CHAPTER - I

INTRODUCTION
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Nutrition is the good we get from all the food we eat and it helps our bodies work. Food is made up of different types of nutrients that contribute to our food being nutritious! These nutrients include carbohydrates, fats, proteins, vitamins, minerals and water.

If our bodies fail to get all the nutrients they need this is called malnutrition. If a person suffers from malnutrition they can be more likely to catch diseases and it can effect the functions of their body such as brain, eyesight, organs, height, weight, as well as the formation of body parts if the child is still in their mother’s womb.

In the developing world the biggest concerns often lie with the lack of vitamins and minerals, as well as the access to clean drinking water. For information on water see our resource, water and sanitation. In this resource we will focus on vitamins and minerals. When a person lacks these they are said to be suffering from micronutrient malnutrition.

Malnutrition can occur in developed countries but is most likely to be seen in children in developing countries. It is believed that almost one third of children in developing
countries are malnourished (Source: www.unicef.org). Breastfeeding is a vital source of micronutrients for babies.

The solution to a lack of nutrients is to improve people’s diet. This can be done naturally – this is the ideal, however, often people do not have access to the right types of food, and in some cases any food at all! As a result groups of people are fed ‘supplementary food’, this is food extra to their diets which contain the nutrients they lack. Another method of providing the needed nutrients in countries where a population as a whole is lacking a certain vitamin or mineral it is added to a staple food such as flour or salt, this is called fortification.

It is important to realise an inadequate supply of food is often caused by war (where people working in fields are unable to work for fear of violence or landmines, or people have had to flee their homes and so leave food supplies) or poverty (where food is available but people do not have the money to buy it or land to grow it). The situation can be especially bad if a country has suffered a combination of factors, for example, a drought and a civil war.

As well as the shortage of food, disease also causes malnutrition. Diseases such as diarrhoea cause the body to lose essential nutrients, by flushing them out of the body. They can take a long time to replace and may affect a child’s growth
and development. Another important fact is that malnutrition is increasing in developed countries. This is caused by people choosing to eat the wrong types of food, not by a lack of adequate supply.

**Nutrition in Emergencies:**

Malnutrition increases and poses the highest risk to children during emergencies due to a lack of food and unsafe water. Sometimes children are said to suffer from under nutrition rather than malnutrition. This is because they do not get enough food rather than just not getting enough of the right types of food.

UNICEF sets up therapeutic feeding centres for severely malnourished children during emergencies. Therapeutic means it contributes to the cure of disease over time. These centres provide special support to children 24 hours a day as by the time they get there they are in need of constant care if they are to survive. When a person is very malnourished their body system changes so they can’t eat normally. Different foods such as therapeutic milk are used as they are made to be taken in by weakened bodies.

If an emergency has been going on for a long time, UNICEF will target pregnant women and children under 5 for
special help. UNIMIX porridge is often given out to these families. This is a high protein porridge fortified with vitamins and minerals. It has 400 calories per 100 gms of flour.

Vitamins and Minerals:

Vitamins and minerals are used by our bodies and if we do not get enough of the right ones it can affect us mentally and physically. As our bodies do not make vitamins and minerals, we have to get them from food. If we do not have enough of one vitamin it can also affect our body’s ability to take in other vitamins.

Each vitamin has a role to play to keep us healthy. For example Vitamin C helps our body heal if we get a cut. There are two types of vitamins water-soluble and fat soluble.

Those vitamins which are fat soluble can be stored in your body for a while, some for days, others for months, so your body can build up a supply ready for when they are needed. Vitamins A, D, E, and K are fat-soluble. Water soluble vitamins travel through your bloodstream and are flushed out when you go to the toilet. Your body will use the ones it needs while they are travelling through your system. These vitamins need to be replaced a lot as they aren’t around for long. These vitamins include vitamin C and B vitamins.
Plants obtain minerals from the soil. Animals as well as humans get minerals from eating plants. As a result humans can get the minerals we need by eating plants or animals. Minerals can also be present in water. How much and what minerals we take into our bodies can depend on how much of a mineral is present in the soil in the regions where our food, water or meat comes from.

Our diet consists of different chemical substances called nutrients that are classified into six classes. They are carbohydrates, fats, proteins, vitamins, mineral salts and water. The study of food and diet is known as nutrition.

Remember if a diet consists of a single food item then the food will be unhealthy no matter what the food is no single food item contains all the nutrients use & need to lead a healthy life. For example babies rely on milk for all their nutritional needs.

Nutrients that are not present in sufficient quantities in milk, such as iron, are already stored in their livers.

There are so many definitions according to different dictionaries:

The just one according "chamber twentieth century dictionaries" Act or process of nourishing.
Nutrition scientist defines the nutrition are as follows:

"Nutrition is the combination of process by which the living organism recieves and utilizes the materials necessary for the maintenance of its function and for the growth and renewal of its components. Nutrition, food, nutrients and the nutrients particle which is found in the food maintain the various metabollic activities and protect the body from the various diseseases and nutrition is very useful for the human beings that means nutrition is that science in which the nutrients which is necessary for the living being is taken from the food science is that branches which gives the every knowledge about the body and parts of body and also gives the various information about the various metabollic activities which is perform inside the body.

The behaviour that makes people different from one another in that behaviour that considered to be at the root of personality. Personality refers to the relativity enduring characteristics that differentiate one person to another and that lead people to act in the consistent and predictable manner, both in different situation and over extended period of time. One of the significant environment factors that effect the children development in the Indian context is poverty. Tough poverty has
times been defined is an economic state, it acts more as an entire context for development being in an integral part of the surround for million of children in India. Poverty has been conceptualized in two ways (a) poverty or deprivation as a more label, generally represented by one or more indicators such as socio-economics status and low caste. (b) Poverty as a context in which several interrelated variables are embedded for example poor family income, stress crowded and noisy living conditions, unhygienic surroundings for child development. Mishra (1990) has argued that the effects of poverty are cumulative, prolonged exposure to unfavourable often has adverse development outcomes.

Self in one of the most researched topics in social sciences. In very general terms self refers to the way in which as individual views and evaluates him or herself. Self-esteem has been one of the most evaluations which the individual makes and customarily maintains with regards to himself, it express as attitude of approval or disapproval (Rosenberg 1965). Coopersmith (1967) defined self-esteem as a "personal judgements of worthless that is expressed in the attitude the individual holds towards himself". Self-esteem generally connotes the positive or negative value one places on one's own attributes (Freshback & Weiner 1991), Seligman (1995).
Maintained that self-esteem is an epiphenomenon that reflects how well one is doing in life. Consequently, the researcher selected the following research problem: "A study of personality, mental health and self-esteem among different nutritional status children".

Classification of different Nutritional Status

Poor Nutrition:

Poor Nutrition means that type of nutrition which does not contain proper nutrition according to our body. The poor nutrition has two stages -

1) Quantitative Dietary Deficiency

2) Qualitative Dietary Deficiency

Medium Nutrition:

Medium nutrition means that type of nutrition which contain not good not bad quantity or quality of nutrition means average type of nutrition.

