



Two dimensional of self-esteem: Testing of Mruk's model

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Abstract: The aim of this study is to test Mruk (2006b) 's model by examining the relationship between high and low self esteem with the authentic self, narcissism, antisocial behavior and depression in the light of the two-dimensional self-esteem model. A total of 266 students, 182 female and 84 male, participated in different departments of a Faculty of Education. The ages of the students ranged from 18 to 31 (mean: 21.15, sd: 2.13). Data were obtained by Two-Dimensional Self-Esteem Scale, Authentic Self Scale, Narcissistic Personality Scale, Anti-Social Tendency Scale, Depression, Anxiety and Stress Scales. According to scores the self-esteem scale, participations were divided into four groups. In the study, the hypotheses determined by Mrunk's model. The hypotheses of the study were tested by ANOVA and regression analysis. Results showed subjects with high SE were obtained higher score than others in their authentic self. And subjects of low SE were the highest depression scores. The findings are discussed in the context of Mruk's model, two-dimensional self-esteem, authentic self, antisocial behaviors and depression variables.

Keywords: Two dimensions of self- esteem, authentic self, narcissism, antisocial tendency, depression, college students

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1-INTRODUCTION

Self-esteem, which includes the individual's most basic self-evaluations, has been one of the focus areas of psychological research for many years. This long-standing interest has led to many new conceptions about self-esteem. In general, self-esteem is conceptualized in three ways. First, there is a relatively more *static* and *trait* self-esteem closely related to the pattern of general behavior. Secondly, *state* self-esteem, which includes self-evaluations of the person at the same time showing irregularities according to positive and negative experiences. Finally, *domain specific* self-esteem, which includes personal evaluations that can change in different areas, has been dealt with (Brown and Marshall, 2006: 4). Self-esteem is defined as a one-dimensional, general evaluation that expresses the value that an individual values as an individual and determines all the behaviors of the individual (Marsh, Craven and Martin, 2006: 21, Rosenberg, 1979).

Rosenberg's (1979) self-esteem scale has been widely used in psychology researches. In many studies, RSES was used one-dimensional scale. But, Bagozzi and Heatherton (1994) suggested that the scale include a two-dimensional construct that includes both self-liking and self-competence. In contrast, Davis, Kellett and Beail (2009) questioned whether the scale (RSES) was measured the self-esteem or not. According to the researchers, the scale measures the dimensions of self-love and self-criticism. In spite of all these criticisms, the scale has been used in a number of studies to measure general self-esteem in one dimension all over the world. Tafarodi and Swann (2001), however, have created a model of self-esteem (self-liking and self-competence) that consists of two integrative dimensions that interact with each other rather than a one-dimensional structure in the measurement of self-esteem. In the model, there are both affective items containing the sense of worthiness of the individual and cognitive items including the sense of being competence and successful.

In the two-dimensional self-esteem model, the self-liking expresses the value of the individual as a positive or negative self as a social individual (Tafarodi and Swann, 2001). While the valence dimension of self-esteem is related to the perception of the individual being socially

related and group harmony, the competence dimension is associated with power or authority (Tafarodi and Swann, 2001). According to this model, self-esteem develops as a result of dynamic interaction of two sub-dimensions as liking and competence (Mruk, 2006b: 13). Liking and competence perceptions must develop for the development of healthy and optimal self esteem of individuals (Mruk, 2006b: 154; Tafarodi and Swan, 2001). In the field study, both dimensions were considered in a limited number of studies (Mruk, 2006a-b, Schmitt and Allik, 2005, Tafarodi and Swan, 2001).

In recent years, discussions about the role of high self-esteem in defining a healthy self have gained interest as well as discussions about the structure of self-esteem. Some researchers have associated high self-esteem with variables such as well-being and positive personality traits (Caprara, Steca, Alessandri, Abela, and McWhinnie, 2010). Others have associated high self esteem with negative features such as narcissism, aggression and prejudice (Jordan, Spencer, Zanna, Hoshino-Browne and Correll, 2003). For this reason, the use of two dimension measures in self-esteem studies can prevent to confusing with narcissism that include self-esteem.

