at risk. The results of the ANCOVA indicated no statistically significant differences for level of self-esteem. Therefore, we can conclude that the instructional intervention did not have a greater effect for those subjects with pretest scores below the average than for those subjects with pretest scores above the average.

The lack of significant differences for the Treatment group may be partly attributable to certain questions on the Piers-Harris which conflict with the intent of the instructional program, such as: "I am lucky", or "I am different from other people" (Piers & Harris, 1969). The program taught the Treatment group that empowerment comes from effort and persistence, rather than luck. It also taught students to value their uniqueness. Those responses which reflected such teachings would decrease the student's self-esteem score.

II. Discussion of Ancillary Questions

Teacher ratings of the behavioral component of students' self-esteem showed a very low correlation with student self-ratings. This suggests that the two instruments are not measuring the same thing, even though they appear to be very similar. For example, the BASE asks teachers if the student, "readily expresses opinions" or "initiates new ideas" (Coopersmith, 1979). While such behaviors are regarded as evidence of high esteem in an educational setting, some students do not aspire to or value these behaviors. Consequently, the teacher will not observe them and the student's score

will reflect a lower self-esteem than a peer who does value them. The BASE appears to measure only one aspect of self-esteem while the Piers-Harris appears to be a measure of generalized self-esteem.

These gaps between teacher and student ratings also suggest that teachers do not see students as students see themselves. Itskowitz, Navon & Strauss (1988) found that "Clinical work with elementary school teachers frequently reveals a striking gap between their perceptions of pupils' self-image and that reported by the children themselves" (p. 337). Several researchers believe self-ratings to be the best assessment of one's self-esteem (Burns, 1982; La Greca, 1990). The differences in teacher and student ratings should be examined more closely to assess whether teachers remain as consistent with their ratings as the students and to determine why their ratings are so weakly correlated.

Examination of individual Piers-Harris item responses offers a more definitive explanation of the effect of an instructional intervention. Changes from low esteem to high esteem responses were noted across the program components for the Treatment group. This may indicate a greater understanding of the concept and therefore greater opportunity for reaching and

maintaining healthy self-esteem in the future. While the Comparison group changed responses tied to their own characteristics (SELFHOOD), the Treatment group changed responses on their view of themselves in relationships with others (AFFILIATIONS). These response changes indicate that instruction, particularly those components taught first--SECURITY, SELFHOOD, and AFFILIATION, may have begun to enhance the self-esteem of the Treatment group. Perhaps the assessment of the latter lessons was premature. These results support ongoing interventions.

III. Conclusions

The hypotheses of this study must be rejected. The conclusion can be drawn that a 12-lesson self-esteem program does not have a significant effect on the self-esteem of Grade 5 and Grade 7 students. The program had no greater effect for the at-risk students than for those with healthy self-esteem. Differences between Treatment and Comparison group responses to items on the Piers-Harris suggests fledgling support for instructional programs which they provide students with the information they may need later in life, to make choices which will enhance their self-esteem.

Ecological factors, such as teacher behavior, may have

contributed to the increased self-esteem of the subjects in this study.

IV. Limitations of the Study

Some limitations to the study should be considered when interpreting these results. Although the study introduced information which would usually cover a four month time span in a regular classroom, it may take much longer for students to internalize this training. Self-esteem is thought to be relatively stable (Coopersmith, 1967; Piers, 1984) and change may not be detected within the time limitations of this study. The effects of a more extensive program, one which would allow the students more time to practice the skills introduced in the treatment program, may achieve significance. Second, it is probable that ecological factors, such as teacher behavior (Boessing & Sasseen, 1980; Priest, 1988), school atmosphere (Black, 1991, Borba & Borba 1989), home environment, or peers (Walker, 1991) may have confounded the results. Finally, quantitative measures such as the Piers-Harris and the BASE may not be sensitive enough to detect significant changes in self-esteem. Differences in item responses suggest the immediate effect of instruction might be

more efficiently measured through interviews--with the students, the teachers, and the family--combined with independent observations.

V. Implications for Education

The findings of this study indicate that self-esteem instructional programs, such as those currently on the market, do not have empirical support of their effectiveness. Nevertheless, teachers feel such programs are beneficial to students, especially teachers of at-risk students. They may be right. We do not know the long term effects of self-esteem training. It may be that individuals will call upon their training at a time in their life when they are facing assaults to their self-esteem, something they may not face as elementary school students. Current published programs are certainly effective guides to the teaching of individual skills such as goal setting, appropriate risk-taking, and problem solving at a time when many children require more training in the acquisition of these skills. Educators must weigh the benefits with the concerns when deciding whether self-esteem instruction can be an effective component of their curriculum.

