CHAPTER-3
METHODOLOGY

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CHAPTER: 3
METHODOLOGY

1 Introduction

In the present study, researcher has attempted a comparative study through which one can have an idea about the impact of various strategies of clinical hypnosis on self-concept and self-esteem.

Research in common parlance refers to a search for knowledge. Research is a careful and scientific inquiry into every subject, subject matter or area, which endeavors to discover valuable information which would be useful for further application. One can also define research as a scientific and systematic search for pertinent information on a specific topic. Any research starts with curiosities and questions about a phenomenon or a set of phenomena. In research, systematic attempts are made to explore, analyze and understand the issues under research problem suitable conceptual and methodological tools. The process of inquiry and analytical tools a great extent relative to the specific domain of the concern, and the conceptual, methodological, heuristic and programmatic goals of the research. In short, the search for knowledge through objective and systematic method of finding solution to a problem is research.

In present investigation, main focus is on impact of various strategies of Clinical Hypnosis on self-concept and self-esteem of school going children with regard to gender and types of school.

2 Problem of the study:

In research process, the first and foremost step happens to be that of selecting and properly defining a research problem. A research problem, in general, refers to some difficulty which a researcher experiences in the context of either a theoretical or practical situation and wants to obtain a solution for the same. The problem of the present research study is as under.

To conduct an experimental study to find out the impact of various strategies of clinical hypnosis on self-concept and self-esteem of school going children.
3 Significance of the study

It is true to say that nobody likes suffering and everybody seeks happiness. Human being needs satisfaction and peace of mind, which means and includes living a full life. The best means of attaining the real peace of mind is hypnotic relaxation in this fast age. According to The Mother- It is only in quietness and peace that one can know what the best thing to do is. Hypnotic relaxation gives peace and self awareness. Self awareness shows us about negative and positive aspects of our self. According to various studies, Clinical hypnosis helps us to enhance our positive self image and to remove negative self image. If we have higher positive self-concept and higher self-esteem, then we can feel great confidence in our selves that lead us to great success and inner satisfaction. Children are future of nation. So if children feel self worth from beginning, nation will become worthy itself. So this type of experimental studies can guide us for better mankind and better world too.

Present study has wide significance in various areas. Other than benefits to the low self-concept and low self-esteem of children, it has its own importance as mentioned below.

1) This study will be useful for clinical psychologists and other counselors.
2) The study can give light for hypnotherapists as well.
3) This study may point out the levels of self-concept and self-esteem in children.

4 Objectives of the study

The main objectives of the present study were as under:

1) To study the impact of clinical hypnosis with affirmation on each of six aspects of self-concept of school going children

2) To study the impact of clinical hypnosis with visualization of each of six aspects of self-concept of school going children.

3) To study the impact of clinical hypnosis with affirmation and visualization of each of six aspects of self-concept of school going children.
4) To study the impact of various strategies of clinical hypnosis on each of six aspects of self-concept of school going male and female children.

5) To study the impact of various strategies of clinical hypnosis on each of six aspects of self-concept of school going children study in public and private school.

6) To study the impact of clinical hypnosis with affirmation on each of four areas of self-esteem of school going children

7) To study the impact of clinical hypnosis with visualization of each of four areas of self-esteem of school going children.

8) To study the impact of clinical hypnosis with affirmation and visualization of each of four areas of self-esteem of school going children.

9) To study the impact of various strategies of clinical hypnosis on each of four areas of self-esteem of school going male and female children.

10) To study the impact of various strategies of clinical hypnosis on each of four areas of self-esteem of school going male and female children study in public and private school.

11) To compare the impact of all three treatment methods.

12) To know whether gender and types of school play any role in regard to different methods of treatment.

In the present study, various treatment methods are used independently. Their impacts on six factors of self-concept and four factors of self-esteem were measured. Various interventional methods were compared also to find out its efficacy.

