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# Self-Esteem

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**ABSTRACT** *Although self-esteem is a well-researched topic, there are some aspects of self-esteem that have been left out of the research. The I've Got Self-Esteem Questionnaire (IGSEQ), a 10-item measure, seeks to balance the existing research focusing on mother-figure support and inborn aspects of appearance by conversely evaluating self-esteem through the domains of father-figure support and controllable aspects of appearance, such as personal hygiene and grooming. Using a 4-point Likert scale, the IGSEQ was administered to a convenience sample of 101 college-age students (64 female and 37 male). The IGSEQ demonstrated acceptable internal consistency ( $\alpha = .73$ ) and had acceptable content validity ratios ( $1 \geq .36$ ). Principal component analysis revealed two primary factors, corresponding with father-figure support and appearance as measures of self-esteem. While most items loaded equally and significantly on our intended domains, one item had a negative correlation with both the domain of appearance and other specific items of appearance. Results indicated the IGSEQ was highly reliable and accurately measured two independent domains of self-esteem: appearance and father-figure support, and with revisions, can be administered in addition to or incorporated with other measures of self-esteem.*

Self-esteem is defined as an “individual’s perception of [his or her] worth” (Ziller, Hagey, Smith, & Long, 1969, p. 84), which is a very comprehensive construct that includes internal, external, social, and personal measures for self-esteem (Anthony, Holmes, & Wood, 2007; Crocker, Luhtanen, & Cooper, 2003). Low self-esteem is a predictor of many negative behaviors including depression (Crocker et al., 2003), eating disorders, and pornography viewing (Green et al., 2009; Nelson, Padilla-Walker, & Carroll, 2010). Knowing the level of one’s self-esteem is especially salient to young adults as they begin independent life. If young adults, parents, or health care professionals are aware of the risks for these harmful behaviors, they can take measures to increase self-esteem in young adults before they fall victim.

Various researchers define appearance as a domain of self-esteem. Ideal or accepted body image has been positively correlated with higher self-esteem (Crocker et al., 2003). Both men and women value appearance in terms of physical attributes (Mendelson, McLaren, Gauvin, & Steiger, 2001; Tiggemann, Martins, & Churchett, 2008). Weight for women (Mendelson et al., 2001) and muscularity, penis size, and height for men (Tiggemann et al., 2008) are consistently cited as the most important factors contributing to self-esteem in relation to appearance. Individuals have little control over these physical characteristics; however, many controllable qualities also contribute to self-esteem. DiScipio and Trudeau (1972) conducted a study on aspects of appearance that can be controlled. They researched the effects of hygiene and grooming behaviors on the self-esteem of institutionalized psychotics. Their results found that those patients who were reinforced to improve hygiene and grooming said significantly fewer negative statements about themselves and had significantly better self-esteem. This research supports the idea that controllable aspects of appearance, specifically hygiene and grooming, play an important role in self-esteem. Our study builds off the previous research by postulating that hygiene and grooming are reflections of one’s self-esteem as well as ways to improve self-esteem. For the purposes of this study, hygiene and grooming will provide easily measurable factors with which to survey the relationship between appearance and self-esteem in a self-report measure.

Previous research has repeatedly demonstrated a link between approval from others and an individual’s self-esteem (Crocker et al., 2003). For example, acceptance from others in the form of parental support is essential for continuous high self-esteem (Anthony et al., 2007). This research also applies to adults, who are often influenced by childhood parental support into adulthood (Bean,

Bush, McKenry, & Wilson, 2003). Similarly, in accordance with Bowlby's (1969) theory of attachment, the relationship between infant and father is equally as strong as the relationship between infant and mother. Adolescents separated from their fathers scored lower on measures of self-esteem (McCormick & Kennedy, 2000). This research also demonstrated that individuals who reported longer separation from fathers also reported lower paternal acceptance in general (McCormick & Kennedy, 2000). According to The National Campaign to Prevent Teen and Unplanned Pregnancy (2008) teens who grow up in families with both a mother and a father are less likely to have sex and more likely to avoid teen pregnancy. Fathers have an empowering influence on their daughters by providing them with support. Fathers also influence their sons by teaching that having sex does not equate with manliness (The National Campaign to Prevent Teen and Unplanned Pregnancy [The National Campaign], 2008). The presence of a father-figure helps teenagers develop the self-esteem to make smart decisions about sex.