VI. Implications for Research

Replication of this study with other populations, such as inner city, multiracial schools and subjects from schools in less stable neighborhoods is warranted because the results of this study only generalize to population samples similar to those of the subjects of this study. Further research should investigate the effect of teacher behavior and isolate ecological factors which contribute to increased self-esteem. Long term follow-up should be planned. Ideally, the study might continue for an entire school year, with testing a year after instruction, to assess generalization over time. A locus of control measure, such as those used in the counseling studies, may be a more discriminating method of substantiating the results of the self-esteem measures. Qualitative measures of self-esteem should be included.

The importance of self-esteem to the intellectual, personal, and social well-being of the students in our schools mandates the continued quest for effective interventions.

REFERENCES

Avazian, K.L. (1987). The effects of learning disabilities on a child's self-concept. Unpublished doctoral dissertation. CA.: Biola University. (ERIC Document Reproduction Servive No. ED290 281)

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. Psychological Review, 84, 191-215.

Battle, J. (1982). Enhancing self-esteem & achievement: A handbook for professionals. Seattle, Wash.: Special Child Publications.

Battle, J. (1987). 9 to 19 crucial years for self-esteem in children & youth. Seattle, Wash.: Special Child Publications.

Beane, J.A. & Lipka, R.P. (1980). Self-concept and self-esteem: a construct differentiation. Child Study Journal, 10(1), 1-6.

Beane, J.A. (1992). Self-esteem and social relations intertwined. Education Leader, 5(8), 5.

Bear, G.G., Clever, A., & Proctor, W.A. (1991). Self-perceptions of nonhandicapped children and children with learning disabilities in integrated classes. The Journal of Special Education, 24(4), 409-426.

Berliner, D. (1985). Can we help children stay enthusiastic about school? Instructor, 95, 12-13.

Black, S. (1991). Self-esteem sense and nonsense. The American School Board Journal, July, 27-29.

Boersma, F.J., Chapman, J.W., & Battle, J. (1979). Academic self-concept change in special education students: some suggestions for interpreting self-concept scores. The Journal of Special Education, 13(4), 433-441.

Boessing, L. & Sasseen, B. (1980). Building positive self-concepts in fourth grade students. Unpublished manuscript. (ERIC Document Reproduction Service No. ED 212 366)

Borba, M. & Borba, C. (1989). Esteem builders: A K-8 self-esteem curriculum for improving student achievement, behavior and school climate. Rolling Hills Estates, CA.: Jalmar Press.

Brennan, A. (1985). Participation and self-esteem: a test of 6 alternate explanations. Adolescence, 20(78), 445-446.

Burns, R. (1982). Self-concept development and education. New York: Holt, Rinehart and Winston.

Byrne, B.M. (1984). The general/academic self-concept normological network: a review of construct validation research. Review of Educational Research, 54(3), 427-456.

Byrne, B.M. & Shavelson, R.J. (1986). On the structures of adolescent self-concept. Journal of Educational Psychology, 78(6), 473-481.

Canfield, J. & Wells, H. (1976). 100 ways to enhance self-concept in the classroom: a handbook for teachers and parents. Englewood Cliffs, N.J.: Prentice-Hall.

Cato, J. (Ed.) (1992). School boards' group seeks national consensus on education goals. Education Leader, 5(9), 3.

Chapman, J.W. (1988). Cognitive-motivational characteristics and academic achievement of learning disabled children: a longitudinal study. Journal of Educational Psychology, 80(3), 357-365.

Chapman, J.W. & Boersma, F.J. (1979). Academic self-concept in elementary learning disabled children: A study with the student's perception of ability scale. Psychology in the Schools, 16(2), 201-206.

Clemes, H. & Bean, R. (1986). How to raise children's self-esteem. Los Angeles, CA.: Price/Stern/Sloan Publishers.

Cooley, E.J. & Ayres, R.R. (1988). Self-concept and success-failure attributions of nonhandicapped students and students with learning disabilities. Journal of Learning Disabilities, 21(3), 174-178.

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

Coopersmith, S. (1979). Behavioral academic self-esteem scale. Consulting Psychologists Press.

