family is the childless couple with both spouses working. Forty percent of Americans under the age of eighteen have working mothers.

Even more provocative in the context of this book's examination of family dynamics are these predictions: There will be a continuous rise in singlehood. (How does this relate to the statistic that unmarried women are currently accountable for more than half of all births?) There will be a continuous increase in the incidence of child-free marriages with major efforts to sanction this union as a socially approved form. How are we, as members of the helping professions, to view these predictions in the light of the current social and political climate in North America in which antiabortionist groups or those actively campaigning against the Equal Rights Amendment in the United States are gaining momentum?

Clearly, family systems of all types, and less traditional models in particular, will be subject to increased societal stress as individual and collective values clash. If we haven't already made the effort to update our understanding of the role of marital and family therapy as it relates to our own counselling, present social trends give this professional task a higher priority than ever before. Marital and Family Therapy is an informative, practical text on which to build one's knowledge and skill in dealing with families as a "helping professional."

Battle, J. Culture-free self-esteem inventories for children and adults (Manual) Seattle: Special Child Publications, 1981.

Reviewed by:

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Culture-Free Self-Esteem Inventory (CFSEI), which was originally titled the "Canadian Self-Esteem Inventory for Children," was developed to provide a reliable and valid assessment of individuals' perceptions of self-esteem. The children's form (Form A) consists of 60 items, half of which indicate high self-esteem, and half low self-esteem. Individuals are asked to check either "yes" or "no" to each item. A short form for children (Form B) containing 30 items is also available. The items of each form are divided equally five subscales: general self-esteem, among social/peer-related self-esteem, academic/schoolrelated self-esteem, parents/home-related self-esteem, and lie items. Battle has also provided an adult form (Form AD) of 40 items, measuring four subscales (general self-esteem, social self-esteem, personal self-esteem, and lie items). The items for all forms possess reasonable face validity and are easily discernable for inclusion into their respective subscales. Factor analysis of Forms A and AD also resulted in the identified subscales. Most counsellors should find the subscales an attractive feature of the CFSEI.

Various kinds of validity data are presented in the manual. Indirect validity evidence is provided by correlations with other tests. Correlations betwen CFSEI scores from a group of Grade 3 and 6 students and I.Q. scores derived from the Canadian Lorge-Thorndike Intelligence Test were low and statistically nonsignificant. The correlation between the CFSEI for Children and The Students' Perception of Ability Scale was .70. Significant correlations were found between the CFSEI for Children and Stanley Coopersmith's (1967) Self-Esteem Inventory, for all Grades from 3 to 6. A study with 26 high school students rendered statistically significant negative correlations of the CFSEI (Form AD) with Beck's Depression Inventory, and with the Depression scale of the Mini Mult, thus indicating a relationship between low self-esteem and depression. A more direct and efficacious approach to validation was taken in two studies. In the first, a significant difference was found between academically successful and unsuccessful students on the CFSEI, with the latter group scoring lower. In the second, teachers' ratings, as measured by Battle's Teacher Behavior Rating Form, were correlated with the CFSEI for Children. Teachers' ratings and total self-esteem scores for both the total sample and males were significantly related, while for females they were not. The relationship between school-related self-esteem and teachers' ratings nonsignficant. The only study carried out on adults is of the weaker variety, and found a significant correlation between scores on the CFSEI and the Beck Depression Inventory.

Thus, while there is reasonable evidence that the CFSEI is a valid instrument for use with children, support for the validity of the Adult Form is very weak. Direct validity evidence, showing relationships between various non-test external criteria and the CFSEI, is needed to bolster the demonstrated validity of all three forms, but especially the Adult Form. The author is remiss in failing to include in the manual a candid statement about the weaker aspects of the validity evidence.

The CFSEI appears to be a relatively stable instrument. Test-retest reliability coefficients, which were calculated from various samples, resulted in values which were typically within the range of .72 to .93. Values within this range were observed for all three forms. Unfortunately, the manual does

not contain standard errors of measurement values, although it does a complete job of reporting other descriptive statistics.

The Childrens' Inventory (Form A) was standardized on over 1100 elementary and junior high school students in the Edmonton Public School System. The Adult form was standardized on 252 adults of undisclosed sample characteristics. Since the reliability and validity studies for Form AD were carried out on undergraduate students enrolled in an introductory educational psychology course, it seems a safe assumption that the standardization sample was drawn from a similar population. In any event, the manual does not contain adequate descriptions of the standardization sample, and the adult sample may not be representative of the general population. This renders the adult norms, and possibly the external validity of the scale, somewhat equivocal.

The norms are presented in a laudably complete manner; the manual contains percentile ranks and T-score equivalents of total raw scores and each subscale score on both Forms A and B, separately for elementary and junior high students. Similar norms are presented for Form AD. There are no reported norms for senior high school students and no suggestion from the author as to which of the available norms should be used. A useful aspect of the inventory is the provision of a system to classify raw scores. Raw score ranges are spread across a classification scheme with five levels ranging from very low to very high. Separate tables are presented for each of Forms A, B, and AD, for all subscales for each form, and are broken down into elementary and junior high school for Forms A and B. The manual is generally well-organized and clearly written. Most individuals would find it easy to read and to follow the directions therein. It reports most of the available research on the inventory and contains a complete array of tables in the appendices.

The reference to "Culture-Free" in the title of this inventory is inappropriate and unfounded. The manual states that the stimulus items are culture-free in that questions about their meaning may be answered without affecting their validity and reliability. However, this claim is conjectural. It would seem to be incumbent upon the author to show empirically that the stimulus items have the same connotations for individuals from different cultures; indeed that the construct itself has similar meaning. Also, the inventory was not standardized on samples representative of various cultures. The fact that it is available in French, English, and Spanish does not make it culture-free.

Before the CFSEI can fulfill its author's claim that it is a valuable clinical tool as well as a research instrument, some of its shortcomings need redressing. Yet it is a more solidly constructed instrument than others which attempt to measure similar constructs, and it appears to measure self-esteem with reasonable efficacy. With further empirical support the CFSEI has potential to be a very useful tool in counselling and educational settings. Do not overlook this inventory when searching for self-esteem measures, as its merit will likely grow with familiarity and with further research. The inadequately substantiated use of the term "culture-free" is the most serious detraction of this inventory.

Wechsler, H. (Ed.). Minimum drinking age laws: An evaluation. Lexington: D.C. Heath, 1980.

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The minimum drinking age laws usually encompass three areas — to enter an establishment where the beverage alcohol is sold, to be employed in such an establishment, and of course to purchase the beverage alcohol. Alcohol is not the only aspect of adolescence controlled by age restrictions. Other areas include human sexuality, marriage, driving a motor vehicle, age of legal majority, vote, armed forces enlistment, tobacco purchase, education, and medical treatment. The restrictions concerning the purchase of alcohol are intertwined with the other areas of restriction which society places on adolescents.

As society examines change in one area, for example, the age for exercising the voting franchise, there is a ripple effect in other areas. The change in the minimum age to vote seemed to come as a result of many changes in the view of adolescence and appears to have sparked changes in the minimum age drinking laws. The early seventies led to a marked lowering of drinking ages in all Canadian provinces and in 29 American states. Since 1975, a few jurisdictions have introduced increases (Saskatchewan and Ontario and a few states). One public concern appears to be alcohol related automobile accidents among the young. As concern grows for other youth health problems related to alcohol consumption, it is expected that the minimum age drinking laws will once again be considered as a control measure.

Historically, the minimum age drinking laws spring from probition rather than any firm philosophic viewpoint of research concerning the intended outcome. This material gives an excellent