Additionally, Gomez and McLaren (2007) found that father attachment significantly predicted self-esteem and aggression in children, which demonstrates that father-figures can influence what children believe about themselves, and how they behave towards others. Similarly, fathers' interest in children's lives correlated with children's internal locus of control and educational attainment (Flouri, 2006). These findings indicate the significant influence of a father on all aspects of children's lives and futures, self-esteem being one of the most important aspects under influence. Such research indicates that for children a relevant connection exists between self-esteem and father-figure acceptance, a topic that warrants more research in additional populations. This study will seek to add to the limited existing research regarding parental support and children's self esteem by focusing primarily on father-figure support as a measure of self-esteem.

To expand the body of research on appearance and parental support as measures of self-esteem, we operationally define self-esteem through external measures of appearance and father-figure support. Appearance is defined as personal hygiene and grooming, which are aspects of appearance that are within an individual's control. Research indicates many parental support domains exclude father-figure support in their definitions of self-esteem (Bean, et al., 2003; McCormick & Kennedy, 2000), thus, in this study, parental support will be defined exclusively

as perceived father-figure support. Because self-esteem is an indicator of mental health (Crocker et al., 2003; Green et al., 2009; Nelson et al., 2010), individuals and society at large can benefit from a greater understanding of self-esteem and its contributors. As self-esteem has previously been measured using the domains of parental support and appearance, little current research utilizes the definitions of parental support as father-figure support and appearance as personal hygiene and grooming. We hypothesized that the *I've Got Self-Esteem Questionnaire* (IGSEQ) would reliably and validly measure self-esteem.

## Method

### Participants

Participants consisted of a convenience sample of 101 college-aged individuals. The sample included 37 male participants (participant age:  $M = 22.97$ ,  $SD = 2.35$ ) and 64 female participants ( $M = 21.24$ ,  $SD = 5.409$ ).

### Item Construction

The IGSEQ was created using 10 questions from an original collection of 30 items. A panel of 23 members in an undergraduate psychological testing course provided relevancy ratings from which the content validity ratio (CVR) was calculated (see Appendix A for the final questionnaire). The 10 questions with the highest CVR ( $CVR \geq .36$ ) were included (see Table 1). Items were rated on a 4-point Likert scale ranging from 1 (*disagree*) to 4 (*agree*). To control for agreement bias, four questions were negatively worded and reverse scored. Face validity was determined by the question, "what do you think this questionnaire is trying to measure?"

### Test Administration

Participants were recruited via Facebook (www.facebook.com), e-mail (i.e., researchers' contact lists), and word of mouth (i.e., researchers' acquaintances). Questionnaires were administered and collected electronically online via Qualtrics (www.qualtrics.com) over a period of one week. The IGSEQ was standardized for each participant of our convenience sample, meaning items were administered through the same electronic means (i.e., Qualtrics) and in the same order for each participant.

### Statistical Analysis

The internal consistency of the questionnaire was calculated using Cronbach's alpha ( $\alpha$ ) (Cronbach, 1951). Using principal components analysis as a method of data reduction, we examined the factor structure of the IGSEQ

## 30 Intuition, Spring 2011

Table 1. *Content Validity Ratio*

Item	CVR
Father-figure came to events	.64
Close to father-figure	.91
Father-figure cares	1
Support from father-figure	.45
Support even with mistakes	.82
Take pride in hygiene and grooming	.91
Importance of well-kept appearance	.73
Bodily cleanliness	.55
Good hygiene habits	.55
Confidence from hygiene and grooming	.36

was used eigenvalues above one to ascertain main factors. To understand the factors of the factor analysis, Pearson bivariate correlations were used to identify relationships among questions. The data were analyzed using SPSS 17.0.

## Results

### Factor Structure

Principal components analysis revealed two factors with eigenvalues greater than 1 (eigenvalues = 3.578 and 1.861) that accounted for 54.39% of the variance (see Table 2). Questions 1–5 primarily loaded onto Component 1, and Questions 6–10 primarily loaded onto Component 2.

### Reliability

Cronbach's alpha indicated the internal consistency of the test was acceptable ( $\alpha = .73$ ; see Table 3). A Pearson bivariate analysis showed 21 out of 45 correlations were significant. The five questions on father-figure support (i.e., items 1–5) correlated significantly with one another, accounting for 10 of the significant correlations. Of

the five questions on appearance (i.e., items 6–10), only Item 6 positively correlated significantly with questions on appearance. Items 7–9 cross-correlated with some father-figure support questions, and Item 10 correlated negatively with items one through nine. The remaining four correlations did not correspond with the domains ( $p < .05$ ).

### Validity

One of 10 items had perfect content validity (= 1), four of ten items had high content validity ( $.70 \geq .99$ ), three of ten items had adequate content validity ( $.50 \geq .69$ ), and one of ten items had low content validity ( $\leq .39$ ; see Table 1). Only 3% of participants correctly guessed the construct (i.e., self-esteem), illustrating the test had very low face validity.