Covington, M.V. (1989). Self-esteem and failure in school: analysis and policy implications. In A.M. Mecca, N.J. Smelser, & J. Vasconcellos (Eds.), The social importance of self-esteem (pp. 74-89). Berkeley: University of California Press.

Dembrowsky, C. (1979). Affective skill development for adolescents. Lincoln, NE: Selection Research.

Dixon, W.J. (Ed.) (1985). BMDP statistical software [Computer Program Manual]. Berkeley: University of California Press.

Erikson, E. (1963). Childhood and Society. N.Y.: W.W. Norton.

Festinger, L.A. (1954). A theory of social comparison processes. Human Relations, 2, 117-140.

Forte, I. (1983). The me I'm learning to be. Nashville, TN.: Incentives Publications, Inc.

Friedland, S. (1992). Building student self-esteem for school improvement. NASSP Bulletin, January, 96-102.

Gurney, P.W. (1987). Self-esteem enhancement in children: a review of research findings. Educational Research, 29(2), 130-136.

Hansford, B.C. & Hattie, J.A. (1982). The relationship between self-esteem and achievement/performance measures. Review of Educational Research, 52(1), 123-142.

Hasentab, J.K. (1987). Approval: a mighty motivator. Teaching Today, Mar./Apr., 13-14.

Hopkins, K.D., Glass, G.V., & Hopkins, B.R. (1987). Basic statistics for the behavioral Sciences. Englewood Cliffs: Prentice-Hall.

Hoy, C. (1986). Preventing learned helplessness. Academic Therapy, September, 11-18.

Hughes, H. (1984). Measures of self-concept and self-esteem for children ages 3-12 years: a review and recommendations. Clinical Psychology Review, 4, 657-692.

Itskowitz, R., Navon, R., & Strauss, H. (1988). Teachers' accuracy in evaluating students' self-image: effect of perceived closeness. Journal of Educational Psychology, 80(3), 337-341.

Jeske, R. (1985). Review of Piers-Harris children's self-concept scale (The way I feel about myself). In J. Mitchell (Ed.), The Ninth Mental Measurement Yearbook (pp. 960-961). Lincoln: The Buros Institute of Mental Measurements.

Johnson, R.T., Johnson, D.W., & Rynders, J. (1981). Effect of cooperative, competitive, and indvidualistic experiences on self-esteem of handicapped and nonhandicapped students. The Journal of Psychology, 108, 31-34.

Kistner, J., Haskett, M., White, K., & Robbins, F. (1987). Perceived competence and self-worth of LD and normally achieving students. Learning Disability Quarterly, 10, 37-44.

La Greca, A.M. (1990). Through the eyes of the child: obtaining self-reports from children and adolescents. Toronto: Allyn & Bacon.

Layden, M. (1982). The effect of attributional style change on self-esteem and depression. Unpublished manuscript. (ERIC Document Reproduction Service No. ED 227 432)

McMillan, J.H. & Schumacher, S. (1989). Research in education a conceptual introduction. Glenview, Il.: Scott, Foresman.

Margalit, M. & Zak, I. (1984). Anxiety and self-concept of learning disabled children. Journal of Learning Disabilities, 17(9), 537-539.

Mecca, A.M., Smelser, N.J., & Vasconcellos, J. (1989). The social importance of self-esteem. Berkeley, CA.: University of California Press.

Ministry of Education (1989). The Primary program draft. Victoria: Province of British Columbia.

Ministry of Education (1990a). Intermediate program: Learning in British Columbia response draft. Victoria: Province of British Columbia.

Ministry of Education (1990b). Learning for living: primary-graduation curriculum guide. Victoria: Province of British Columbia.

Myers J.L. & Well, A.D. (1991). Research design and statistical analysis. N.Y.: HarperCollins.

Nelson, L.R. (1974). Guide to Lertap use and interpretation [Compurter Program Manual]. Dunedin, N.Z.: University of Otago Press.

Omizo, M.M. & Omizo, S.A. (1987). The effects of eliminating self-defeating behavior of learning-disabled children through group counselling. The School Counselor, March, 283-288.

Paterson, K. (1989). The withdrawn student. Classroom, May/June, 41-42.

Peturson, R. (Speaker) (1989, March). Celebrating Science. Toronto.

Piers, E. (1984). Piers-Harris children's self-concept scale revised manual. Los Angeles: Western Psychological Services.

Piers, E. & Harris, D. (1969). The way I feel about myself: The Piers-Harris children's self-concept scale. Los Angeles: Western Psychological Services.