1.1. Self-esteem and Culture

Self develops within a culture. So, culture effects individuals' self perceptions (Mead, 1934/2015: 235). Self-esteem is which a universal need or not in different societies (Pyszczynski, Greenberg, Solomon, Arndt and Schimel, 2004). However, if your self is formed in a certain culture, it is difficult to speak of an ego on a universal scale. In other words, one's self is shaped within the values that other people and cultures interact with the world (Heine, 2001). One of the most important items that distinguish cultures from each other is individualism and collectivism. Individualism and collectivism in culture play an important role in self-esteem. Self-esteem in collectivist cultures may be less important or even less necessary than individualist cultures (Markus and Kitayama, 1991). Meta-analytic studies on the subject have come to the conclusion that self-esteem is a need for individualist cultures (eg, America), but is not seen as a need in collectivist cultures (eg, China). For example, self-criticism, modesty and humility in Western cultures damage the development of self-esteem, while collectivistic cultures are more likely to accept these characteristics. It is not appropriate to explicitly reveal the self in collectivist cultures (Heine, Lehman, Markus and Kitayama, 1999). In response to these views, some studies in China, a collectivist culture, found low self-esteem to be associated with traits such as anxiety, depression and low life satisfaction. The similarity of these results with American date supports the possibility that self-esteem may be a need in collectivist cultures (Cai, Wu and Brown, 2009). These conflicting findings can be explained in the two-dimensional model light instead of a one-dimensional general self-esteem. Due to cultural differences in the development of self esteem, experiences that contribute to the self esteem of individuals in different cultures may change. For this reason, self-perceptions of individuals may come to their different experiences. These experiences can lead to more self-identification of the individual's self in terms of autonomy, relationships and compliance (or conformity) (Güngör, Karasawa, Boiger, Dinçer and Mesquita, 2014). For example, in an autonomous self the individual describes himself more with his own abilities and characteristics. In collectivist culture, however, individuals develop their self-abilities as well as their self-reflections (Markus and Kitayama, 1991). It is important in describing the liking and consent of those who are involved. In collectivist culture, the individuals define their selves with other focused behaviors such as better conformity to community expectations and good looks in the eyes of others to them (Markus and Kitayama, 1991; Singelis, 1994).

The self-liking dimension of the two-dimensional self-esteem is higher in collectivist cultures than in the individualist cultures and vice versa (Cai, Brown, Deng and Oakes, 2007, Sedikides, Gaertner and Toguchi, 2003). Tafarodi and Swann (1996) found that Chinese university students had higher self-liking but lower self-competence than American students. While self-esteem is important in these findings, both collectivist and individualist cultures, the sources of self-esteem in different cultures can change. As a result, self-liking may more important in collectivist cultures, while self-competence may more important in individualist societies.

1.2. Self-esteem and Authentic Self

One of the discussions about the development of the self of individualistic and collectivistic societies is the authentic self. The authentic self is related to the individual's own capacity to be self. The authentic self consists of four dimensions (awareness, objectivity, authentic behavior and relational authenticity). Culture influences the development of the original self. For example, it is emphasized in society (collectivist) that the evaluation of other people about the individual is important in terms of self-identification (collectivist), the development of authentic self is to be avoided (Triandis and Suh, 2002). When an individual's self-perception develops in the direction of liking (self-liking) and competence (self-competence) - it creates an authentic self-perception (Jordan, et al., 2003, Kernis, 2003a; Mruk, 2006:158). According to Mruk's (2006b) model, when self-esteem has a high level of liking and competence an authentic self occurs and the individuals have a unchanged self-liking and a realistic self-competence (p.168). For this reason, high self-esteem (high liking and competence) increases the authentic role while maintaining consistency in the self-perception of the individual (Sheldon, Ryan, Rawsthorne and Ilardi, 1997). Imamoğlu, Günaydın and Selçuk (2011) suggested that individuals' authentic selves have been influenced by both individualistic and collective elements of a culture. These results support the conceptual model of Kagitçibaşı (1996) on relational autonomy.

1.3. Self-esteem and Narcissism

The relationship between narcissism and self-esteem is like the two sides of a coin. Self-esteem and healthy narcissistic traits are positively related. For this reason, optimal narcissism relates to self-esteem (Karaaziz and Erdem-Atak, 2013, Sedikides, Rudich, Gregg, Kumashiro and Rusbult, 2004). In the relationship between pathological narcissism (grandiose and fragile narcissism) and self-esteem, pathological narcissism. (DSM-4), as well as an overpositive self-assessments decrease self-esteem (Eldoğan, 2016, Karaaziz and Erdem-Atak, 2013). Both self-esteem and narcissism have similarities and different aspects. Both have high confidence. But while the narcissism is fragile, self-esteem is not fragile. Both self-esteem and narcissistic traits were made using a number of adjectives related to grandiose (intelligent, excellent and super etc.) and worthiness (limited, insufficient and insignificant, etc.). However, it is noted that self-esteem and narcissistic traits are not related to each other as a result of these measurements (Horvath and Morf, 2010). The implicit / intrinsic (automatic and uncontrolled) self-esteem is low while narcissistic individuals have high self-esteem / explicit (deliberate and controlled) (Bosson et al., 2008). While narcissistic individuals explain their individual qualities (intelligence, extroversion, etc.), those with high self-esteem express these traits as well as their social characteristics (moral, agreeable etc.) (Campbell, Rudich and Sedikides, 2002). However, when the ego perceives a threat any situations, the narcissistic traits of self-esteem emerge to protect the self. And, it may be that people tend to be aggressive to protect their self-esteem (Baumeister, Bushman and Campbell, 2000; Bushman et al., 2009). This may not always be related to narcissistic traits, but may be a function of the person's ability to regulate his / her emotions, which arise through threat perception.