5 Hypotheses

Hypothesis is usually considered as the principal instrument in research. Hypothesis may be defined as a proposition or a set of propositions’ set forth as an explanation for the occurrence of some specified group of phenomena either asserted merely as a provisional conjecture to guide some investigation or accepted as highly probable in the light of established facts. In the present research self-concept and self-esteem are dependent variables and various
strategies of Hypnosis and some demographic variables like gender and
types of school are independent variables. Self-concept scale has six sub
scales, namely Behaviour, Intellectual and school status, Physical
appearance and attributes, Anxiety, Popularity, and Happiness and
satisfaction. Self-esteem scale has four sub scales, namely general, social,
academic and parental. Both scales can measure total scores also. Various
hypotheses regarding the relationship between various independent variables
and six factors of self-concept and four factors of self-esteem can be stated
as under.

5.1 Hypotheses about self-concept

Hypotheses about Total Self-concept

1) There is no significant difference between mean Total Self-concept
scores of pre and post tests among affirmation group, visualization group and
affirmation and visualization group of school going children.

2) There is no significant interactive effect of gender and treatment on
mean Total Self-concept scores of post test among affirmation group,
visualization group and affirmation and visualization group of school going
children.

3) There is no significant interactive effect of types of school and
treatment on mean Total Self-concept scores of post test among affirmation
group, visualization group and affirmation and visualization group of school
going children.

Hypotheses about Behaviour component of self-concept

4) There is no significant difference between mean Behaviour
component scores of pre and post tests among affirmation group,
visualization group and affirmation and visualization group of school going
children.

5) There is no significant interactive effect of gender and treatment on
mean Behaviour component scores of post test among affirmation group,
visualization group and affirmation and visualization group of school going
children.
6) There is no significant interactive effect of types of school and treatment on mean Behaviour component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

**Hypotheses about Intellectual and School Status component of self-concept**

7) There is no significant difference between mean Intellectual and School Status component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

8) There is no significant interactive effect of gender and treatment on mean Intellectual and School Status component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

9) There is no significant interactive effect of types of school and treatment on mean Intellectual and School Status component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

**Hypotheses about Physical Appearance and Attributes component of self-concept**

10) There is no significant difference between mean Physical Appearance and Attributes component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

11) There is no significant interactive effect of gender and treatment on mean Physical Appearance and Attributes component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

12) There is no significant interactive effect of types of school and treatment on mean Physical Appearance and Attributes component scores of post test among affirmation group, visualization group and affirmation and
visualization group of school going children.

**Hypotheses about Anxiety component of self-concept**

13) There is no significant difference between mean Anxiety component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

14) There is no significant interactive effect of gender and treatment on mean Anxiety component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

15) There is no significant interactive effect of types of school and treatment on mean Anxiety component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

**Hypotheses about Popularity component of self-concept**

16) There is no significant difference between mean Popularity component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

17) There is no significant interactive effect of gender and treatment on mean Popularity component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

18) There is no significant interactive effect of types of school and treatment on mean Popularity component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

**Hypotheses about Happiness and Satisfaction component of self-concept**

19) There is no significant difference between mean Happiness and Satisfaction component scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.
20) There is no significant interactive effect of gender and treatment on mean Happiness and Satisfaction component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

21) There is no significant interactive effect of types of school and treatment on mean Happiness and Satisfaction component scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

5.2 Hypotheses about Self-esteem

Hypotheses about Total Self-esteem

22) There is no significant difference between mean Total Self-esteem scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

23) There is no significant interactive effect of gender and treatment on mean Total Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

24) There is no significant interactive effect of types of school and treatment on mean Total Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

Hypotheses about General Self-esteem as an aspect of self-esteem

25) There is no significant difference between mean General Self-esteem scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

26) There is no significant interactive effect of gender and treatment on mean General Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

27) There is no significant interactive effect of types of school and treatment on mean General Self-esteem scores of post test among affirmation
group, visualization group and affirmation and visualization group of school going children.

**Hypotheses about Social Self-esteem as an aspect of self-esteem**

28) There is no significant difference between mean Social Self-esteem scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

29) There is no significant interactive effect of gender and treatment on mean Social Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

30) There is no significant interactive effect of types of school and treatment on mean Social Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

**Hypotheses about Academic Self-esteem as an aspect of self-esteem**

31) There is no significant difference between mean Academic Self-esteem scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.