Priest, D. (1988). Increasing teacher awareness of the importance of self-esteem in primary grade children through training sessions. Unpublished manuscript. (ERIC Document Reproduction Service No. ED 293 653)

Purkey, W.W. (1970). Self concept and school achievement. Englewood Cliffs, N.J.:Prentice-Hall.

Ramsey, E. & Walker, H.M. (1988). Family management correlates on antisocial behavior among middle school boys. Behavioral Disorders, 13(3), 187-201.

Reasoner, R.W. (1982). Building self-esteem: teacher's guide and classroom materials. Palo Alto, CA.: Consulting Psychologists Press, Inc.

Rosenberg, M.S. (1973). Which significant others? American Behavioral Scientist, 16, 829-860.

Rosenberg, M.S. (1981). The self-concept: social product and social force. In M.S. Rosenberg & R.H. Turner (Eds.). Social psychology: sociological perspectives (pp. 593-624). N.Y.: Basic Books.

Samuels, S.C. (1977). Enhancing self-concept in early childhood, theory and practice. New York, N.Y.: Human Sciences Press.

Sarokan, P. (1986). Student self-esteem: a goal administrators can help to achieve. NASSP Bulletin, 70(487), 1-5.

Schilling, D.E. (1986). Self-esteem: concerns, strategies, resources. Academic Therapy, 21(3), 301-307.

Searcy, S. (1988). Developing self-esteem. Academic Therapy, 23(5), 453-460.

Shavelson, R.J. & Bolus, R. (1982). Self-concept: the interplay of theory and methods. Journal of Educational Psychology, 74(1), 3-17.

Shavelson, R.J., Hubner, J.J., & Stanton, G.C. (1976). Self-concept validation of construct interpretations. Review of Educational Research, 46(3), 407-441.

Sheare, J.B. (1978). The impact of resource programs upon the self-concept and peer acceptance of learning disabled children. Psychology in the Schools, 15(3), 406-412.

Silverman, R. & Zigmond, N. (1983). Self-concept in learning disabled adolescents. Journal of Learning Disabilities, 16(8), 478-482.

Silvernail, D.L. (1985). Developing positive student self-concept. Unpublished manuscript. (ERIC Document Reproduction Service No. ED 314 208)

Smelser, N.J. (1989). Self-esteem and social problems: an introduction. In A.M. Mecca, N.J. Smelser, & J. Vasconcellos (Eds.), The social importance of self-esteem (pp. 1-10). Berkeley: University of California Press.

Smith, M.D., Dokecki, P.R., & Davis, E.E. (1977). School-related factors influencing the self-concepts of children with learning problems. Peabody Journal of Education, 54, 185-195.

SPSS-X. (1983) [Computer Program Manual]. Toronto: McGraw Hill.

Steinem, G. (1992). Revolution from within: a book of self-esteem. Toronto: Litle, Brown.

The Schwarzkopf message. (1992, June 15). Financial Post, p. 10.

Walker, E. (1991). Changing self-esteem: the impact of self-esteem changes on at-risk student's achievement. Newark, NJ.: Board of Education. (ERIC Document Reproduction Service No. ED 334 304)

Wasserman, T. (1988). Improving first grade students' affective behavior through implementing a self-esteem program. Unpublished manuscript. (ERIC Document Reproduction Service No. ED 327 274)

Watts, W.J. (1982). Enhancing self-concept of LD adolescents: one approach. Academic Therapy, 18(1), 95-101.

Webber, C.F. (1990). Building students' self-esteem. The Canadian School Executive, March, 6-13.

Wilson, N.H. & Rotter, J.C. (1986). Anxiety management training and study skills counseling for students on self-esteem and test anxiety and performance. TheSchool Counselor, September, 19-31.

Winne, P.H., Marx, R.W., & Taylor, T.D. (1977). A multitrait-multimethod study of three self-concept inventories. Child Development, 48, 893-901.

Wylie, R.C. (1979). The self-concept. Vol. 2, Theory and research on selected topics. Lincoln: University of Nebraska Press.

APPENDIX A

LESSON PLAN

Lesson 1 - INTRODUCTION -

PURPOSE: The students will gain an understanding of the five components of self-esteem and its definition.