The relationship between narcissism and self-esteem can be better understood in the context of two-dimensional self-esteem. When self-esteem is optimal (high liking and competence) it expresses a healthy sense of self and is expected to be associated with low/medium narcissism. In particular, if any dimension is low in a two-dimensional measurement, it means low self-esteem (unhealthy self-perception). If the self-liking dimension (self-esteem) of self-esteem is high and the self-competence dimension is low and then the person's self-perception includes narcissistic traits (Jordan et al., 2003). According to Mruk (2006b), self-esteem shows narcissistic qualities when variable and fragile. This is due to the need for approval. Moreover, if the self-esteem contains too many narcissistic traits, the self becomes defensive. This comes about when more criticism is received, and the person has a low competence sense and a sense of exaggerated worthiness (p.168). Narcissistic individuals have difficulties in seeing their own negative traits because they reject most of the reality, and

because of not making efforts to change them, they did not adjusted well (Masterson, 2006: 125).

1.4. Self-esteem and Antisocial Behavior

Anti-social behavior includes all kinds of behavior, including harming one. When a person hurts someone, they do not feel guilt because of their behavior and have difficulty empathizing with the other person. Individuals with antisocial behavior has low self-esteem (Bushman et al., 2009). However, they founded that the children of high self-esteem show violence and aggression behaviors when self-esteem are threatened (Baumeister, Smart and Boden, 1996). Moreover, children with high self-esteem have been shown to exhibit anti-social behavior. These children have been seen to have logicalized these problem behaviors. For these children, anti-social behaviors were seen to carry the reward value (Orth, Robins and Roberts, 2008). In two-dimensional self-esteem, even though individuals' self-perceptions do not develop in the sense of self-liking, they can develop in the sense of self-competence. Dependent on results of this self-development, they exhibit more anti-social behaviors (Jordan et al., 2003). Antisocial behaviors can range from intentional aggression (Kağıtçıbaşı, 2010: 368) to psychopathic behaviors (Hare, 2006: 36). According to Mruk (2006b), self-esteem becomes fragile/unstable only it develops this way. Because, self-liking is important for everyone, especially individuals who do not develop enough self-love. Eventhough competence individuals have lots of achivements and don't not gain their self-liking well, these people will be extremely sensitive to failure. If self-liking is low, it increases the antisocial tendencies as well as desires the exaggerated power and achivement of these people (p.168).

1.5. Self-esteem and Depression

If self-esteem does not develop in high liking and high competence, it leads to low self-esteem. Low self-esteem negatively affects the individual's well-being and is associated with depression. That is, the relationship between depression and self-esteem is two-sided problem and circle. (Orth and Robins, 2013). They found the relationships with low self-esteem among stress, anxiety, depression (Jordan et al., 2003; Sowislo and Orth, 2013) and pathological symptoms (Sheldon et al., 1997). Especially in adolescence and late adolescence, low self-esteem leads to depression, while depression does not lead to low self-esteem (Orth et al., 2008). Moreover, when narcissistic features are controlled, low self-esteem has been shown to lead to depression. For this reason, there was a linear inverse relationship between high self-esteem and depression, independent of narcissism (Orth et al., 2016). According to Mruk (2006b), individuals with low self-rated proficiency levels avoid self-esteem loss and tend to protect their self-esteem. Low self-efficacy and low self-esteem cause the person to abandon many activities and lead to depression (p.168).

1.6. This Study

Relatedness is more important Turkish culture than Western societies. Unlike many collectivistic culture with relatedness culture, Turkish culture have aspects both relatedness and autonomous of the culture (Kağıtçıbaşı, 1996, 2005). In both Turkey and Japan, though the dominant culture of relatedness, relatedness resources of both cultures are different from each other (Güngör et al., 2014). The self is a structure formed by thoughts, feelings and behaviors that are influenced by the culture in which the individual is. One of the most important aspects of the self is him/herself respect for the individual. Self-esteem is one of the most important variables in the individual's adjustment as a structure that includes cognition, emotions and behaviors. There are many studies that show that self-esteem increases to the development and adjustment of the individual (Acun-Kapıkıran, Körükçü and Kapıkıran, 2014, Kapıkıran and Acun-Kapıkıran, 2016, Sowislo and Orth, 2013). As noted above, the development of optimal self-esteem has been previously described when self-esteem is developed in both self-liking and self-competence aspects sufficiently. In the literature, there are many studies on one dimensional measurement of self-esteem (Paradise and Kernis, 2002, Zeigler-Hill, 2004).