32) There is no significant interactive effect of gender and treatment on mean Academic Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

33) There is no significant interactive effect of types of school and treatment on mean Academic Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

**Hypotheses about Parental Self-esteem as an aspect of self-esteem**

34) There is no significant difference between mean Parental Self-esteem scores of pre and post tests among affirmation group, visualization group and affirmation and visualization group of school going children.
35) There is no significant interactive effect of gender and treatment on mean Parental Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

36) There is no significant interactive effect of types of school and treatment on mean Parental Self-esteem scores of post test among affirmation group, visualization group and affirmation and visualization group of school going children.

6 Variables

In the present study, 3x2x2 factorial design was used. The problem has three independent variables (1) Hypnosis strategies (2) Gender (3) Types of school. Scores of self-concept and Scores of self-esteem were taken as dependent variables.

6.1 Independent variables

There are two types of independent variables D’Amato (1970).

(1) E-Type

(2) S-Type

E-Type:
There was one E-Type independent variable. It was the hypnosis treatment, which had three levels.

1 Affirmation

2 Visualization

3 Affirmations and visualization

S-Type:
In the present study, these three demographic variables namely gender and types of school were S-Type of independent variables.

Here, independent variable means those variables, which were manipulated or varied at different levels in order to study their effects.
1. Hypnosis
   3 levels-
   1. Affirmation
   2. Visualization
   3. Affirmations and visualization

2. Gender
   2 levels-
   1. Male
   2. Female

3. Types of school
   2 levels-
   1. Private
   2. Public

6.2 Dependent variables

1) The total scores on the scale and the subscales of self-concept scale.

   There were six subscales-
   1. Behaviour
   2. Intellectual and school status
   3. Physical appearance and attributes
   4. Anxiety
   5. Popularity
   6. Happiness and satisfaction

2) The total scores on the scale and the subscales of Battele’s self-esteem inventory.

   There were four subscales-
   1. General self-esteem
   2. Social self-esteem
   3. Academic self-esteem
   4. Parental self-esteem

6.3 Controlled variables

1) Number of participants in each treatment group was equal.
2) There was equal time interval for all the three levels of treatment.
3) Different intervention treatments were given to the different groups.
4) Only urban area of study for all children.
5) Only Gujarati medium of study for all children.

In present research work, the nature of the variables is given in the following table.

Table 3.0
Nature of Variables

<table>
<thead>
<tr>
<th>No</th>
<th>Names of Variables</th>
<th>Nature of Variables</th>
<th>Numbers of Levels</th>
<th>Names of Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hypnosis</td>
<td>Independent</td>
<td>3</td>
<td>1 Affirmations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 Visualization</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 Affirmations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>and visualization</td>
</tr>
<tr>
<td>2</td>
<td>Gender</td>
<td>Independent</td>
<td>2</td>
<td>1 Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 Female</td>
</tr>
<tr>
<td>3</td>
<td>Types of School</td>
<td>Independent</td>
<td>2</td>
<td>1 Private</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 Public</td>
</tr>
<tr>
<td>4</td>
<td>Self-concept</td>
<td>Dependent</td>
<td>6</td>
<td>1 Score on Behaviour</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 Score on Intellectual and school status</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 Score on Physical appearance and attributes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 Score on Anxiety</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5 Score on Popularity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6 Score on Happiness and satisfaction</td>
</tr>
<tr>
<td>5</td>
<td>Self-esteem</td>
<td>Dependent</td>
<td>4</td>
<td>1 Score on General Self-esteem</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 Score on Social Self-esteem</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 Score on Academic Self-esteem</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 Score on Parental Self-esteem</td>
</tr>
</tbody>
</table>
7 Experimental design

In the present study, pre test-post test design is used. The subjects voluntarily selected for the type of treatment (Affirmations, Visualization, Affirmations and visualization). In the present study, Quasy experimental design was used.