What is self-esteem? - How I feel about who I am

The components are - a)SECURITY
b)SELFHOOD
c)AFFILIATION
d)MISSION
e)COMPETENCE

whole group

a)generate ideas regarding esteem components

individual

b)students will begin a title page which must include the component terms and the definition as well as appropriate pictures

whole group

c)teacher will lead a discussion during which students will differentiate statements reflecting low/high self-esteem

as the teacher reads them from Clemes & Bean (1986, p. 6 & 7)

d) students will gain an understanding of behaviors associated with low self-esteem (such as alcoholism, drug abuse, dropping out of school and suicide) and high self-esteem (such as higher education, personal successes, citizenship, and accepting safe challenges)

Lessons 2 & 3 - <u>SECURITY</u> - Who can I trust?

PURPOSE: The students will recognize that security develops when their basic physiological needs are met and trusting relationships have been established

whole group

a) complete security evaluation

b) listen to story of Teddy Roosevelt

What made him feel that he could follow his interests?

- basic needs satisfied
- given clear limits
- family support/acceptance
- he was allowed choices

small group

c)quote activity

individual

d)students will make a List of People I Can Depend On (Borba & Borba, 1989, p. 71)

(NB-pace of change in today's society affects security

- information, jobs, locations, technology)

e)students will list family strengths and weaknesses on an outline of a child which they will draw in their books. These may include:

- physical strengths and weaknesses
- academics/athletics
- abilities/interests
- traits/beliefs

CONCLUSION: Review the security evaluation with regard to insight gained from the above exercises.

Lessons 3 & 4 -SELFHOOD - How am I unique?

PURPOSE: The students will develop an appreciation of their uniqueness

whole group

a)complete selfhood evaluation

b)students will listen to a story of Rosa Bonheur and discuss her self-concept with regard to:

- background
- physical characteristics
- roles/attitudes
- personality traits
- interests/capabilities

small group

c)quote activity

individual

d)students will construct of ladder of the successes in their lives (that is something they succeeded at due to their own effort)

e)students will have the option of completing a RESUME (Borba & Borba, 1989, p. 135) which documents their unique talents

CONCLUSION: Review the selfhood evaluation with regard to insight gained from the above exercises.

Lessons 5 & 6 - <u>AFFILIATION</u> - What are my friendship skills?

PURPOSE: Students will begin to recognize some advantages of affiliation and examine behaviors which enhance the development of healthy relationships.

whole group

a)complete affiliation evaluation

b)students will listen to a story about Mark Twain and discuss the characteristics of a good friend:

- shares interests
- considerate
- cooperative
- loyal
- thoughtful
- keeps secrets

and the importance of a friendship:

- gives a sense of belonging
- reinforces beliefs while maintaining individuality

small group

c)quote activity

d)What is a Friend? (Borba & Borba, 1989, p. 198) groups will list and rank friendship characteristics

e)Friendship Openers (Borba & Borba, 1989, p. 200) groups will list statements that initiate conversations

CONCLUSION: Review the affiliation evaluation with regard to insight gained from the above exercises.

Lessons 7, 8, & 9 - MISSION - What are my goals?

PURPOSE: Students will begin to understand how they can take charge of their lives by developing goals

individual

a)complete mission evaluation

whole group

b)listen to a story about George Washington Carver. Discuss his goals and develop goal-setting guidelines:

aim - to learn botanical names
steps - read speller, then Bible, then go to school
now - can't read at all
future - to be a good reader
GOAL - to read botany books
time - 1 year

c)read the Schwarzkopf message (Financial

Post, 1992, p. 10):

- have a mission
- write down five aims daily
- fix problems now
- don't repaint the flagpole
- set high standards

small group

d) quote activity

individual

e) My Own Report Card (Reasoner, 1982, p. 323). Students will complete a self-evaluation

f) Weekly Goal Card (Borba & Borba, 1989, p. 255) Students will set a goal, following all the above steps, which can be achieved in one week. Discuss ways to deal with problems with interfere with success.

CONCLUSION: Review the mission evaluation with regard to insight gained from the above exercises.

Lessons 9, 10, & 11 - COMPETENCE - How can I become aware of my accomplishments?

PURPOSE: Students will learn how to profit from

mistakes, evaluate their progress, and eliminate self-defeating behavior.

individual

a)complete competence evaluation

whole group

b)listen to a story about Thomas Alva Edison. Discuss his reaction his mistakes:

- tools for learning or
- reasons for quitting

c)Challenges (Reasoner, 1982, p. 295)

Students will evaluate their approach to challenges

d)Discuss self-defeating behavior

- run away
- make excuses
- powerless thinking

e)How do you disown it?