However, the two-dimensional measurement of self-esteem is few researches (Tafarodi and Swan, 2001).

Kağıtçıbaşı (1996) suggested that optimal human development can take place in a relational-autonomous cultural structure. The self-linking dimension of self-esteem of two-dimensional self-esteem is related to the relationships of individuals more closely and the self-competence dimension is related to the level of determination and attainment of self-goals. In Mruk (2006b)'s model, it is expected that the individuals with high self-liking and self-competence dimensions will have higher self-esteem. In addition, it suggests that if one or both self-liking and self-competence dimensions are low, self is not healthy, the individual's self-perceptions can be included in narcissistic, anti-social, and depressive aspects (p.168).

College students are individuals in the transition years from youth to young adults. The self-esteem of the individuals in this period begins to become more stable than the adolescents. Self-esteem is a characteristic that can continue to develop until the end of your young adult life (Orth et al., 2008). In order to continue the development of self-esteem, it is important to know cultural specific sources and to carry out specific studies. Although there are studies on the one-dimensional measurement in Turkey, it has not been found in a study for the determination of two-dimensional self-esteem. There is a need to determine the values of self-liking/love and self-competence in Turkish culture. Therefore, findings of self developed within Western cultures Mruk (2006b) 's model is important of determining whether there are correction and validity for young people in Turkey or not. This study aims to test the relationship between self-esteem including individual self-liking and competence dimensions and the relationship between authentic self, narcissism, anti-social tendencies and depression, based on Mruk (2006b) model. At the same time, we will try to determine the relationship among the dimensions of liking and competence of self-esteem and, the authenticity, narcissism, antisocial tendency and depression.

The following hypotheses will be tested for this:

- 1-A) If self-liking and self-competence are high, the authentic self-scores are high
- 1-B) If self-liking and self-competence are low, depression scores are high.
- 2-A) If self-liking is high, self-competence is low, narcissism scores are high.
- 2-B) Self-liking is low, self-competence is high, anti-social tendency scores are high.
- 3) Self-liking will increase authentic self and narcissism scores, reduce anti-social tendency and depression scores.
- 4) Self-competence will increase authentic self and anti-social tendency, decrease narcissism and depression scores.

METHOD

1.7. Participants

The participants of this study are 266 college students in total. The participants' ages ranged from 18 to 31 years (mean= 21.15, Sd= 2.12). Participations consisted of 226 students, 182 (68%) of them female and 84 (32%) of them male. Data were collected from seven different sections of the Education Faculty. 51 (18%) participants were first grade, 107 (40%) were second grade, 78 (30%) were third grade and 32 (12%) were fourth grade.

Measurements

1.7.1. Information form.

In demographic sheet, sex, age and grade characteristics of the participating students has been obtained through an information form developed by the researchers.

1.7.2. Two-dimensional Self-esteem Scale (TDSES).

Two-dimensional self-esteem (self-liking and self-competence) is a 5-likert type instrument (1-Totally disagree 5-Totally agree). TDSE was adapted to Turkish by Doğan (2011). In this study, Explanatory Factor Analysis (EFA) was performed. The two-factor structure of the scale is KMO = .77 and Bartlett's square value = 327.514. The factor loadings of self-liking sub-items ranged

from .48 to .79) and explained 27.55% of the variance. The factor loadings of the items of the self-competence sub-dimension ranged from .72 to .58 and explained 23.32% of the variance. 50.87% of the total variance is explained by both dimensions. Internal consistency was tested for reliability of the scale and Cronbach's alpha coefficients were found to be $\alpha = .71$ for the self-linking subscale and $\alpha = .63$ for the self-competence subscale, respectively. For Cronbach's alpha coefficient of the TDSE was calculated as $\alpha = .80$.

1.7.3. The Authentic Self Scale.

The Authentic Self Scale is a 45-item scale developed by Kernis and Goldman (2006). The scale was adapted to Turkish by İmamoğlu, Günaydın and Selçuk (2011). In the study of adaptation to Turkish, the Authentic Self Scale was reduced to 27 items. The items of the scale and the factor structure consist of four factors in accordance with the Confirmatory Factor Analysis model. Participants expressed their degree of involvement with each item on the Likert scale. (1 = Never, 7 = Completely). A high score is the high authentic self. For the internal consistency of the scale, Cronbach's alpha reliability coefficient was $\alpha = .77$ for relational authenticity subscale, $\alpha = .77$ for unbiased subscale, $\alpha = .76$ for the awareness subscale, $\alpha = .66$ for the authentic behavior subscale and for the general authenticity scale $\alpha = .84$. For this study, the Cronbach's alpha coefficient of the general authentic self was calculated as $\alpha = .81$.