There were three levels of treatment groups in this experimental design namely-

1) Affirmations Administered Group
2) Visualization Administered Group
3) Affirmations and visualization Administered Group (combine treatment group)

8 Sample

Sampling may be defined as the selection of some part of an aggregate or totality on the basis of which a judgment or inference about the aggregate or totality is made. The basic sample was purposive i.e. the children were included in this experiment but the distribution of the children among the three groups were randomized.

The present research work conducted on 360 children. The random sampling technique used for the selection of samples. The children were selected from various schools of Porbandar city, such as Ghediya school, Lakhani school, Kadiya plot pay center school, Rupaliba school and Ramba school. Numbers of male and female children were maintained equally as per the design of the research.

The total sample is categorized as under

<table>
<thead>
<tr>
<th>Table 3.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of sample</td>
</tr>
<tr>
<td>A= Hypnosis, A 1 Affirmations- A 2 Visualization- A 3 Affirmations and Visualization</td>
</tr>
<tr>
<td>B= Gender, B 1 male- B 2 female</td>
</tr>
<tr>
<td>C= Types of school, C 1 private- C 2 public</td>
</tr>
</tbody>
</table>
Clinical hypnosis with affirmations - CH
Clinical hypnosis with visualization - CHV
Clinical hypnosis with affirmations and visualization - CH

9 Tools

Following tools used in present study.

1) To study the aspects of self-concept, Mr. S.P. Ahluwalia’s (1986) children self-concept scale-CSCS was used. It measures six aspects regarding self-concept like behaviour, intellectual and school status, physical appearance and attributes, anxiety, popularity, happiness and satisfaction.

2) To study the areas of self-esteem, Mr. Anandkumar-Battle’s self-esteem inventory for children-SEIC was used. It measures four areas regarding self-esteem like general, social, academic and parental.

3) Personal Data Sheet

9.1 Children’s self-concept scale (cscs)

By Dr. S.P. Ahluwalia, Retired Professor and Head, Faculty of Education, University of Sagar, M.P.

Children’s self-concept scale has been constructed, developed and standardized using the Translation – Back Translation Method under the able and scholarly Stewardship of Dr. Ellen V. Piers. The present scale has been
prepared after the well known piers- Harris, children’s self-concept scale (1969).

The test contains eighty items in all with ‘Yes’ or ‘No’ responses. It includes fourteen lie items to detect whether the children have filled it accurately or not. It is verbal paper-pencil test. The six sub-scaled which are included in self-concept scale are considered to be important in the psychological world of childhood and adolescence. The names names of these sub-scales have been given in table.

Table 3.2
The six sub-scales of the CSCS

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of the sub-scales</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Behaviour</td>
</tr>
<tr>
<td>2</td>
<td>Intellectual and school status</td>
</tr>
<tr>
<td>3</td>
<td>Physical appearance and attributes</td>
</tr>
<tr>
<td>4</td>
<td>Anxiety</td>
</tr>
<tr>
<td>5</td>
<td>Popularity</td>
</tr>
<tr>
<td>6</td>
<td>Happiness and satisfaction</td>
</tr>
</tbody>
</table>

The scale items are scored in a positive or negative direction to reflect the evaluation dimension. A high score on the scale is presumed to indicate a favorable self-concept, which is interchangeable with the term “self-esteem” or “self-regard.”

**Scoring procedure**

The scoring procedure for self-concept scale is simple. The items are scored in the direction of high self-concept according to the scoring stencil. One score is to be awarded to each statement either for ‘Yes’ or ‘No’ as described in table below. The total self-concept score can be obtained by adding scores of all the six areas, which can used as a total self-concept score.
### Table 3.3