- acknowledge it
- deal with the fear
- set a goal
- handle the stress
- use power thinking

f)Develop a Winner's Risk Plan (Dembrowski,

1979) Students will formulate a plan (Using the above five steps) to develop a competency in an educational area previously untried, unsuccessful or underdeveloped

g) Now Hear This (Borba & Borba, 1989, p.312) Students complete a list of the past week's successes.

small group

h) quote activity

CONCLUSION: Review the competence evaluation with regard to insight gained from the above exercises.

Lesson 12 - SUMMARY AND CONCLUSION

PURPOSE: Students will look at self-esteem holistically and develop a self-empowering plan.

whole group

a) **Empowerment Cycle** (Borba & Borba, 1989, p. 421) Students will explain the cycle, with examples from their experience.

b) Students will evaluate their own self-esteem level, based on information gained during the sessions, and list things

they can do to enhance or maintain it.

TABLE 1

A COMPARISON OF THE STAGES OF SELF-ESTEEM DEVELOPMENT

FESTINGER	COOPERSMITH	BANDURA
	power	
	virtue	
significant others	significance	
	competence	locus of control
		self-efficacy

REASONER	CLEMES/BEAN	BORBA
security		security
identity	uniqueness	selfhood
belonging	connectedness	affiliation
purpose	models	mission
competence	power	competence

TABLE 2
SUMMARY OF INTERVENTION STUDIES

AUTHOR(S) DATE	GROUP	SUBJECTS GR./AGE	N	TREATMENT TYPE	TREATMENT TIME	INSTRUMENT	DEPENDENT VARIABLES	RESULTS
BOESSING	low math	gr.4	16	instruction	8wks	How I See	self-	25+
& SASSEEN				OXO		Myself	concept	17=
(1980)								14-
LAYDEN	low s-est			grp couns lg	5wks	SEI (Coop)	self-est	IEp<.005
(1982)	high depr.			Qmanip XO		26DOT, D-30	depressn	I p<.005
				O O		Attr.Ques.		E p<.025
						Beck Depr.		
Onizo &	LD	12-15yrs	60	grp couns lg	7wks	SEI (Coop)	self-est	p<.01
Onizo				OXO		LOCITAD	locus of	
(1987)				OXO			control	
Priest	teachers	primary	10	instruction	10ssns	Dev. & Cog	self-est	incrsd
(1988)				OXO	45min	Lvls-Primy		scores
						Tchg Tech.		

WALKER (1991)	at-risk	gr.3-8	270T 183C	grp counslg OXO O O	1yr	SEI (Coop) CTBS (CA)	self-est achievmt attndnce	Gr.3-4p<.05 Hispanp<.01 males p<.01
Wasserman (1988)	private school	gr.1	67	instruction OXO	10wks	BASE(Coop) (parents) Self-Obser (Katzen-meyer)	self-est	not sign.

TABLE 3

PIERS-HARRIS OVERALL MEANS AND STANDARD DEVIATIONS

OCCASION	MEANS		S.D.	
	TREATMENT	COMPARISON	TREATMENT	COMPARISON
PRETEST	63.58	62.48	11.15	12.62
POSTTEST	67.10	65.83	12.01	13.35

TABLE 4

Analysis of Variance of Self-Esteem Scores by Treatment, Grade, and Occasion

SOURCE OF VARIANCE	SUM OF SQUARES	DEGREES FREEDOM	MEAN SQUARE	F	P
Total	871920	1	871920	3220.00	0.00**
Between subjects (S)					
Treatment (T)	72.74	1	72.74	0.27	0.60
Grade (G)	87.62	1	87.62	0.32	0.57
TG	190.39	1	190.39	0.70	0.40
S(TG)	27076.00	100	270.76		
Within subjects					
Occasion (O)	612.74	1	612.74	17.33	0.00**
TO	.39	1	.39	0.01	0.91
GO	.24	1	.24	0.01	0.93
TGO	17.89	1	17.89	0.51	0.47
SO(TG)	3535.20	100	35.35		

* p<.05 **p<.01

TABLE 5

PIERS-HARRIS MEAN SCORES BY TREATMENT, OCCASION, and GRADE

		PRETEST	POSTTEST
TREATMENT	GRADE 5	64.92	68.96
	GRADE 7	62.23	65.23
	COMBINED	63.58	67.10
COMPARISON	GRADE 5	62.50	65.19
	GRADE 7	62.46	66.46
	COMBINED	62.48	65.83
	TOTAL COMBINED	62.36	66.47