Rich Nutrition:

Rich nutrition is said to be best nutrition. It means nutrition in that state in which the human being is healthy in mental and physical and contain work ability according to age good nutrition gives the good health to the human being.
There are three types of variables in the present study -

1) Mental Health

2) Personality

3) Self-esteem

Mental Health:

A.V. Shah (1982) has expressed that mental health is "the most essential and inseparable component of health.... an integrated component of public health and social welfare programs...." (p.6). The preventive aspects of mental health problems when viewed from the primary, secondary and tertiary levels bring to focus major contemporary trends.

These research findings are being utilized for making provisions for guidance, counseling, and treatment facilities at the individual, family and community levels and are directed towards the three aspects of prevention in the area of mental health. In these efforts, greater emphasis is placed on the psychosocial and sociocultural factors. This has contributed to the failure of the individual to live up to the expectation of relevant others as well as to live up to one's own potentialities. This in turn has led to fellings of helplessness, powerlessness, meaninglessness, anxiety and
insecurity. This being the rule rather than the exception in the contemporary world, many individuals are considered to be potential mental health risks. From the socio-pathological perspective, over the past few decades many mental health maladies like crime, mental disorder, family disorganization, juvenile delinquency, alcoholism and drug abuse and much that now passes as the result of pathological processes (e.g., gastric ulcer) (Frank, 1950) have been considered as indicative of sick societies implying there by the inadequacies or failures of social controls or social norms in given societies. Thus the importance of the role of social factors in many mental health problems becomes clear.

Definition of Mental Health:

Efforts have also been made to define/describe the criteria or characteristics of normal personality (Coville, Costello & Rouke, 1960; Maslow & Mittelmann, 1951), positive mental health (Jahoda, 1958), normality dealing with theoretical and clinical concepts of mental health (Offer & Sabshin, 1974), and healthy personality from the humanistic viewpoint (Jourard & Landsman, 1980).
Grinker, Grinker, and Timberlake (1962) have suggested the possibilities of a variety of "mental health". Without questioning the accuracy of the various definitions of mental health, in keeping with the WHO definition, there seems to be an agreement among mental health professionals that mental health is not be mere absence of mental illness. However, there seems to be no consensus on the definition of positive mental health.

In India no appreciable efforts have been made to define mental health apart from a few passing references like: "The concept of ideal social functioning is the social equivalent of 'Positive mental health' " (Carstairs & R.L. Kapur, 1976, p. 81) and "... In the larger context, mental health is the other name of quality of life..." (Wig, 1979, p.16). Mental health professionals however agree that positive mental health is not the mere absence of mental illness but something different (Nagaraja, 1983).

Community, mental health professionals (A.V. Shah, 1982) believe that the existing number of trained professionals and the available mental health facilities in the country are far from adequate. Hence, mental health planners are advocating innovative means for expanding and extending an appropriate delivery the views, beliefs.
attitudes, sensitivity or awareness of the community about mental health problem, lest the mental health facilities provided by the planners remain unused and defeat their very purpose. Some of the researches dealing with the community's views, attitudes and awareness regarding mental health problems and the facilities available need to be considered.

**Counseling and Guidance:**

In mental health area as a part of public health, counseling and guidance have a major role in the prevention of mental health problem and promotion as well as maintenance of mental health. Studies on awareness of mental health problems among the family and community on the one hand and their help seeking efforts at the mental health or psychiatric setup indicate the felt need of the community to receive professional help for problems which may range from mild to severe degree. This paves the way for professional counseling and guidance services. Published literature available on counseling and guidance during the period under review appears to be promising in some aspects.

On the positive side, there have been a few initial efforts at research in counseling and guidance in the
educational area. Further, there have been a few reports of studies which have extended counseling facilities to surgical patients during the preoperative phases. Thus, one observes that in India also, mental health as a part of public health is making inroads into the area of health psychology through the use of counseling and guidance procedures.

**Educational Counseling/ Guidance:**

In view of the World Health Organization's recommendation of greater utilization of paraprofessionals and nonprofessionals in the delivery of health service to the community, M. Kapur and Cariappa (1978) carried out a study to train nine school teachers in student counseling. The training procedure consisted of 12 group sessions of 90 minutes duration each. The training procedure as well as the evaluation of teacher trainees has been described. Based on their initial observation the authors have advocated the utilization of such training techniques in other schools.

**Counseling/Guidance in Surgical and Other Illnesses:**

L.P. Shah, Doshi, Fardiwala, and Merchant (1981) have indicated the management of married male alcoholics in a marriage counseling clinic. They have
attributed the improvement seen in 80 male alcoholics to antabuse treatment as well as counseling and casework with patients and their wives. The authors have reported an improvement of 83.3% in alcohol consumption and 76.6% in marital discord.

Bhargava, S.N. Sharma, and B.V. Agarawal (1980) interviewed coronary heart patients three weeks after an acute attack and found a high incidence of neuroticism, anxiety and somatic symptoms. Assuming that anxiety is a possible factor preventing recovery and producing psychic invalidism they have advocated counseling services for these patients.

**Psycho Physiological Disorder:**

Referring to the Surgeon General's report De Leon and Pallak (1982) have indicated that health economists, public health professionals, physicians among others believed that the major causes of death in the United States were largely behaviorally determined which could be reduced by changing the individual's behaviour including those related to diet, exercise, compliance with medical regime and the like. The management of many psychophysiological or stress related condition necessitates bringing about changes in the behavior of
individuals facilitating recovery, maintenance of improvement and the prevention of relapse. Thus psychologists are increasingly involved in health psychology, conducting physical health research and intervention programs. In view of the contemporary role of psychologists in understanding and dealing with health behavior, available published literature in India on psychophysiological conditions as a subsection of mental health is not likely to be out of place.

**Studies on Psychosomatic Conditions in General:**

Indira and Murthy (1977, 1979) have examined hostility in psychosomatic, neurotic and normal subjects, and have noted that the two clinical groups differed from normals in general punitiveness; psychosomatic tended to be highly intropunitive as compared to the other two groups.

Chattopadhyan, Biswas, Chattoraj, and Basu (1979) have assessed state and trait anxiety in psychosomotics comparing them topsychotics-somatics and normals and found that state anxiety was high in the three patient group as compared to normals while trait anxiety was highest in psychosomotics followed by psychotics and somatics in that order. The authors
believed that psychosomatic symptoms were an expression of their basis anxiety which in turn was attributed to their heightened state of arousal.

**Studies on Coronary Heart Conditions:**

Pestonjee and Bagehi (1978 a) have examined the need patterns of cases of myocardial infarction, angina pectoris and normal subjects and found that coronary patients were higher on need-press variables as compared to normals.

Smokers and non-smokers who were victims of coronary heart disease were assessed for their personality traits, psychological stresses and habits by Mahendru, Alam and Sikka (1978). Compared to nonsmokers, smokers were more schizoid, obsessive, emotionally unstable with high neuroticism and extraversion and experienced a higher number of stresses.