## Discussion

We created the IGSEQ to reliably and validly measure self-esteem through the domains of father-figure support and appearance, by examining its psychometric properties and factor structure. Much of the current research focuses on mother-child attachment and aspects of appearance that are less easily manipulated than personal hygiene and grooming (Bean et al., 2003; Mendelson et al., 2001; Tiggerman et al., 2008). Although studies conducted on the connections between self-esteem and father-figure support and self-esteem and appearance demonstrate relationships and body image positively correlate with self-esteem (Anthony et al., 2007; Crocker et al., 2003), other domains also warrant investigation. Because the IGSEQ looked only at external aspects of self-esteem, important internal aspects (i.e., self-worth) that contribute to the hypothetical construct of self-esteem were excluded. Many additional external factors (i.e., mother-figure support and physical appearance) were also excluded. Additional internal and external aspects of self-esteem would better define self-esteem. Future research should include additional questions to cover a wider range of internal and external self-esteem domains.

Understanding of variables that contribute to self-esteem fosters knowledge of what can be done to improve self-esteem. The IGSEQ can be administered to evaluate self-esteem, and can potentially identify individuals with low self-esteem. Because low self-esteem correlates with many negative behavioral and emotional factors of depression (Crocker et al., 2003; Green et al., 2009; Nelson, Padilla-Walker, & Carroll, 2010), identifying low

Table 2. *Total Variance Explained*

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% Variance	Cumulative %	Total	% Variance	Cumulative %
1	3.58	35.78	35.78	3.58	35.78	35.78
2	1.86	18.61	54.39	1.86	18.61	54.39
3	0.99	9.88	64.27			
4	0.85	8.45	72.72			
5	0.66	6.56	79.28			
6	0.60	5.99	85.27			
7	0.49	4.92	90.19			
8	0.43	4.34	94.53			
9	0.34	3.41	97.94			
10	0.21	2.07	100.00			

Extraction Method: Principal Component Analysis

% = Percentage

self-esteem could help individuals take steps to improve their self-esteem and thus, improve negative correlates. Knowing the level of one's self-esteem is especially salient to young adults as they begin independent life. As individuals begin independent life they must create new support networks and adapt to new environments, which has been found to correlate with increased stress that can influence increases in risk factors (Crocker et al., 2003; McGillin, 2003). Young adults, parents, or health care professionals can use the IGSEQ to evaluate self-esteem levels and identify associated negative factors, making the IGSEQ worth perfecting.

The IGSEQ had acceptable internal consistency, and principal component analysis revealed two distinct factors that were consistent with our intended domains of father-

figure support and appearance. While the items loaded equally and significantly on our intended domains (i.e., items one through five represented father-figure support and items six through ten represented appearance), Item 10 had a negative correlation both on the domain and with other items of appearance. This item reads, "I do *not* feel confident if I have *not* taken care of my hygiene and grooming" [italics added for emphasis]. This item also had the lowest CVR rating of the items used. Future revisions of the IGSEQ should modify this item by creating more concise wording and specifically avoiding the use of double negatives within the question, which could increase the internal consistency.

The IGSEQ could also be improved by using CVR ratings from expert panelists because the panelists used

## 32 Intuition, Spring 2011

were members of an undergraduate psychology testing course who lacked expert knowledge on self-esteem. This untrained panel could be a source of inaccurate CVR ratings, which could partially account for the low internal consistency of some test items. Expert panelists would lend more credibility to the questions used and increase CVR.

Additionally, the IGSEQ could be improved by including a broader population sample. Brigham Young University students were the main population surveyed, which indicates a need for additional studies to increase external validity. A more accurate sample would include participants from colleges across the country, not limited to Utah County. Also, our administration of the IGSEQ acts as the pilot study, suggesting the need for re-administering the measure to obtain more reliable data.

The IGSEQ was designed to reliably and validly measure self-esteem. Results indicated the IGSEQ was highly reliable and accurately measured two independent domains of self-esteem: appearance and father-figure support. Future research should improve the measure by using a larger sample size, including additional items to incorporate other domains associated with self-esteem, and consulting an expert panel to increase validity and reliability. With such revisions, the IGSEQ could be administered in addition to or incorporated with other measures of self-esteem. Parents, schools, and health care professionals could use this revised measure to identify young adults with negative health risks.

Table 3. *Cronbach's Alpha*

Cronbach's alpha	Cronbach's alpha standardized	N
.73	.72	10

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