

ADOLESCENT SELF-ESTEEM

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Abstract: *This article aims to highlight the taxonomy associated with self-esteem and also to emphasize on a qualitative study, differences associated with the concept for male and female adolescents regarding self esteem. Through this article I want to see if the indicators such as - relationship with parents, body perception, and academic achievements - influence self-esteem at this age.*

Key words: *self-esteem, self-identity, self-image, self-concept, self-confidence, self-respect, self-confusion, self-love, inferiority and superiority complex.*

1. Introduction (conceptual boundaries)

The concept of self-esteem comprises a plurality of associated concepts because there is a multi-disciplinary approach in sociology, psychology, social care, social psychology (Harter *apud* Adams, 2009).

Rogers *apud* Mondrea (2006) sustains that the concept itself is “*our image about what we are, what we want to be and what we have to be (p.89).*”

Another approach declares that there are three images: how we see ourselves, how others see us and how we wish others to see us.

Chelcea (2006) explains that self-esteem is the result of all positive and negative assessments of people about themselves.

After Andre and LeLord (1999) the components of self esteem are *self love*, *self concept* and *self confidence*.

Self love originates in the quality and consistency of emotional support provided by parents. It has as benefits the emotional stability and the resistance to criticism and to rejection. As a consequence there may

be doubts about the ability to be appreciated by others. The person has a mediocre self-image, even if he has professional and financial achievements.

Self concept is embedded in the expectations, projects and projections of the parents towards child. As benefits the person has many ambitions and projects, which withstand obstacles. As negative consequences the person has: lack of courage in his choices, conformism, and dependence on others opinion, poor perseverance in personal choices.

Self confidence involves learning the rules of action: to dare, to persevere, to accept failures that lead to benefits. As consequences: it reduces the inhibition, the hesitation, the lack of perseverance.

Self-esteem is formed by *social comparison* (reporting permanent and unconscious to significant person in our life) and *feed-back received* from the others regarding positive or negative appreciations to our qualities and performance. In social psychology the researchers make a difference between *self*

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esteem and *self confidence*. The first one (self esteem) refers to feelings that we have reported to ourselves, the second one (self confidence) refers to beliefs about the personal ego. Self esteem is related to the affection while self confidence is related to the cognitive domain (P. Ilut, 2001)

Strickland *apud* Scarneci (2009) define self esteem as a product of *self confidence* (positive evaluation of the effectiveness of the task) and *self respect* (the feeling of personal value). Self esteem is the product of accumulated judgments (which come from us or from the others) about being good or bad, valuable or not. It emphasizes an educational outcome, a possible job, good relations with friends or with the couple partner, or a lifestyle which is consistent with our own values and personal interests.

Social comparison has a final purpose: to evaluate ourselves correctly. If the persons with whom we compare are far away from a psychological point of view (we don't know them personally, we have different social status, or other ethnic position) their success does not affect our self assessment. When someone close to us has a superior performance compared to our achievements in a relevant dimension to ourselves (a close friend, relative), we pay more attention and it represents a threat for us. This phenomenon is called *reflection effect or assimilation*, because we include in the self assessment the success of the others (Ilut, 2001).

Erickson (1968) says that self-identity is formed by passing a developmental crisis of adolescence and that it contains two boundaries: *the identity and the role confusion*. When there is a supportive environment that will develop the potential of the adolescent, according to his own desires and intentions, the role identity is formed. If the socializing (family, friends) does not provide a supportive measure

according to adolescent expectations, the role confusion appears.

A concept associated with self-esteem is *self-image*. After Mondrea (2006) we can have the following classification:

1. A *clear or confused image*, after a verbalized or expressed awareness;
2. A *unitary and coherent image or a fragmented and contradictory image*, after the degree of structure and consistency according to his own views and values;
3. A *self-image made by others and taken, or an individual self-image*, after its formation origin;
4. A *real, correct, true self image or a false, creative self-image*, after the compliance with reality;
5. An *active or latent self image*, as an influence to the subject action;
6. A *durable or floating self image*, after its stability over time;
7. A *flexible or rigid self image*, as its degree of mobility and adaptability;
8. A *simple or complex self image*, after many dimensions which compound it;
9. An *anachronistic image*, based on past; and a *current image*, based on present; or an *anticipatory image*, which includes the subjects' projects, aspirations and ideals.

The markers of self image can be:

- shocking experiences in the past;
- body perception;
- school or professional results;
- relationship with parents and friends.

Two other concepts in the literature accompanying self-esteem are *inferiority and superiority complex*. *Inferiority complex* is an exacerbated deformation of one self and occurs because of frustration and of oscillatory activities. It occurs in childhood when the subject becomes aware

of his weakness. Sometimes it is formed around a language disorder, physical ugliness or personal characteristics considered disagreeable, unpleasant. Attitudes such as depression, exaggeration and desire to be in the centre of attention can lead to symptoms of inferiority complex (Larousse, 1999). There are few examples in my study: “*I never keep my word: I go on the premise leave for tomorrow what you can do today, I am stubborn and rebel*” (seventeen year, girl).

Superiority complex is a set of traits and behaviours based on the conviction of the person, more or less real, that there are exacerbated positive traits in front of the colleagues and friends. It is characterized by: arrogance, tyranny, depreciation trends, vanity, eccentricity, close relations with important people and manipulation the weak ones (Larousse, 1999).

Both complexes are based on a faulty education generated by protective parents who can lead to a fictional vision of reality in the spoiled child (Adler, 1995).