**Studies on Asthmatic Patients:**

S. Sharma and Nandakumar (1980) have studied asthma patients and normals using a number of self-report and projective tests. They observed that asthmatic subjects were intelligent, inhibited, anxious, insecure, unable to use their energy for constructive purposes, covertly
aggressive, with neurotic constriction, manifested marked affectional and dependency need in relation to the mother, experienced irrational fears, sexual problems and guilt feeling. Their ambition were not supported by their potentialities.

Studies on Hypertensive Patients:

M. Seth (1981) has assessed the manifest needs of hypertensive and normal subjects on Edwards Personal Preference Schedule (EPPS). He has reported that hypertensives had greater needs of achievement, dominance, abasement, endurance and aggression while normals expressed the need for affiliation and change.

Studies on Peptic Ulcer Patients:

Dutta (1978) has examined the presonality of duodenal or gastric ulcer subjects and compared it with that of normal controls. He has noted that ulcer subjects manifested a higher degree of neuroticism, anxiety, irritability and obsessionality with introversion tendencies as compared to the control group.

Family and Mental Health Problem:

Family is a sub-system of society which is perceived to be most relevant to mental health and mental
health problems of its members. Functions of the family are geared towards facilitating the promotion and preservation of health in general and mental health in particular. The three substructures of the family, namely, marital partners, parent-child and siblings as well as many others in the case of a joint family need to be examined to determine whether there are signs of family dysfunction in any or several points in these substructures. The different aspects of family life are etiologically relevant (a) Unhealthy interpersonal interaction in the family leading to dissatisfaction of physiological, emotional, security, interpersonal and social needs; (b) Pathological and disturbing communication patterns; (c) Unhealthy child-rearing attitudes; (d) Lack of a healthy adult model for the growing children; (e) Inadequacy in role functioning (f) Lack of social support and cohesiveness in the family.

Marital Interactions and Mental Health Problems:

Sathyavathi and Seth (1975) have studied a group of neurotic patients and their spouses and a control group of normal couples to examine their interpersonal perception. The results showed that the neurotics significantly disagreed with their marital partners, misunderstood their partners more, and failed to realize
that they had misunderstood their partners as compared to normal couples. The index of disjunction was characteristic of the neurotic group, while in the control group it was almost imperceptible.

Banerji (1982) has studied marital disharmony from the psycho-analytic perspective and has concluded that factors like bisexuality, oedipus complex, sexual incompatibility and narcissism should be taken into consideration in an attempt to understand marital disharmony in each case.

**Parent - child Relationship or Interactions:**

Within the substructures of the family, the importance of healthy parent-child relationships and interactions for mental health need not be overemphasized. The nonavailability of adult models for identification, pathological interactions among the family members, and disturbing communications are some of the factors associated with mental health problems of children and adolescents.

G. Agarwal, N.K. Saxsena, and S.B. Singh (1978) have reported that mothers of emotionally maladjusted children as compared to mothers of normal
children had a rejecting attitude and were authoritarian towards their children. The authors believe that these unhealthy child-rearing attitudes of mothers of maladjusted children explain the child's emotional maladjustment.

**Family as a Unit:**

The Indian setup includes both joint as well as nuclear families. These family structures may have positive as well as adverse effects on the members there by enhancing mental health or aggravating problems of mental health.

Channabasavanna and Bhatti (1982) have examined neurotic and normal subjects along with their relatives to explore the family interaction patterns. The results have indicated that there were more disturbed family interactions in the neurotic groups in terms of unhealthy communication, lack of concern and lack of leadership as compared to the normal group.

Luthra (1980) has described the dilemma in modern family life. The family which forms the social, economic, educational and cultural spheres of an individual's life is beset by such divisive forces as "growing industrialization, liberation of women, emphasis
on individualization, self-indulgence, self-expression and growth". The author has concluded that families in India should adapt to such changes as "The need for socialization requires that family life cannot be abandoned".

**Community and Mental Health Problems:**

Mental health is an integral part of the health needs of any country. Enhanced understanding of the health requirements have brought to light the importance of environmental and socio-cultural variables in the causation, management and prevention of illnesses. The community mental health movement developed within this framework marks a distinct trend by focusing on the web of interpersonal relationships and the general social milieu in which the individual is embedded, so as to evolve an integrated approach aimed at the prevention and management of mental health problems in the community.

**Magnitude of Mental Health Problems:**

Epidemiological studies on mental health problems conducted in different parts of the country, using different criteria for "caseness", and different methodologies, have revealed the magnitude of the problem.
A consensus between these studies has revealed a 1% prevalence rate in the general population (National Mental Health Program, 1982).

On the basis of epidemiological studies on urban communities, the incidence rate of psychiatric morbidity was observed to be (a) 0.32 in a group of persons covered by the ESI scheme and their family members (K.Singh, 1977); (b) 22% in parents of schizophrenics and 20.7 in and urban group (Nandi et al., 1980); (c) 4.7% (A.V. Shah, Goswami, Maniar, Hajariwala & Sinha, 1980); (d) 13.9% and the majority of this group was neurotic (Harding, 1980); (e) 16% to 30% in the general population and 10% to 15% in medical clinics of which nearly 15% followed a chronic course (figures were related to depressives) (Wig & Murthy, 1981); and (f) 36.1% in general practice (Krishna Murthy, Shamasundar, Omprakesh & Prabhakar, 1981).

Management of Priority Psychiatric Disorders in the Community:

found that majority cases they had identified had been ill for 2 years and almost all the schizophrenics had consulted traditional healers. Of the cases thus identified, 30% improved dramatically with psychiatric treatment. The researchers have also noted that 20% were regular and help co-operative families while 45% who were initially regular became irregular but after a home visit they became regular, and the remaining were noncooperative.

**Traditional Healers for Mental Health Problems:**

Sethi and J.K. Trivedi (1979) have reported that 26.8% of the clientele of 5 traditional healers were psychiatric cases and the majority of these were conversion hysteria cases. In another study, J.K. Trivedi and Sethi (1980) have reported that 33.2% of their psychiatric patients had sought help from traditional healers on the advice of relatives and friends, because of their own faith, economic reasons, failure of allopathic treatment, social stigma and ignorance about modern treatment.