1.7.4. The Narcissistic Personality Scale (NPS).

The NPS developed by Raskin and Terry (1988) was adapted by Atay (2009) to Turkish. On two separate samples, the internal reliability and structural validity of the scale were tested. The scale is 16 items and requires that you choose one of two items such as a-b. Factor analysis revealed that the scale consists of six subscales that account for 60.8% of the total variance. The Cronbach's alpha coefficient of the scale was calculated as $\alpha = .65$, when the 8th item with low item-total correlation was omitted. For this study, the Cronbach's alpha coefficient of the NPS was calculated as $\alpha = .68$.

1.7.5. The Anti-Social Tendency Scale.

The scale was developed by the first author for this study. Scale items are based on the literature. The scale was constructed as 14-item. Explanatory and confirmatory factor analyzes of the scales were conducted with respect to the data obtained from the *same* participants. According to the exploratory factor analysis results, KMO: .817 and Bartlett Test result 307.935 $p < .000$. The latest version of the scale is a 7-item and the likerts (1-I do not agree 5-Totally agree type). The items account for 34.8 % of the total variance. Factor loadings range from .47 to .71. Item-total correlations are changed between .29 and .53. Confirmatory factor analysis (CFA) of the scale was performed. The fit values of the scale were calculated as $X^2 = 29.56/14$, $p = .001$, RMSEA = .060, NNFI = .96, CFI = .97 and SRMR = .041. Compliance indices were found to be satisfying (Hu and Bentler, 1999). Internal consistency of the scale was calculated by Cronbach's alpha coefficient and $\alpha = .69$.

1.7.6. Depression Anxiety and Stress Scale (DASS).

The scale was developed by Lovibond and Lovibond (1995a) and measures depression, anxiety and stress level. Cronbach's alpha coefficients were found to be $\alpha = .91$, $\alpha = .84$ and $\alpha = .90$, respectively. The validity and reliability of the Turkish version of the ACS was made by Akın and Çetin (2007). Factor analysis showed that the scale had three factors, as in the original form, and the factor loads varied between .39 and .88. Differential validity results have shown that the scale can distinguish the clinical and normal sample in a valid way. The linguistic equivalence and adaptation validity scores of the DAS were $r = .99$, $r = .87$ and $r = .84$, respectively. The Cronbach alpha coefficient for the reliability calculations of the scale is $\alpha = .89$ and the item-total correlations are changed between .51 and .75. Test-retest and two-tailed reliability scores of the scale were $r = .99$ and $r = .96$, respectively. The re-adapted and confirmatory factor analysis results of Bilgel and Bayram (2010) have reached a sufficient level. For this study, the Cronbach's alpha coefficient for the whole scale was calculated as $\alpha = .96$.

1.8. Processes and Analyzes

The participants were informed that the data were collected for research and would not be used for any other purpose. The purpose of the research was briefly mentioned. After taking the scales, people who feel uncomfortable or restless can be interviewed privately. Then, scales were applied to volunteer participants. After the application of the scales, the participants' questions were answered. The scales applied to the volunteer students were completed in approximately 40 minutes. Data were analyzed with the SPSS-22 program. For the purpose of grouping the participants, firstly, the students were classified as upper and lower groups, with the scores from the scale being lower than or equal to 1 ss according to the arithmetic mean. One-way analysis of variance (ANOVA) was used to determine whether the scores of the original self, narcissism, anti-social tendencies and depression, anxiety and stress scale (DASS) differed among the groups. The relationship between the scales is calculated by the Pearson Moments Multiplication Correlation Coefficient. Differences of the variables included in the study according to demographic variables were tested by one way analysis of variance (ANOVA). In addition, regression analysis (ENTER) performed that the self-liking and self-competence sub-dimensions of the two-dimensional self-esteem scale was analysed by authentic self, narcissism, anti-social tendency and depression.

RESULTS

Analysis results showed that the variables were normally distributed before performing the variance analysis. As a result, the variables showed normal distribution (see Table 1). Skew and Kurtosis scores were given in Table 1. After this phase, the two-dimensional self-esteem scale (TDSES) was assessed as having a high self-liking and a high self-competence (group 1 SL score= 37 and above, SC score and above = 31), high self-liking and low self competence (group-2 SL score=37 and above, SC score= 21 and below), low self-liking and high self- competence (group-3 SL score= 24 and below, SC score= 31 and above) and low self-liking and low self-competence (group-4 SL score= 24 and below, SC score= 21 and below). The groups were evaluated by one way analysis of variance (ANOVA) in terms of authentic self, narcissism, antisocial tendency and depression.