TABLE 6

PIERS-HARRIS MEAN SCORES BY GRADE,

TREATMENT and OCCASION

		PRETEST	POSTTEST
GRADE 5	TREATMENT	64.92	68.96
	COMPARISON	62.50	65.19
	COMBINED	63.71	67.08
GRADE 7	TREATMENT	62.23	65.23
	COMPARISON	62.46	66.46
	COMBINED	62.35	65.85

TABLE 7

Analysis of Covariance for

Self-Esteem Treatment by Level

SOURCE OF COVARIANCE	SUM OF SQUARES	DF	MEAN SQUARE	F	P
Covariate	2624.97	1	2624.97	39.10	0.00**
Total	182.55	1	182.55	2.72	0.10
Treatment	10.43	1	10.43	0.16	0.69
Level	5.01	2	2.51	0.04	0.96
TL	135.80	2	68.40	1.02	0.36
Error	6511.88	97	67.13		

*p<.05 **p<.01

TABLE 8

Pearson Correlation Coefficients of Student and Teacher Ratings for Treatment Group

Ratings	1. Pretest	2. Posttest	3. Teacher
1. Student Pretest		0.73**	0.02
2. Student Posttest			0.13
3. Teacher Rating			

*p<.05, **p<.01

TABLE 9
Pearson Correlation Coefficients of Student and Teacher Ratings for Comparison Group

Ratings	1. Pretest	2. Posttest	3. Teacher
1. Student Pretest		0.81**	0.20
2. Student Posttest			0.30
3. Teacher Rating			

*p<.05 **p<.01

TABLE 10

CHANGE IN GROUP RESPONSES TO PIERS-HARRIS QUESTIONS ITEMIZED ACCORDING TO SELF-ESTEEM COMPONENTS

SECURITY	SELFHOOD	AFFILIATION	MISSION/ COMPETENCE
T-04-CZ	02	TZ-01-CZ	T-07
17	04-CZ	T-03-CZ	T-09
T-38	T-05	T-18	10-C
T-44	T-06	27	TZ-13
47	T-08	33-C	TZ-16-C
TZ-59-CZ	15	T-40	T-19
T-62	TZ-28	42-C	T-20
72	29-C	T-46-CZ	21
74	T-36	48	T-23
	37	TZ-49-C	24
	41	T-51	26-C
	50-CZ	56	30
	TZ-52-C	57	31-C
	54-C	T-58	39
	55-C	65	43
	T-60	67-CZ	45-C
	64	69	53

68-C	T-71	61
73-C	76	T-63
TZ-75		T-66
T-79		70
		77-C
		78-C
		80

NOTE. T=Treatment Group change of more than 5%

C=Comparison Group change of more than 5%

TZ=Treatment Group change of zero

CZ=Comparison Group change of zero

TABLE 11

CROSSTABULATION OF PIERS-HARRIS ITEM RESPONSES

ITEM	TREATMENT		CHANGE	COMPARISON		CHANGE
	PRE	POST	%	PRE	POST	%
	YES/NO			YES/NO		
1	5/48	5/48	0.0	7/47	7/47	0.0
2	50/3	48/5	-3.8	53/1	49/5	-7.4
3	8/45	5/48	+5.8	5/49	5/49	0.0
4	8/45	10/43	-3.8	9/45	9/45	0.0
5	46/7	51/2	+9.4	48/6	50/4	+3.7
6	21/32	19/34	+3.8	17/37	18/36	-1.9
7	21/32	12/41	+17.0	18/36	13/41	+9.2
8	14/39	6/47	+15.1	6/48	9/45	-5.6
9	48/5	52/1	+7.5	44/10	45/9	+1.9
10	14/39	10/43	+7.5	23/31	15/39	+14.8
11	10/43	7/46	+5.6	15/39	12/42	+5.6
12	48/5	50/3	+3.8	47/7	50/4	+5.6
13	6/47	6/47	0.0	4/50	6/48	-3.7
14	2/51	5/48	-5.6	5/49	5/49	0.0
15	35/18	41/12	+11.3	38/16	45/9	+13.0
16	49/4	49/4	0.0	45/9	50/4	+9.2
17	51/2	49/4	-3.8	52/2	51/3	-1.9
18	19/34	12/41	+13.2	18/36	17/37	+1.9