**PERSONALITY:**

A recent workable definition of personality comes from Walter Mischel (1986) - a noted personality
Theorist. He says, "Personality usually refers to the distinctive patterns of behaviour (including thoughts and emotions) that characterize each individual's adaptation to the situations of his or her life". It may also be defined as "a particular pattern of behaviour and thinking prevailing across time and situations that differentiate one individual from another" (Buskist & Gerbing, 1990). It is interesting that the early psychologists placed greater emphasis on the inherited characteristics (fixed and rigid raw material such as physique, temperament, intelligence etc.), the modern personologists consider "environmental interaction" as a more powerful determinant of personality than hereditary traits. This apart, the three-fold conception of man as body, mind and spirit implies an important truth that man is not a mere object, that his spiritual nature is not on the same level as his psychic and corporeal, that his soul and body can participate in a new order of spirit and existence. The dynamic self-always interacting, adapting, adjusting, assimilating and integrating—is all that is important in the context of human personality because integration, assessment and organization of certain traits, as Allport (1961) put it, takes place only when the individual is in the thick of situations and interacts with the environment.
Shaping of a personality is ultimately the result of an increasing struggle between the individual and the environment. Eysenck, therefore, believes that "the unique individual is simply the point of interaction of a number of quantitative variables". While it is easier for the scientist to study commonalty and arrive at trustworthy generalizations, it is impossible to sit on judgment over individuality because no one for sure can say how various "qualitative variable" omteract in each case. No objective yard-stick of science can accurately assess the "uniqueness".

**Brief History of Typologies:**

A typology is a system for classifying people according to types. One of the first typologists was the Greek physician Hippocrates (460 - 377 B.C.), who focused upon the four fluids or "humors" of the body as they were assumed to be present in the people at that time: black bile, yellow bile, blood, and phlegm. Persons with an excess of black bile were classified as melancholic and were presumed to be depressed and pessimistic. The choleric, possessing excess yellow bile, were considered quick - tempered and irritable. Persons with a preadominance of blood were sanguine, as reflected in their
cheerful, optimistic manner. The phlegmatic, possessing excess phlegm, were slow, impassive, and uninvolved with the world at large.

In the nineteenth century an Italian physician, Cesare Lombroso (1836 - 1909), proposed a criminal type, recognizable by his slanting forehead, flat nose, and large jaw. Lombroso's thinking was influential during this time, but his theory of criminality is greatly oversimplified by today's standards, since it ignored environmental influences completely.

A German philosopher, in treatise called types of men, classified human being according to six basic interests or values: theoretical, economic, aesthetic, social, political, and religious (Spranger, 1928). This classification provided the framework for a later test of personal values, known as the study of values, which, although it has statistical validity, does not necessarily support the theory (Allport et al. 1960).

A Constitutional Typology:

In the early 1940's a group of researchers made an ambitious attempt to study a typology called constitutional typology because it relates body structure and personality.
Somatotyping:

As the first step in this procedure, approximately four thousand photographs of nude young men were judged with regard to important physical variations, and these preliminary analyses indicated three basic dimensions of physique: endomorphy, which involves a predominance of digestive viscera; mesomorphy, constituting an abundance of muscle; and ectomorphy, in which there is a prominence of skin and neural structure. These dimensions were referred to as somatotypes, from the Greek root soma, which means body.

Types of Temperaments:

Temperament involves emotionally toned aspect of personality, such as joviality, moodiness, tenseness, and activity level. Hundreds of terms describing temperament were selected and eventually reduced, through statistical procedures, to three temperament types. One type was called Viscerotonia because many related terms referred to visceral comforts, such as eating, joviality, and relaxation. In a second type, known as somatotonia, the relevant terms involved bodily or somatic activity, such as competitiveness, energetic movement, and aggressiveness.
The third temperament was called cerebrotonia because the related terms suggested cerebral process, as in thoughtfulness, restraint, and unusual sensitivity.

**Findings and Criticism:**

These brief descriptions can not give justice to the procedures not to the various findings, but we can summarize by noting that the obtained correlations were approximately 0.80 betweem physique and temperament (Sheldon et al., 1940; Sheldon and Stevens, 1942). This correlation suggested that, in general, subjects, who received high ratings on endomorphy tended to receive high rating on viscerotonia; those high in mesomorphy tended to be rated as somatotonic and so forth.

The definition of physique is a further problem, largely because somatotypes vary with nutrition. All subjects of a study of semi-starvation eventually approached or reached the ectomorphic physique. Thus it was suggested that "The technique of somatotyping would appear to be more useful for determining the state of nutrition than for determining the inherent constitution" (Keys et al. 1950. p.153).
A few investigators have indicated significant findings, presumable with possible biases removed, but generally correlations of the magnitude reported earlier have not been found in later research (e.g. Walker, 1962).

**Single - domain and General Theories:**

We have described theories of colorvision, hearing, emotion, and thinking, but these theories are restricted to specific aspects of behavior. They are known as single-domain theories because they attempt to account for variables in only one realm. Theories of personality, on the other hand, are supposed to be general theories; they should embrace a wide range of variables. Constitutional typology is not a general theory in this sense (Hall and Lindzey, 1970).

Temperament is only a limited aspect of personality, even if it does show some relationship of physical condition. Does the word robust, for example, refer to temperament or physique? The problem is that the relationship, if one does exist, does not extend very far into the total realm of personality.
Role of Experience:

Typologies like those of Jung and Freud focus upon only a small part of the entire personality, although they do not ignore environmental influences. However, the broad speculations of Hippocrates and Lombroso, and also the more comprehensive constitutional approach, disregard such complicated aspects of personality as those arising through personal experience. Our earlier discussion of personality development stressed the importance of the environment in shaping personality.

Multiple Bases of Personality -

Personality involves all the psychological and physiological processes. It can be defined simply as the ways in which an individual typically reacts to his surrounding, but in a sense it represents a convergence of all the important factors that determine human behavior. In the most influential theories of personality, we see consistent recognition of these conditions. In different theories, however, different processes receive emphasis. Motivation, for example, is an important theme in psychoanalytic theory, and conditioning processes are fundamental in theories bases upon learning.
Psychoanalytic Theory:

Freud's work is widely accepted, but during the early twentieth century, his view that man's behavior is significantly influenced by unconscious desires, particularly aggressive and sexual impulses, was repugnant to many persons. Later, his views received increasing acceptance and now they occupy an important position not only in the social sciences but also in public thought. It is true however, that many of the terms and concepts that he used have been clarified or made more useful to the rest of science than they were initially.

Basic Elements of Personality:

The elements of personality, as described by Sigmund Freud (1856 - 1939), involve three basic systems: the id, the ego, and the superego. In a very general sense, these systems represent biological, psychological, and social forces, respectively.

The Id:

The newborn infant is activated purely by biological urges, such as hunger, thirst, the need for warmth, and the need for sleep. These biological characteristics, as well as reflexes, are inborn, and they
comprise what Freud has referred to as the id. The chief characteristic of the id is the desire for satisfaction of needs. It has no organization, only impulses seeking expression in an animalistic manner. Freud described the id as "a cauldron of seething excitement" (1933, p. 104).

**The Ego:**

Biological needs continue throughout life and therefore the id is and ever-present ingredient of personality, but the growing infant soon learns to react to various aspects of its outer environment. As this growth continues, the expression of the id become modified; the infant learns to consider reality. The reality principle is a suspension of the pleasure principle according to the requirements of the environment. The infant grows and continues to explore his surroundings, engaging in what Freud called reality testing. On the basis of reality testing, the infant discovers, for example clothes have a less agreeable taste than ice cream.