**Details of scoring procedure**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Area of Self-concept</th>
<th>Response</th>
<th>Item No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Behaviour</td>
<td>Yes</td>
<td>12*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4, 13, 14, 22, 25, 31, 32, 34, 56, 59*, 64, 67, 76, 78, 80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Intellectual and school status</td>
<td>Yes</td>
<td>5, 21, 27*, 30, 33**+, 42, 49, 57*, 70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>7*, 9, 11*, 12, 16, 17, 26, 53, 66</td>
</tr>
<tr>
<td>3</td>
<td>Physical appearance and attributes</td>
<td>Yes</td>
<td>15, 27, 41, 49, 54, 55*, 57, 60, 63, 72</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>8*, 29</td>
</tr>
<tr>
<td>4</td>
<td>Anxiety</td>
<td>Yes</td>
<td>44, 55</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>6, 7, 8, 10, 20, 28, 37, 40*, 74, 79</td>
</tr>
<tr>
<td>5</td>
<td>Popularity</td>
<td>Yes</td>
<td>33, 49, 51, 57, 69</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>1, 3, 11, 40, 46, 58, 77</td>
</tr>
<tr>
<td>6</td>
<td>Happiness and satisfaction</td>
<td>Yes</td>
<td>2, 8, 36, 39, 52</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>38, 50, 59</td>
</tr>
<tr>
<td></td>
<td>Lie Score Items</td>
<td></td>
<td>18, 19, 23, 24, 35, 43, 45, 47, 48, 61, 62, 62, 65, 68, 71, 72, 75</td>
</tr>
</tbody>
</table>

* Some of the items measure more than one area. As such their score is to be added to respective sub-scales in which they have appeared.

The maximum score for the scale can be 78, whereas the minimum score can be zero.
Table 3.4
Maximum and minimum possible scores on different sub-scales

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Area of Self-concept</th>
<th>Possible Score</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Behaviour</td>
<td>16</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Intellectual and school status</td>
<td>18</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Physical appearance and attributes</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Anxiety</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Popularity</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Happiness and satisfaction</td>
<td>08</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Score</td>
<td>78</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

As some of the items measure more than one component of self-concept, their score is to be added to each sub-scale in which they have appeared.

Table 3.5
Reliability

The test-retest and split-half reliability method was used as an index of reliability which has been reported in table below.

<table>
<thead>
<tr>
<th>Sample</th>
<th>Age</th>
<th>Sex</th>
<th>No</th>
<th>Index</th>
<th>Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle school</td>
<td>12 years</td>
<td>Male</td>
<td>330</td>
<td>Test-Retest</td>
<td>.83</td>
</tr>
<tr>
<td>High school</td>
<td>14 years</td>
<td>Female</td>
<td>380</td>
<td>Test-Retest</td>
<td>.88</td>
</tr>
<tr>
<td>Higher secondary school</td>
<td>15 years</td>
<td>Male</td>
<td>470</td>
<td>Split half</td>
<td>.74</td>
</tr>
<tr>
<td>Higher secondary school</td>
<td>15 years</td>
<td>Female</td>
<td>590</td>
<td>Split half</td>
<td>.79</td>
</tr>
</tbody>
</table>

The coefficient of correlations reported in Table, are significant beyond .01 level of confidence. This indicates that this self-concept scale is quite reliable as the obtained reliability coefficients are adequately high.
Validity

The validity of the self-concept scale has been determined in three ways:

(1) Face validity - The content validity of the self-concept scale was determined by “Translation and Back Translation method”. The instrument has face and content validity of high order.

(2) Concurrent validity - In order to ascertain concurrent validity of the self-concept scale, the scores from each sub-scale was inter-correlated. These values have been presented in Table below.

Table 3.6
Matrix of inter-correlation between various elements of self-concept. (n=239)

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>-</td>
<td>.504</td>
<td>.433</td>
<td>.539</td>
<td>.512</td>
<td>.540</td>
</tr>
<tr>
<td>B</td>
<td>.504</td>
<td>-</td>
<td>.621</td>
<td>.621</td>
<td>.517</td>
<td>.384</td>
</tr>
<tr>
<td>C</td>
<td>.433</td>
<td>.621</td>
<td>-</td>
<td>.412</td>
<td>.427</td>
<td>.453</td>
</tr>
<tr>
<td>D</td>
<td>.539</td>
<td>.512</td>
<td>.412</td>
<td>-</td>
<td>.397</td>
<td>.451</td>
</tr>
<tr>
<td>E</td>
<td>.512</td>
<td>.517</td>
<td>.427</td>
<td>.397</td>
<td>-</td>
<td>.400</td>
</tr>
<tr>
<td>F</td>
<td>.540</td>
<td>.384</td>
<td>.453</td>
<td>.451</td>
<td>.400</td>
<td>-</td>
</tr>
</tbody>
</table>

All the correlations are significant beyond .1 levels.