Table 1. Results of descriptive and correlational analysis in variables

	SL	SC	SE	AS	NARCI	ANTISO	Mean	S	Skew	Kurtosis
SL	-	-	-	-	-	-	30.47	6.38	-.664	.269
SC	.618**	-	-	-	-	-	25.90	4.83	.144	.522
SE	.927**	.868**	-	-	-	-	56.37	10.11	-.391	.704
AS	.331**	.264**	.335**	-	-	-	137.27	18.80	.274	.276
NARCI	.082	.168**	.132*	-.114	-	-	18.12	5.21	.407	.305
ANTISO	-.154*	-.081	-.136*	-.291**	.177**	-	5.47	3.05	.795	.502
DEP	-.493**	-.376**	-.491**	-.304**	.016	.265**	11.95	9.48	.795	-.057

*0.05 ** 0,001

SL-self-liking SC-self-competence SE-self-esteem AS-authentic self NARCI-narcissism

ANTISO- antisocial tendency DEP- depression

In Table-1, SL, SC and SE were significantly correlated with authentic self ($r = .331, .264$ and $.335$ respectively) positively. SC and SE were significantly correlated with narcissism positively ($r = .168$ and $.132$ respectively). SL and SE were correlated with antisocial tendency ($r = -.154$ and) and depression ($r = -.493$ and $-.136$ respectively) negatively. SL, SC and SE were significantly correlated with authentic self, narcissism, antisocial tendency and depression negatively ($r = -.493, -.376$ and $-.491$ respectively).

3.2. Results of Variance Analysis

The difference between groups was tested with variance analysis. Variance analysis results showed that the difference between the groups was significant in terms of the authentic self ($F(3,76) = 8.36, p < .001$) and the DASS ($F(3,76) = 10.68, p < .001$), the difference in terms of narcissism

($F_{(3,76)}=.95, p>.05$) and anti-social tendency ($F_{(3,76)}=1.18, p>.05$) was not reached a significant level.

Table 2. Results of ANOVA on authentic self, narcissism, anti-social tendency, and depression in TDSES groups

Variables	TDSES groups	N	Mean	S	F	p
Authentic self	1	28	152.03	17.91	8.36	.000
	2	61	141.57	19.37		
	3	33	132.73	20.92		
	4	19	126.63	17.82		
Narcissism	1	28	5.75	3.56	.95	.41
	2	61	5.34	3.26		
	3	33	6.18	2.69		
	4	19	4.79	2.70		
Antisocial tendency	1	28	16.61	5.27	1.18	.31
	2	61	18.21	5.62		
	3	33	18.72	7.16		
	4	19	19.58	3.27		
DASS	1	28	31.32	25.18	10.68	.000
	2	61	35.36	25.38		
	3	33	52.73	25.82		
	4	19	67.16	28.99		

TDSES: Two-dimensional self-esteem scale, DASS: Depression, anxiety and stress scale

1 = High Self-linking and High Self-competence, 2 = High Self-linking and low self-competence 3 = Low self-linking and high self-competence 4 = Low self-linking and low self-competence

The Bonferroni test was used to determine the source of the difference between the groups. When the groups were compared in terms of the authentic self scores, the differences between the first group and third group (Mean = 19.31 S = 4.95 p <.001), fourth group (Mean= 25.40 S: 5.72, p <.001) were significant level. Furthermore, the difference between groups 2 and 4 groups (Mean = 14.94, S = 5.06, p <.02) was significant level statistically.

Depression results also produced a significant difference between the groups. This difference was significant between groups 1-3 (Mean = -21.41, S = 6.67, p <.01), 1-4 (Mean = 35.84, S = 7.71, p <.001 S = 5.61, p <.04) between groups 2-4 (Mean = -31.80, S = 6.82, p <.001). In the next phase of the analysis, two separate regression analyzes were performed to determine the best predictor variables for both sub-dimensions, and the results are presented in Tables 3 and 4.

3.3. Results of Regression Analysis

The dimension of the two-dimensional self-esteem scale itself has been estimated in terms of authentic self, narcissism, antisocial tendency and depression.

Table 3. Results of regression analysis of self-liking, authentic self, narcissism, anti-social tendency and depression

	Beta	t	Partial	Collinearity
Authentic self	.214	3.79***	.229	.855
Antisocial tendency	.003	.048	.003	.859
Depression	-.432	-7.73***	-.431	.871
Narcissism	.113	2.13*	.131	.962

*0.05 ***0.001 Adjusted R² : .281 SE: 5.41df: 4 F(3,76)=26.95 p<.001

In Table 3, the size of the self-liking of the two-dimensional self-esteem scale was statistically significantly predicted by the depression ($\beta = - .432$) and narcissism ($\beta = .113$). It has been noted that depression decreases when self-liking increases the original self and narcissism. It was

noted that anti-social tendencies did not predict their self-liking. These variables account for 281% of the total variance.