This second part of the personality depends upon many complicated psychological processes, such as remembering, learning, perceiving, and reasoning. It is sometimes referred to as the problem-solving dimension of personality and it is assumed to develop initially out of
the id. The ego leads a person to act or refrain from acting according to what he has learned about the world rather than solely according to his biological impulses.

**The Super Ego:**

In reacting to his social environment the child eventually acquires values and social standards from his parents and other elders. Collectively, these aspects of personality are known as the super ego.

There are two divisions of the superego, one of which is the conscience, which discourages the expression of behavior generally deemed undesirable in his society. The conscience develops primarily under the influence of scorn and threats of punishment. Thus, the parent may say to a child who has lied, "you are bad". If the child internalizes the parent's standards, the next time he lies or thinks about lying, he says to himself, "I am bad". or "I am ashamed of myself". Usually, if the child acquires this aspect of the superego, he learns to control his behavior much as the parent would control it.

The ego-ideal, on the other hand, involves behavior which is encouraged by his elders. It develops through receipt of material rewards and privileges and
through the use of such statements as "good boy" when the child has behaved in a certain manner or achieved certain goals. The ego-ideal also develops as a child tries to imitate some successful older person. Together, the ego-ideal and conscience, formed early in life, may exert profound influences on adult behavior.

**Personality Development:**

As the child, the basic change in his personality is the growth of the ego and superego in relation to the id, which remains constant throughout life. The ego develops as the child struggles, in a problem-solving manner, with the human and inanimate worlds; the superego arises only through his contacts with human beings. In all instances, however, a most important factor is the child's emotional attachment to the older individuals.

**The Role of Identification:**

The emotional attachment which a child has for an older person and his effort to pattern part of his life in the manner of this individual are known as the identification process. The identification process is not necessarily an easy one for the child. At the outset of children life of both sexes have greatest contact with
mother and, therefore, boys eventually must make a shift to the masculine role. This shift apparently is eased by the growing realization that the masculine role usually is one of greater dominance. Girls traditionally have had a role of less power, but here there is some compensation. Usually, there is greater latitude in sex-role behavior for females. In any event, social rewards, real and perceived, constitute the basis of the identification process.

**Early Developmental Stages:**

Freud postulated several stages of personality development, among which the oral, anal, and phallic are the earliest. Each of these stages involves a developmental task related to a specific body area.

During the first year, in the oral stage, the infant's chief pleasures are derived from sucking on the nipple and consuming milk and food, and it is assumed that the way these needs are met sets the stage for later personality characteristics. According to this theory, if the breast or milk is readily available, the infant is likely to develop trusting and optimistic attitudes, but if milk is not presented upon demand, the infant may develop a pessimistic outlook and lack of trust. Later, these traits, may become manifest in excessive eating and drinking, a
special interest in words, or sarcasm and arguing, depending upon the manner in which the earlier needs were handled.

The anal stage occurs during the second year of life, when the infant gains control over previously involuntary defecation reflexes. At this stage, much pleasure is derived from the expulsion and retention of feces, but usually it is at just time that the mother begins toilet training. Thus, the child has his first extended encounter with discipline and authority. Depending upon the outcomes and the way in which the problem is handled, the child may develop such characteristics as excessive cleanliness and obstinacy or, on the other hand, messiness and disorder.

The child reaches the phallic stage during the period from three to six years, at which time it discovers pleasures associated with its genitalia and develops such behaviors as stroking, rocking, and froms of masturbation. The most frequently mentioned phenomena of this stage are the Oedipus and Electro complexes, pertaining to boys and girls respectively, in which the child maintains a strong attachment to the opposite - sexed parent and resentment of the like - sexed parent. Eventually, however, the
normally growing child handles the Oedipal or Electral struggle by reversing the situation and identifying with the like-sexed parent, in this way, he obtains a role model. The identification process is particularly important at this stage; inadequate identification presumably results in an inappropriate sex role in later life.

**Later Developmental Stages:**

In the traditional theory, these early stages are followed by a latency stage during which sexual interests seemingly are discarded in favour of other activities. This period was not stressed by Freud because of the apparent absence of sexual expression, but there is some suggestion that it is a cultural artifact. In our own society, it may take the form of fantasy and masturbatory activities. It has been noted that the late childhood years, in some primitive societies, are not characterized by a diminution in sexual excitement.

This stage involves a re-awakening of sexual interests, and individual beginning to seek other persons to provide sexual satisfaction. Thus, the individual becomes other-oriented as well as self-oriented; he combines his own concerns with those of other people.
**Importance of the Unconscious:**

Mental life, as described by Freud, consists of three levels of awareness. At the first or conscious level are all those experiences of which an individual is immediately aware at any particular time. It consists of his current thoughts and experiences. Below this level is a borderline area of thoughts and feelings which are not available at the moment but can be recalled with little efforts. This level is called the preconscious.

According to Freudian theory, much of life is living out these unconscious wishes, not only in slips of the tongue, missed appointments, and lost articles, but also in the occupations we choose, the individuals we marry, our hobbies, interests and preferences. With this construct of the unconscious, therefore, one has a principle of wide applicability for interpreting human behavior. As Freud's cases illustrate, even the most bizarre behavior can be studied or interpreted through this construct.

**Trait Theory:**

**Basic Elements of Personality -**

Personality is so complex that the task of
finding primary traits appears impossible at first glance. As a preliminary approach one could catalogue all the pertinent adjectives used in literature and in everyday life. Indeed, two investigators who followed this procedure found almost 18,000 terms referring to personality. As one might expect, many of these terms had the same or similar meanings. Fearful, apprehensive, troubled, and worried all have somewhat comparable meanings. Thus, one word, anxious, might be sufficient to represent the general meaning of all of these words. Analysis along similar lines for the thousands of remaining words has suggested that many of them can be represented by relatively few key terms or traits (Allport and Odbert, 1936).

**Personality Development**

The development of personality is not emphasized in trait theory; hence, few important contributions to developmental psychology have been made through his approach. By means of factor analysis, the stability of source traits from childhood into adulthood has been studied and as one might expect relatively few traits emerge in the early years, but some of these seem to remain as constant aspects of personality (Cattell, 1950, 1957).
An Illustration -

The case of Jenny Masterson is probably the most widely cited illustration of the trait approach in the study of an individual personality. From age 58 to 70, the person with this pseudonym wrote 301 letters to a married couple who were friends of her son. This correspondence began in earnest when Jenny had no close friends and was estranged from all her relations, including her son, Ross, and it continued for more than eleven years, from 1926 until her death in 1937. Her relationship with the younger couple remained static; apparently she merely wanted sympathetic listeners. Through her expressive style and the regularity of her letters, the reader receives a clear, first-hand account of Jenny's interest, fears, hopes, and thoughts, as well as her daily activities.