(3) Factorial validity - The structure of the original scale was investigated on the six grade levels by means of a multiple factor analysis. For this purpose a sample of 457 sixty graders was used. Responses to the 80 items of the scale were placed in matrix and were intercorelated. A principal component analysis was made using unities in diagonals.

Administration and scoring

Time Requirement - Only 15 to 20 minutes are usually required to administer the scale, but as a rule being a power test there is no limit of time on this scale or its six sub-scales.

Grade Level - The scale has been used successfully for children and adolescents who can read and write, of school classes from 3 to class 12. Because of difficulties in reading, in primary school classes instructions and
items should always to be read aloud by the test administrator. From class 9th onward only instructions need not to be read aloud.

9.2 Battle’s self-esteem inventory for children (SEIC)

By Dr. Anand Kumar, Reader, Department of Psychology, Kashi Vidyapeeth University, Varanasi.

Self-esteem inventory for children (SEIC) was developed in the course of several years’ work of Battle (1972-79) with students and clients. This Inventory was standardized on boys and girls in grades three through nine, but has been used successfully to assess high school pupils as well. The Inventory, which can be administered in a group or individually to students over a wide age range, can be administered in a group or individually to students over a wide age range, can be administered and scored in 15-20 minutes.

Description

SEI for children contains 50 items and the following subscales have been given in table.

Table 3.7

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of the sub-scales</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General Self-esteem</td>
</tr>
<tr>
<td>2</td>
<td>Social Self-esteem</td>
</tr>
<tr>
<td>3</td>
<td>Academic Self-esteem</td>
</tr>
<tr>
<td>4</td>
<td>Parental Self-esteem</td>
</tr>
</tbody>
</table>

The items in the instrument are divided into groups: those which indicate high self-esteem, and those which indicate low self-esteem. The individual checks each item either “Yes “or “No”. The Self-esteem score is the total number of items checked which indicates high self-esteem. There are 20 items on General self-esteem, 10 items on Social self-esteem, 10 items on Academic self-esteem, and 10 items on Parental self-esteem. SEI for Children was taken in its original for Indian adaptation with help of Indian psychologists and experts.
Table 3.8
Reliability

Indian adaptation of the SEIC was administered on randomly selected sample of 300 school students (150 males and 150 females). The age range of the subjects was 8 to 15 years. In order to obtain test retest reliability, it was re-administered to the same group after an interval of 6 weeks. It may be evident from the following Table.

<table>
<thead>
<tr>
<th>Method</th>
<th>Sex</th>
<th>N</th>
<th>r</th>
<th>Index of reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spilt-half</td>
<td>Male</td>
<td>150</td>
<td>.85</td>
<td>.92</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>150</td>
<td>.86</td>
<td>.93</td>
</tr>
<tr>
<td>Test-retest</td>
<td>Male</td>
<td>150</td>
<td>.81</td>
<td>.90</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>150</td>
<td>.84</td>
<td>.92</td>
</tr>
</tbody>
</table>

Validity

(1) Content validity: Content validity was built into the SEIC by

   (1) Developing a construct definition of self-esteem

   (2) By writing items intended to cover all areas of the construct.

The 50 items of the SEIC are most discriminative ones and factor analysis described by Battle (1977) indicates that the items in the scale possess acceptable internal consistency.