19	39/14	45/8	+11.3	33/21	42/12	+16.7
20	6/47	2/51	+7.5	7/47	11/43	-7.4
21	50/3	51/2	+1.9	47/7	50/4	+5.6
22	4/49	2/51	+3.8	4/50	4/50	0.0
23	40/13	41/12	+1.9	31/23	35/19	+7.4
24	34/19	36/17	+3.8	31/23	33/21	+3.7
25	4/49	4/49	0.0	2/52	3/51	-1.9
26	17/36	15/38	+3.8	20/34	13/41	+13.0
27	34/19	39/14	+9.4	37/17	44/10	+13.0
28	9/44	9/44	0.0	9/45	10/44	-1.9
29	41/12	42/11	+1.9	34/20	38/16	+7.4
30	32/21	40/13	+15.1	29/25	36/18	+13.0
31	7/46	10/43	-5.7	11/43	9/45	+3.7
32	19/34	17/36	+3.8	29/25	19/35	+18.5
33	44/9	45/8	+5.7	42/12	51/3	+16.7
34	7/46	7/46	0.0	7/47	4/50	+5.6
35	43/10	48/5	+9.4	48/6	48/6	0.0
36	41/12	44/9	+5.7	43/11	42/12	-1.9
37	20/33	14/39	+11.3	22/32	16/38	+11.1
38	11/42	9/44	+3.8	11/43	13/41	-3.7
39	47/6	48/5	+1.9	46/8	49/5	+5.6
40	15/38	13/40	+3.8	13/41	15/39	-3.7
41	43/10	45/8	+3.8	42/12	45/9	+5.6
42	42/11	43/10	+1.9	35/19	43/11	+14.8

43	8/45	6/47	+3.8	10/44	7/47	+5.6
44	43/10	48/5	+9.4	45/9	47/7	+3.7
45	13/40	12/41	+1.9	11/43	5/49	+11.1
46	17/36	13/40	+7.5	18/36	18/36	0.0
47	7/46	8/45	-1.9	8/46	11/43	-5.6
48	4/49	2/51	+3.8	6/48	2/52	+7.4
49	41/12	41/12	0.0	37/17	43/11	+11.1
50	7/46	5/48	+3.8	7/47	7/47	0.0
51	45/8	48/5	+5.7	49/5	48/6	-1.9
52	46/7	46/7	0.0	46/8	49/5	+5.6
53	4/49	3/50	+1.9	6/48	3/51	+5.6
54	36/17	37/16	+1.9	34/20	41/13	+13.0
55	51/2	50/3	-1.9	46/8	53/1	+13.0
56	8/45	7/46	+1.9	8/46	6/48	+3.7
57	42/11	44/9	+3.8	40/14	42/12	+3.7
58	8/45	7/46	+1.9	10/44	12/42	-3.7
59	2/51	2/51	0.0	3/51	3/51	0.0
60	34/19	41/12	+13.2	46/8	44/10	-3.7
61	12/41	8/45	+7.5	13/41	11/43	+3.7
62	17/36	11/42	+11.3	10/44	13/41	-5.6
63	18/35	27/26	+17.0	20/34	22/32	+3.7
64	10/43	7/46	+5.7	9/45	5/49	+7.4
65	5/48	3/50	+3.8	9/45	8/46	+1.9
66	10/43	5/48	+9.4	10/44	11/43	-1.9
67	48/5	50/3	+3.8	51/3	51/3	0.0

68	15/38	14/39	+1.9	18/36	12/42	+11.10
69	42/11	47/6	+9.4	36/18	40/14	+7.4
70	41/12	44/9	+5.7	41/13	44/10	+5.6
71	21/32	9/44	+22.6	19/35	15/39	+7.4
72	42/11	45/8	+5.7	45/9	48/6	+5.6
73	35/18	35/18	0.0	37/17	45/9	+14.8
74	9/44	10/43	-1.9	10/44	9/45	+1.9
75	6/47	6/47	0.0	4/50	3/51	+1.9
76	51/2	53/0	+3.8	50/4	52/2	+3.7
77	28/25	32/21	-7.5	33/21	31/23	+3.7
78	9/44	5/48	+7.5	9/45	2/52	+13.0
79	13/40	10/43	+5.7	12/42	14/40	-3.7
80	50/3	51/2	+1.9	54/0	53/1	-1.9

NOTE. + indicates correct responses

\- indicates incorrect responses

FIGURE 1 A Representation of Coopersmith's Theory of Self-Esteem