The letters have been analyzed through the trait approach on several occasions. In one instance, 36 people studied them and then individually characterized Jenny in terms of traits. They used a total of 198 trait names, but many of them were synonymous or closely related. Further analysis showed that they could be presented in eight clusters;
suspicious  artistic
self-centered  aggressive
autonomous  morbid
intense  sentimental

These categories accounted for more than 90 per cent of all the traits listed independently by the judges, nearly all of whom described Jenny's most basic qualities as suspiciousness, self-centeredness, and autonomy (Allport, 1965).

**Measurement of Personality** -

Psychologists interested in personality theory therefore have developed tests of personality. Some of these have been developed for practical purpose, such as the diagnosis of psychosis, while others have particular relevance to theroretical issues. Regardless of the original purpose, no single test can embrace all aspects of personality. Some tests emphasize surface characteristics, while other tests are concerned with underlying aspects of personality. Among the latter are projective techniques.

**The Projective Techniques** -

In many ways the most intriguing and least understood of all personality tests are those involving
inkblots, ambiguous pictures, and incomplete sentences.
The subject's response in these nebulous situations is presumed to arise largely from within him rather than from the external stimulus, which has little structure. These tests are referred to as projective.

The Orientation of Projective Techniques -

Projective techniques are presumed to reveal the less conscious but central aspects of personality. Their unstructured nature presumably elicits unconscious motivations, inner fears and hidden desires, though surface aspects also may appear in the test situation. Since psychoanalytic theorists place greatest emphasis on the deeper aspects of personality, they are most likely to adopt projective techniques, if they use psychological tests.

Rorschach Test -

This test involves ten cards containing inkblots, shown to the subject one at a time in a prescribed order. The subject is instructed to state whatever he sees in them or whatever they bring to mind. The instruction are designed to provide the subject with as much freedom as possible. Thus, if the subject ask, "May I turn the card?" or "can you see more than one thing?" he is informed that he may do as he wishes.
Similar to Freud's notion of free association, the assumption is made that the predominating aspects of personality are projected when one associates freely as he looks at the inkbloths.

Another part of the subject's task on the Rorschach test is to answer questions, asked by the examiner, about the result obtained in the free-association session. This phase of the test may seem puzzling to the subject, but it usually is regarded as an essential part of the test procedure.

Thematic Apperception Test -

The assumption underlying the T.A.T. is that the meaning which we see in a picture reveals something of our past experience, feelings, attitudes, and motives.

In taking the T.A.T., the subject is shown ambiguous pictures and asked to make up a story for each one. The themes in these stories are likely to involve conflict, affection, fear, contentment or achievement, assumed to be determined partly by the subject's underlying concerns, and it is not unusual for one theme to recur again and again.
Personality Inventories -

A personality inventory is a printed from containing statements, questions, or adjectives which, apply to human behavior. One widely used inventory is the minnesota multiphasic personality Inventory, often referred to simple as the MMPI. The emphasis is decidedly psychiatric, and the scored are classified largely in terms of psychiatric catagories. thus, the examiner determines the degree to which the subject's pattern of responses resembles that of schizophrenic patients, depressed patients, and so on, and the scores are presented in the form of a profile.

SELF-ESTEEM:

Self-esteem is a concept that has been used to explain a vast array of emotional, motivational, and behavioral phenomena. Most Americans believe intuitively that low self-esteem is undesiriable; indeed, the link between low self-esteem and depression, shyness, loneliness, and alienation supports the general idea that low self-esteem is an aversive state. The view that self-esteem is a vital component of mental health is also evident in the popular media and in educational policy. Low self-esteem has been viewed as the root cause of societal problems
ranging from drug abuse to teenage pregnancy to poor school performance. A number of educational and therapeutic programs have been developed to solve these problems by increasing self-esteem. Self-esteem is one of the most frequently examined constructs in sociology and psychology, with more than 15,000 research articles referring to it over the past thirty years. This entry reviews the research that has focused on the conceptual and functional basis of self-esteem.

Self-esteem is defined as the evaluative component of the self-concept, the extent to which people view themselves as likable and worthy as opposed to unlikable and unworthy. As a self-reflexive attitude, self-esteem is composed of cognitive and affective components. Self-esteem is related to personal beliefs about skills, abilities, and future outcomes as well as the strategies people use to gain self-knowledge. However, the personal experience of self-esteem is more emotional than rational. Some people dislike themselves in spite of objective evidence suggesting that they should feel very good about themselves. Many successful doctors, lawyers, professors, and entrepreneurs are filled with self-loathing despite their objective career success.

The term “self-esteem” sometimes is used interchangeably with terms such as “self-confidence,” “self-
efficacy,” and even “self-concept,” but such usage is inaccurate and should be discouraged. Self-confidence and self-efficacy refer to the belief that one can attain specific outcomes. Although people with high self-esteem often are self-confident, evaluative reactions to personal outcomes vary greatly, and it is possible for people to be confident about attaining a goal without feeling good about themselves in the process. The term self-concept refers to the components of self-knowledge and includes things such as name, race, ethnicity, gender, occupation, likes and dislike, and personality traits. As such, self-concept refers to cognitive beliefs and other forms of self-relevant knowledge (Felson 1992). Although self-esteem clearly is influenced by the contents of the self-concept, they are not the same thing.

Self-esteem or self-concept is a concept that a person has regarding his own self which consists of any evaluation that he makes of himself or whatever feelings he has about himself. In fact, what a person thinks about himself comprises the attitudes and feelings that he has about himself. “The self-concept is a particular kind of attitudinal structure” (McDavid and Harari, 1968). Ramkumar (1971) has defined self-concept as the cluster of the most personal meaning a person contributes to the self. He developed a self-concept inventory
using Q-sort method. Some attempts have been made in the past to measure self-concept with the help of some kinds of questionnaires and inventories using Q sort measure, semantic differential technique etc. For example, Gill and D, Oyley (1972) developed a theoretically oriented and objective instrument purporting to measure the self-concept of high school students in an academic setting. The retest reliability coefficients for the perceived self were .69 and .60 and ideal self .60 and .67 for boys and girls respectively. Internal consistency reliability ranged from .89 to .92. Some other attempts have also been made to develop self-esteem inventory (e.g. Harrison and Budoff, 1972; Mohsin, 1976; Piers and Haris, 1965; Singh, 1965). All the instrument developed to measure self-esteem of self-concept have, perhaps, not taken into account personally-perceived self and socially-perceived self of the individual. The self-evaluation of the individual is heavily dependent upon the way in which he thinks other view him. In fact, these two aspects of self-esteem (personally perceived self of socially perceived self) constitute the whole self of the individual. A few inventories or questionnaires have attempted to measure these two aspects but the tools developed for the purpose have not been very satisfactory. The present attempt, therefore, has been made to develop an inventory of self-esteem which would take
into account personally perceived self and socially perceived self adopting suitable statistical procedures.

**Self-Esteem: the individual’s satisfaction with the self-concept:**

Here, it will be more appropriate to describe the views of Robert B. German (1978). According to him, “There are feelings and values about concepts and beliefs of our self. This is the valuations component of the evaluations process, that is, attributing a value to the self-related informations.” This construct is self esteem - “the esteem attached to the self as it is known by the individual.