(2) Concurrent validity: In 1977, Battle conducted a comparative study of Self-esteem inventory for children and Stanley Coopersmith’s (1967) Self-Esteem Inventory. Finding of the study reveals that the correlations between the two instruments were significant for all grade levels and when male and female scores were compared. Correlations for the total sample ranged from .71 to .80, values for boys ranged from .72 to .84 for girls from .66 to .91. Self-Esteem Inventory for children also correlates favorably with other measures of personality including A.T. Beck’s Depression Inventory (Battle,1980) and Minnesota Multiphasic Personality Inventory (MMPI) (Battle, 1979).
Administration

Self-esteem inventory for children (SEIC) is a self administrating test and can be administered individually or in groups. Individual and oral administrations are effective for children in primary class, visually impaired and for handicapped clients who can not respond to stimulus items without help. Written or oral administration of this self-esteem inventory generally takes 10 to 15 minutes only.

Scoring

Scores for this inventory are derived by totaling the number of items checked which indicate high self-esteem. Maximum score may be 50 and minimum being 0. In addition to the total scores, separate scores for the each subscale should be computed. Analysis of each subscale tends to provide additional information. For each item score 1 should be given to the following responses:

<table>
<thead>
<tr>
<th>Table 3.9</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Social</td>
</tr>
<tr>
<td>Item no.</td>
<td>Response</td>
</tr>
<tr>
<td>1 NO</td>
<td>2 YES</td>
</tr>
<tr>
<td>3 NO</td>
<td>7 NO</td>
</tr>
<tr>
<td>6 NO</td>
<td>12 NO</td>
</tr>
<tr>
<td>10 YES</td>
<td>20 YES</td>
</tr>
<tr>
<td>11 NO</td>
<td>25 YES</td>
</tr>
<tr>
<td>14 YES</td>
<td>30 NO</td>
</tr>
<tr>
<td>15 YES</td>
<td>33 YES</td>
</tr>
<tr>
<td>18 NO</td>
<td>39 NO</td>
</tr>
<tr>
<td>19 NO</td>
<td>44 YES</td>
</tr>
<tr>
<td>32 NO</td>
<td></td>
</tr>
</tbody>
</table>
Table 3.10
Norms: Classification of the scores

<table>
<thead>
<tr>
<th>score</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>46+</td>
<td>Very high</td>
</tr>
<tr>
<td>40-45</td>
<td>High</td>
</tr>
<tr>
<td>24-39</td>
<td>Intermediate</td>
</tr>
<tr>
<td>13-23</td>
<td>Low</td>
</tr>
<tr>
<td>12-</td>
<td>Very low</td>
</tr>
</tbody>
</table>

Table 3.11
Classification of the subscale scores

<table>
<thead>
<tr>
<th>Scale</th>
<th>Very high</th>
<th>High</th>
<th>Intermediate</th>
<th>Low</th>
<th>Very low</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>17+</td>
<td>14-16</td>
<td>10-13</td>
<td>7-9</td>
<td>6-</td>
</tr>
<tr>
<td>Social</td>
<td>9+</td>
<td>7-8</td>
<td>5-6</td>
<td>3-4</td>
<td>2-</td>
</tr>
<tr>
<td>Academic</td>
<td>9+</td>
<td>7-8</td>
<td>5-6</td>
<td>3-4</td>
<td>2-</td>
</tr>
<tr>
<td>Parental</td>
<td>9+</td>
<td>7-8</td>
<td>5-6</td>
<td>3-4</td>
<td>2-</td>
</tr>
</tbody>
</table>

It is advised to the user of this inventory to prepare his own norms on local sample however; the following norms have been prepared by author of the test on 400 boys and 400 girls whose age ranges from 8 to 15 years.

9 Personal data sheet

Personal Data Sheet comprises of subjects information i.e. name, birth date, age, sex, race & religion, education, name of the school, occupation of father, occupation of mother, monthly family income, type of family (joint/nuclear), area of residence, etc.

10 Procedure

The whole procedure of the study is discussed below.
The task of data collection begins after a research problem has been defined and research design chalked out. In the present research, the pre-post experimental design was followed. Total 360 subjects were selected. A special room in the school was selected for hypnosis. This is because every place has its own vibration and if a particular place use for hypnosis, the atmosphere of that place charges with energy and becomes helpful in which one can go deeper more easily.