Table 4. Results of regression analysis of self-competence, authentic self, narcissism, anti-social tendency and depression

	Beta	t	Partial	Collinarity
Authentic	.195	3.27***	.198	.855
Antisocial tendency	.029	.486	-.081	.859
Depression	-.327	-.5.53***	-.376	.871
Narcissism	.191	3.90*	.168	.962

*0.05 ***0.001 Adjusted R² = .192 SE= 4.34 df: 4 F(3.76)= 16.75 p<.001

The self-competence dimension of the two-dimensional self-esteem scale was statistically significantly predicted by the authentic self ($\beta = .195$), depression ($\beta = -.327$) and narcissism ($\beta = .191$). It has been noted that while self-competence increases authentic self and narcissism, depression decreases. But, the self-competence did not significantly predicted by antisocial tendency. These variables explain 192 % of the total variance.

DISCUSSION and CONCLUSION

This study aimed on test the self-liking and the self-competence dimensions of the two-dimensional self-esteem scale (TDSES) based on the Mruk (2006b) 's model of association with authentic self, narcissism, antisocial tendency and depression.

Firstly, participants with a high score, self-liking and self-competence dimensions, (1st group high self esteem) had higher authentic self scores than two groups (antisocial and depression groups) and not difference narcissistic group according to ANOVA's results. In this framework, hypothesis-1A was supported (Table-2). The findings regarding the relationship between high self esteem and authentic self support the results of previous studies (Sheldon et al., 1997).

When the difference between the groups was examined, the difference between the first group (self esteem-SE) and the second group (narcissistic) was not statistically significant in terms of the authentic self. The differences between group 1st (SE), 3rd group (antisocial) and 4th group (depression) were statistically significant level. The fact that the difference between the first and second groups does not reach a meaningful level is due to healthy narcissistic traits in high self-esteem. This is an expected result. Because, this result supports Ostrowsky's (2010), Karaaziz and Erdem-Atak (2013)'s and Sedikides et al. (2004)'s findings. However, pathological narcissism is not associated with self-esteem (Eldoğan, 2016; Karaaziz and Erdem-Atak, 2013). Narcissistic individuals themselves perceive individual characteristics such as intelligence, beauty, superiority (Campbell et al., 2002). However, individuals with high self-esteem also emphasize the positive characteristics associated with other people besides their individual characteristics. For example, they can give up some selfish traits. Sometimes, they may act morally and moral behavior must be also includes not giving up for their wishes. So, they have to be sometimes conform in certain norms. For example, Uslu (2013) revealed that the traits such as agreeability of prospective teachers who prefer the Faculty of Education have come to the forefront. For this reason, it can be said that self-esteem in individuals preferring to this facet has less narcissistic tendencies based on the above study (Campbell et al., 2002). Studies with different sampling, especially pathological narcissistic traits, may lead to differences between these groups.

Secondly, the 4th group (low self-esteem)'s depression score is much higher than the scores of the other groups. This finding is also support to the hypothesis-1B (Table-1). That is, individuals who have low self-esteem scores have high levels of depression. This result is support the previous research results (Jordan et al., 2003, Orth and Robins, 2013, Sheldon et al., 1997, Sowislo and Orth, 2013). One of the major causes of depression in adolescence and late adolescence is low self esteem (Orth et al., 2016). The preparation of psycho-education programs to improve both self-liking and self-competence dimensions of two-dimensional self-

esteem may then lead to a increase in self-esteem apart from general self-esteem. In this case, high self-esteem may contribute to individuals' adjustment level. Depression is also one of the most important public health problems in the normal population. Professions can prevent general public health problems such as depression in the normal population and may increase the individual's productivity.

Thirdly, there was no significant difference in terms of narcissistic scores between the participants with high self-liking and low self-competence (group 2) and participants from other groups. This result supported 2nd hypothesis (Table-2). There is no evidence for hypothesis that individuals with higher self-liking but lower self-competence levels (group 2 narcissistic group) should carry more narcissistic traits than other groups. As noted above, the optimal narcissistic traits of the participants may not have led to this difference. But, data collected from high narcissistic traits of the participants may support the hypothesis.

Fourthly, there was no significant difference between the participants who had low self-liking but high self-competence (3rd group) and anti-social tendency scores of the other groups (1st, 2nd and 4th groups). As a result, 2-B hypothesis is not supported (Table-2). Many studies have shown a relationship between low self-esteem and antisocial traits (Bushman et al., 2009; Jordan et al., 2003). As in narcissism, although the participants in 3rd group had the highest antisocial tendency score, the differences between the groups (1st, 2nd and 4th groups) did not statistically reach significant level.