It is also essential to point out about positive and negative ‘self-esteem’ or in other words satisfaction and dissatisfaction with the self as one knows it. There is a difference between valuing one’s ‘self’ and valuing ones ‘self-concept.’

The ‘self-esteem’ has to other constructs also: 1. Global vs. Specific (aspect of the self) self-esteem and 2. Continual vs. momentary self-esteem (almost in the sense of trait vs. state). Germain (1977) suggests these constructs of self-esteem in following manner:
“Both of these constructs require a part-whole, hierarchical conceptualization of the ‘self’. For example, one’s performance on a math test is only one factor in math competency, which is only one factor in academic competency, which is only one factor in ‘self’ competency. Thus, one may have negative ‘self-esteem about failing a math test, but still have positive self-esteem about ones math competency .... these two constructs are only meaningful for a child who can conceptualize part-whole relationship, a child whose ‘self’ is conceptualized with (at least) concrete operational organization.”

**Self to Self-concept to Self-esteem - A Logical Sequence:**

Several researchers believe that the order of development from self to self-concept to self-esteem has a logically necessary sequence. When an individual get informations about oneself as actor then he act or exist and while you may have positive and negative feelings within your existence (e.g. an infant can feel pain), you can’t have positive and negative feelings about your ‘self’ untill you have a self-concept.

Due to their logically sequence in the order of developmental from self to self-concept, the goal for parents, educators or counsellor is to provide necessary help and healthy
environment to children to develop a competent vs. incompetent, a realistic and extensive (vs. unrealistic and narrow) self-concept and positive self-esteem.

Development of Self-esteem:

Regarding the considerations of relative stability of self-concept and self-esteem, Calhoun and Morse (1977) pointed out, “The self-concept can be altered only gradually, employing intensive stimulation from people with whom altered only gradually, employing intensive stimulation from people with whom the child has already established strong relationships (significant others). On the other hand, self-esteem can and does change from day to day. Using self-esteem as an indicator of the child’s self-concept could lead to incorrect assessment in the form of both false positive and false negatives.”

Generally, we find that highly competent people who can behaviorally describe their competencies. And at this stage also they have a preponderance of negative feelings about themselves. In society we can also get those people who possess positively value inappropriate things (‘as defined by significant others or the culture, such as one’s have the feeling of own inability to read. But there is difference between the acceptance of ‘where you are at’ (as a nonreader) but wanting
to achieve competency in the ability of reading and feeling good about being incompetent. Here one question arises- ‘If self-esteem is based on self-concept which is based on self, how is it that, while I am aware of having developed so many competencies, I still feel a bad about myself?’ Actualley for making the value judgement, their are two ways- 1. based on specific task related criteria for competency-this way of making value judgement indicate that ‘standards and goals are set, and with cognized success you feel good about your self, and with failure you feel bad. The second way of making value judgement is based on norms, (sometimes insidious) those comparisons we make between ourselves and others. Both these criteria of making value judgement are for competencies and the norms can be used to evaluate our competencies and potentialities and they can be a strong positive factor in self-concept development. Here we also like to mention that they also lead to valuation (positive as well as negative valuation). Negative valuation for those who do not meet norms or standards, or who fall on the left side of the normal curve in normative comparisons. To sum up this heading we like to quote the views of Robert B. German (1978):

“Helping people establish realistic goals (that is based on their ‘real’ self) leads to achievement and positive self-
esteem. This approach theoretically allows everyone to have a positive self-esteem. Praising a child's behaviour or competencies and modeling self-acceptance also helps increase positive self-esteem. Affective techniques which are more structured also are used to help children accept 'where they are at' and feel good about the development of their competencies. Normative valuations, by definition, creates a win/lose attitude about self-esteem."

*Self-assessments:*

Several researches show that self-perception can not be assessed. As Kubiniec (1970) pointed out, "the same instruments are employed, to measure different self constructs and the same constructs are measured by different instruments." On assessing self-perceptions, Gergen (1971) offers: "Clearly, we can not measure it directly as there is no direct access to another's private experiences. The most we can do is to infer the nature of a particular experience from various overt behavioural indicators." The same contention has been expressed by Piers and Harsis (1964) by stating that: "Validation of self-report scales always difficult, since the appropriateness of behaviour and other criteria outside the self can be questioned."
Despite the complications of self-assessment several, instruments exist which provide fruitful information regarding how individuals perceive themselves. Several studies are available in which self-esteem scales are used to examine self-concept. For example the Coopersmith Self-Esteem Inventory (1959) has been used to assess self-concept in numerous researches. The main reason of using self-esteem inventory for the assessment of self-concept is that many researchers treat the terms self-concept and self-esteem as synonymies. This type of statement made by Trowbridge (1972), ‘a self-concept instrument known as the self-esteem inventory’. Coopersmith (1967) also suggested that the self-concept and self-esteem were the same construct.

The study conducted by Michael, Plass, and Lee (1972) accepted a differentiation between self constructs, but they are unable to make the destruction that the Coopersmith Self-esteem Inventory (SEI) is designed to assess measures of self-esteem not self-concept.

The Coopersmith Self-Esteem Inventory has five subjects to assess self-esteem 1. General self; 2. Social-self-peers; 3. Home-Parents; 4. School-academic; 5. Lie scale. The scale will yield a global self-esteem evaluation. In Coopersmith’s SEI, each correct item worth two points, the maximum of 100
points Michael et.al., (1972), Alvord and Glass (1974) added ‘Home’ sub-test in Coopersmith’s SEI and stated, “Among the factors which have shown to contribute to the development of child’s self-concept are the home (Coopersmith’s) and the overall school environment” (Phrase 1973).

**Self-Esteem and Interpersonal Relationships:**

Self-esteem may be defined as a person’s evaluation of self. Thus, self-esteem is a value judgement based on self-knowledge. Because much self-knowledge concerns the person’s relations with others, it is not surprising that self-esteem is heavily influenced by interpersonal relationships.

**Sociometer Theory:**

Leary et.al.(1995) proposed that self-esteem is a sociometer: that is, an internal measure of how an individual is succeeding at social inclusion (see also Leary & Baumeister, 2000). In their experimental studies, participants are told that no one has chosen them as a partner for further interaction. This experience causes a decline in state self-esteem. In contrast, being chosen by group members increases state self-esteem. Leary et.al.(1995) compare self-esteem to a car’s gas gauge. The gas gauge itself does not affect the mechanical functioning of the car, but it serves a crucial function by showing the driver
how much fuel is in the tank. Leary et al. (1995) suggest that human drivers are strongly motivated to keep their automobiles gas gauges from reading “empty”, because most people seek out relationship whenever they see the needle moving in that direction. Self-esteem lets people know when they need “refueling” in the form of human interaction.