This study was done on twelve different groups. 30 male and 30 females children from private school were given clinical hypnosis affirmations treatment for the duration of 5 months. Same way, 30 male and 30 female children from public school were given clinical hypnosis affirmations treatment for the same duration. And 30 male and 30 female children from private school were given clinical hypnosis visualization treatment for the duration of 5 months. Same way, 30 male and 30 female children from public school were given clinical hypnosis visualization treatment for the same duration. And 30 male and 30 female children from private school were given clinical hypnosis affirmations and visualization treatment for the duration of 5 months. Same way, 30 male and 30 female children from public school were given clinical hypnosis affirmations and visualization treatment for the same duration.

All subjects were given self-concept scale and self-esteem inventory to measure its levels before and after treatment. The effect of treatments was measured on the basis of scores on self-concept scale and self-esteem inventory according to pre-post design.

In short, first of all pre-test was conducted, then intervention was taken place and finally post-test was conducted.

**10.1 Selection of sample**

The basic sample was purposive i.e. the children were included in this experiment but the distribution of the children among the three groups were randomized.

The present research work conducted on 360 children. The children were selected from various schools of Porbandar city, such as Ghediya school.
and Lakhani school (Private), Kadiya plot pay center school, Rupaliba school and Ramba school (Public). Numbers of male and female children were maintained equally as per the design of the research.

10.2 Administration of scale

For getting scores of self-concept and self-esteem, investigator instructed subjects properly. They were administered these two scales before and after three kind of treatments independently.

Each the 360 subjects under the study were administered Personal Data Sheet and the comprehensive questionnaire (self-concept scale-CSCS and Battle’s self-esteem inventory) individually and separately at above said places.

All subjects were administered self-concept scale and self-esteem inventory before and after treatments. The duration was maintained same as twice in a week for 5 months for the administration of various treatments.

10.2 Hypnosis administration

Subjects were selected randomly for the application of clinical hypnosis. The general tendency of trance level can be classified into three levels i.e. 1. Light, 2. Medium and 3. Deep level.

In present study subjects were identified the level of trance by ideomotor suggestions. They were asked to raise the arm and not allowed to put it down even if they try.

Around 50 percent subjects experienced deep trance i.e. 180 subjects, 30 percent subjects experienced medium trance i.e. 108 subjects. And 20 percent subjects experienced light trance i.e. 72 subjects.

Clinically light trance is considered enough for therapeutic use. So, all trance levels were considered for administration of clinical hypnosis.

The therapy started with relaxation in quiet room. After achieving relaxation, the children were given positive affirmation for enhancing self-concept and self-esteem. In their routine life, all the subjects were given a common suggestion format. This was a procedure for affirmation group. In visualization group, after achieving relaxation, the children were given creative visualization
session for enhancing self-concept and self-esteem. Same way, after achieving relaxation, the children were given positive affirmation and creative visualization for enhancing self-concept and self-esteem in affirmation and visualization group.

Two hypnotic sessions of 20 to 25 minutes were given one by one in relevant groups in every week for 5 months at their school.

### 11 Statistical analyses

Necessary descriptive and inferential statistics were used to analyze the obtained data of 360 children.

#### 11.1 Descriptive Statistics

In the descriptive statistics, the means and standard deviations were calculated for the total score on the self-concept scale and Battle’s self-esteem inventory and scores for the subscales of the tools.

#### 11.2 Inferential Statistics

For testing the hypotheses of the present study, analysis of covariance (ANCOVA) was applied. In this application the calculation of F ratios for the main and interactive effects of the independent variable were carried out. The pretest score was a covariate in the ANCOVA.

While applying the ANCOVA technique, the influence of uncontrolled variable is usually removed by simple linear regression method and the residual sums of squares are used to provide variance estimates which in turn are used to make tests of significance.

All these results have been summarized, tabulated and discussed in details in the fourth chapter.