Regression analysis results showed that the self-liking (SL) predicted positively by authentic self and narcissism, predicted negatively by depression at a significant level. Only, self-liking are not predicted by antisocial tendency as statistically significant level (Table-3). According to this result, 3rd hypothesis is supported. In other words, the self-liking scores show that they are related to both the authentic and the narcissistic traits. However, comparing with authentic self and narcissistic traits scores, narcissistic individuals were higher self-liking scores than authentic self of them. One of the reasons of this result may Turkish culture. As known, it has been expected that narcissistic individuals have high self-liking scores. High self-liking score may be specially related to the collectivist and relatedness cultures (Kağıtçıbaşı, 1996). Self-liking was predicted by depression adversely. This finding is parallel to the previous findings. Since there are a limited number of studies for two-dimensional self-esteem, there are studies about one-dimensional measurements. As known that narcissism is related both self-esteem positively (Jordan et al., 2003, Orth and Robins, 2013) and depression negatively (Sowislo and Orth, 2013).

Regression analysis results showed that the self-competence (SC) dimension of self-esteem was positively predicted by the authentic self and narcissism, it was predicted at a significant level negatively by depression. However, the self-competence dimension is not predicted by antisocial tendency significantly (Table-4). The self-competence dimension of self-esteem has been associated with more cognitive abilities (such as achievement and creative achievement) in the literature (Mar, DeYoung, Higgins, Peterson, 2006). In literature, self-competence is a positive correlation with healthy narcissism (Karaaziz and Erdem-Atak, 2013; Sedikide et al., 2004). Otherwise, there is a negative relationship between self-competence and pathological narcissism (Eldoğan, 2016; Karaaziz and Erdem-Atak, 2013; Mruk, 2006b). This results were obtained from the normal sample groups, the self-esteem measure of individuals without narcissistic personality disorder. In addition, this results were related to many cultural factors. SC was predicted by depression negatively. This result supports the negative relationship between self-competence and depression in the literature (Ohannessian, Lerner, Lerner and von Eye, 2000). When the both of self esteem are low, individuals show more depressive symptoms. So, low self esteem prevents the individual from organizing his life and controlling events in his life (Strauman, 2002). This also leads to inefficacy sense and failure in the individuals (Mar et al., 2006).

This study also has some limitations. The first limitation of the study was that the data were derived from participants consisting of only one faculty of a university. This limits the generalizability of the results to all university students. The second limitation was related to the self report measurement. As a result, this study provided support for Mruk's hypothesis on

authentic self and depression. Two dimensional self esteem was supported by authentic self, narcissism and depression. The model may continue on test with different sample groups. Culture specific results can be obtained by new reseraches.

In conclusion, this study showed that high self esteem has been related to authentic self positively and depression negatively. In addition, high self esteem was consisted of both self-liking and self-competence.

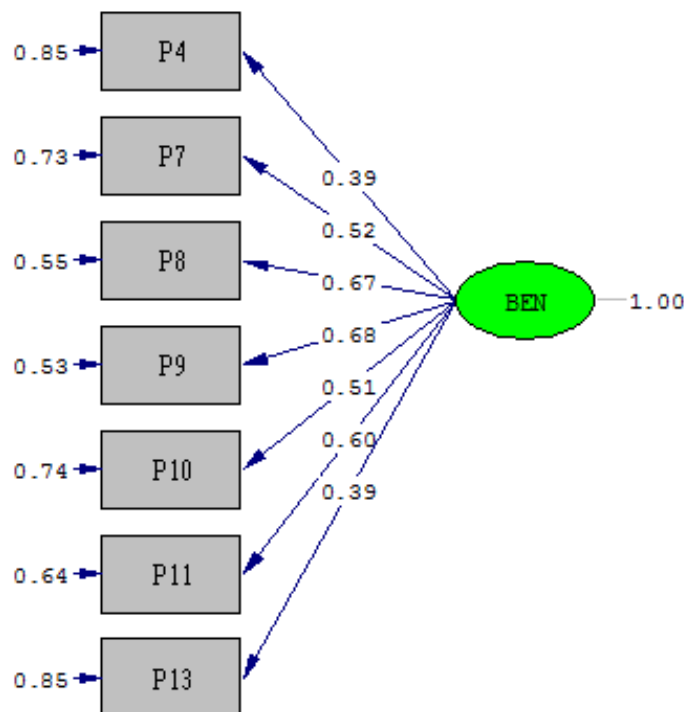
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Diagram-1. The scale of anti-social tendency



Chi-Square=29.56, df=14, P-value=0.00876, RMSEA=0.060