The sociometer theory is important for an interpersonal view of the self, because it takes one of the best-known and most prominent intrapsychic variable (self-esteem) and recasts it in interpersonal terms. Concern with self-esteem can easily seem like a private, inner matter. It is easy to assume that self-esteem goes up and down in the person’s own inner world with only minimal connection to the environment, and that people accept or reject environmental input according their own choices (e.g. one can either be in denial about a problem, or acknowledge and deal with the problem). Yet the sociometer theory proposes that self-esteem is not purely personal but instead fundamentally relies on interpersonal connection.

There is abundant evidence that people are consistently concerned with the need to form and maintain interpersonal connection (Baumeister & Leary, 1995), and so it seems quite likely that there would be a strong set of internal monitors (possibly including self-esteem) to help the person
remain oriented toward that goal. The sociometer view can also readily explain why so much emotion is linked to self-esteem, because strong emotional responses are generally associated with interpersonal relationships. In addition, people tend to derive their self-esteem from the same traits that lead to social acceptance (e.g. competence, likability, attractiveness). When people feel socially anxious, however, self-esteem suffers. A review of multiple studies concluded that the average correlation between social anxiety and self-esteem is about - .50 (Leary & Kowalski, 1995). That is, there is a substantial and robust link between worrying about social rejection and having low self-esteem.

Why, the, do people need self-esteem to register changes in social connection, when emotion seems to serve the same purpose? Leary and Baumeister (2000) argue that self-esteem registers long-term eligibility for relationships, rather than just responding to current events. Hence someone might have low self-esteem despite being socially connected-if, for example, she believed that she has managed to deceive people about her true self and personality. If people were to find out what she is really like, she thinks, they might abandon her. Conversely, someone might have high self-esteem despite having no close friends at the moment, because he might attribute this
dearth of friendships to the situation or to the lack of suitable people. He might believe that he will have plenty of friends as soon as there are enough people around who can appreciate his good qualities.

There are several possible objections to the sociometer view. It does seem that people can have high self-esteem without having any close relationship at that moment. There is also no direct and simple link between one’s immediate social status and self-esteem. Self-esteem seems more stable than social-inclusion status. Shifting the emphasis from current relationship to perceived eligibility for such relationships is one way to address this problem, but more research is needed to verify whether that solution is correct.

**Social Identity Theory:**

Another way that interpersonal relationships influence self-esteem is through group memberships. Social identity theory (e.g. Tajfel, 1982; Tajfel & Turner, 1979; Turner, 1982) argues that the self-concept contains both personal and social attributes. Self-esteem usually focuses on personal attributes, but group membership are also important. A person will experience higher self-esteem when his or her important social groups are valued and compare favorably to other groups (see also Rosenberg, 1979). Empirical research has confirmed
this theory; collective self-esteem (feeling that one's social
groups are positive) is correlated with global personal self-
estee (Luhtanen & Crocker, 1992). This is particularly true for
members of racial or ethnic minorities (Crocker, Luhtanen,
Blaine, & Broadnax, 1994). This most likely occurs because
minority group members identify more strongly with their ethnic
groups, and these groups are obvious and salient to others. In
addition, improving the status of the group tends to increase
personal self-esteem. For example, favoring in-groups over out-
groups in allocation of points or rewards can enhance self-
estee, even when the self does not personally benefit from
those allocations (e.g., Lemyre & Smith, 1985; Oakes & Turner,
1980). Thus self-esteem is not only personal: It also includes a
person's evaluations of the groups to which he or she belongs.

Objectives of the Present Study:

1. To study the significant difference of mental health
   between rich & medium nutritional children.

2. To study the significant difference of mental health
   between rich & poor nutritional children.

3. To study the significant difference of mental health
   between medium & poor nutritional children.
4. To study the significant difference of self-esteem between rich & medium nutritional children.

5. To study the significant difference of self-esteem between rich & poor nutritional children.

6. To study the significant difference of self-esteem between medium & poor nutritional children.

7. To study the effect between gender (boys & girls) and different nutritional status children on personality as reserved - outgoing.

8. To study the effect between gender (boys & girls) and different nutritional status children on personality as less intelligence - more intelligence.

9. To study the effect between gender (boys & girls) and different nutritional status children on personality as affected by feeling - emotionally stable.

10. To study the effect between gender (boys & girls) and different nutritional status children on personality as phlegmatic - Excitable.

11. To study the effect between gender (boys & girls) and different nutritional status children on personality as Obedient-Dominant.
12. To study the effect between gender (boys & girls) and different nutritional status children on personality as Sober-Enthusiastic.

13. To study the effect between gender (boys & girls) and different nutritional status children on personality as Expedient-Conscientious.

14. To study the effect between gender (boys & girls) and different nutritional status children on personality as Shy-Venturesome.

15. To study the effect between gender (boys & girls) and different nutritional status children on personality as Tough-Minded - Tender-Minded.

16. To study the effect between gender (boys & girls) and different nutritional status children on personality as Zestful-Circumspect Individualism.

17. To study the effect between gender (boys & girls) and different nutritional status children on personality as Forthright-Shrewd.

18. To study the effect between gender (boys & girls) and different nutritional status children on personality as Self-Assured - Guilt-Prone.

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19. To study the effect between gender (boys & girls) and different nutritional status children on personality as Undisciplined Self-Conflict-Controlled.

20. To study the effect between gender (boys & girls) and different nutritional status children on personality as Relaxed-Tense.

21. To study the effect between gender (boys & girls) and different nutritional status children on total personality.

22. To study the effect between gender (boys & girls) and different nutritional status children on mental health as Realistic.

23. To study the effect between gender (boys & girls) and different nutritional status children on mental health as joyful living.

24. To study the effect between gender (boys & girls) and different nutritional status children on mental health as autonomy.

25. To study the effect between gender (boys & girls) and different nutritional status children on mental health as emotional stability.

26. To study the effect between gender (boys & girls) and
different nutritional status children on mental health as social maturity.

27. To study the effect between gender (boys & girls) and different nutritional status children on total mental health.

28. To study the effect between gender (boys & girls) and different nutritional status children on self-esteem.

**Hypothesis of the Present Study:**

1. There is no significant difference of mental health between rich & medium nutritional children.

2. There is no significant difference of mental health between rich & poor nutritional children.

3. There is no significant difference of mental health between medium & poor nutritional children.

4. There is no significant difference of self-esteem between rich & medium nutritional children.

5. There is no significant difference of self-esteem between rich & poor nutritional children.

6. There is no significant difference of self-esteem between medium & poor nutritional children.

7. There is no effect between gender (boys & girls) and
different nutritional status children on personality as reserved-outgoing.

8. There is no effect between gender (boys & girls) and different nutritional status children on personality as less intelligence - more intelligence.

9. There is no effect between gender (boys & girls) and different nutritional status children on personality as affected by feeling - emotionally stable.

10. There is no effect between gender (boys & girls) and different nutritional status children on personality as phlegmatic - Excitable.

11. There is no effect between gender (boys & girls) and different nutritional status children on personality as Obedient-Dominant.

12. There is no effect between gender (boys & girls) and different nutritional status children on personality as Sober-Enthusiastic.

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