The measurement of self-concept and self-esteem was done through a set of methods among which *WHY test (Who are you)* and *TST (Twenty Statement Test)*. The experiments were performed based on social learning psycho diagnostic tools such as *California Personality Inventory (CPI)* or *Cattel anxiety questionnaire* or self assessment forms. There were also used scale as *Rosemberg Self Esteem Scale* (1979) or *Copersmith Self Esteem Inventory* (1981); for gender identity: *Bem Sex Role*; or for overall identity: *Self Consciousness Scale -Scheiner and Buss* (1975); *Ego Identity Scale – Rasmussen* (1964); *Identity Style Inventory – Berzonsky* (1997); *Ego Identity Process Questionnaire – Balistreri* (1995) (Mondrea, 2006, p.85).

The measurement of self-esteem can be made by *sociometry* having indices of popularity, or group cohesion within

adolescents, or exclusion, disapproval, social rejection.

2. Self-esteem of young people (teenagers)

Children’s self-esteem reports to external dimensions such as: age, gender, physical traits; teenagers have a fluctuant self esteem due to hormonal changes which stabilizes in youth and adulthood (Muntean, 2006, p.215)

Researchers show that young people rely on referrals and friendly feelings for the aesthetic plan and for the social and relational plan.

Santrock (1996) sustains that self esteem is a psychological variable with major implications in cases such as:

- substance abuse (drug abuse)
- alcohol consumption
- delinquent behaviours
- depression
- anger, hostility, aggressive behaviour
- dysfunction in life

Researchers show that self-esteem is associated to young girls with body image more than to boys. One explanation could be that girls assess in physical plan much faster than boys. Girls who mature faster are more likely to consume alcohol, drugs, to begin the sexual life sooner or to have problems at school regarding peer group. Also, the people who know them have higher expectations due to physical maturity and appearance, not to the psychological one, which can be very stressful for them (Silbereisen *apud* Adams, 2009).

There can be derogatory opinions regarding weight (small or large); height (tall or short); acne on face or body, big nose, protruding ears, small or too large breasts on girls, excessive hairiness on different parts of the body, lack pectoral to boys, and other characteristics that in their eyes turn into deficiencies. This

conclusions were made by students on Social Care specialization between 2007 and 2009, the target group of the research being teenagers with ages between sixteen and twenty years: “*My teenager age began when pimples appeared on my face...small volcanoes or obvious changes on my body*” (eighteen year, girl).

Body proportions are closely associated with social factors such as low popularity among boys.

Early maturation in boys is an element of positive identity as this implies to be taller and more muscular; both are considered to be advantages in a society that highlights the sporting qualities of the male gender. Mussen and Jones (*apud* Adams, 2009) show that those who are the same age as them found that adolescents who mature early are more confident than those who mature later.

There are some researches showing that physical standards are different depending on the culture: for example African-American adolescents are not considered overweight (it represents a feature related to power) than white or Hispanic teens (Pritchard, Czajka-Narins *apud* Adams, 2009).

3. The role of parents and family in the development of self-esteem

Various researches show that there is a link between self esteem and educational practice of the parents. The most important key indicators were: the style of education (authoritarian and aggressive style, indifferent and passive style); family environment, styles of communication and manifestations of conflict between parents and children.

There is also a correlation between self esteem and the type of family where the child grows: single parent or divorced parents, families with different socio-economic status.

Rosenberg *apud* Adams (2009) argues that adolescents living in a single parent families have better adaptation skills which make possible to keep a high self esteem: “*My mother supported me even when I made mistakes, it was just the two of us in this big world*” (eighteen year, girl).

Coopersmith *apud* Adams (2009) noticed that boys with high self esteem perceived their parents as warm, helpful, loving and forgiving. Atmosphere from home assumed tolerance, understanding, clear rules and fair punishments, respect between teens and parents, less hostility. Boys with low self esteem were raised by permissive parents, careless or authoritarian ones.

Steinberg (1994) found that the authoritarian style gives to the child adapting skills regarding stress; it has a better psychological preparation and higher self esteem. The other styles of growth have undesirable results, such as delinquency (indulgent or indifferent style); dependence on parents (dictatorial style); immature or irresponsible social behaviour (indulgent style).

Disciplinary techniques by force (use of physical punishment, having no privileges or threat) and deprivation of affection (ignoring him or the threat of abandonment) will lead to an extreme addiction, it does not teach alternative ways of behaviour: “*I was disturbed in my adolescence by the high expectations of my parents, when I had a failure it was very hard to tell them*” (nineteen year, boy).

Reasonable limits imposed by parents teach teens that there are rules to be followed in the authoritarian style, while in the indulgent style rules are ignored. Warm behaviour and tolerance of the parents are associated with the idea of value.

Styles of growth are perceived different by children, parents’ practices have not always the desired effect, and it depends on the personality style. This explains why

brothers and sisters, with the same parents, have different behaviours. Also family can make comparisons with older or elder brothers or sisters: *"I have always been put into inferiority by my older sister, who was a model for all of us, parents have always been proud of her"* (sixteen year, girl).

Parents have different styles of education, in different periods of their lives (maybe they have a divorce, a death of the loved person, a midlife crisis) that influences the teenager in a big way: *"The biggest drama of my life was the divorce of my parents at fifteen...every day was another meeting at court"* (seventeen year, boy).

So there are correlations between styles of education and socio economic growth, family lifestyle, peer group, mass media influences, and school results.

Berk (2006) sustains that parental support is conditioned or not from the teen behaviour. So parental support can lead to four types of self esteem to the children:

1. Open child with high and stable self esteem receiving unconditional support ("I love whatever") and conditional behaviour support ("I appreciate doing what you want"): *"My family has been always my pillar of support, with them I regain my forces of work and whatever I need they are there in my life; I know that if I strictly follow their advice I am successful"* (twenty year, girl).

2. Abandoned child with low and stable self esteem without personal unconditional support ("You are indifferent to me") and without conditional support of the behaviour ("I do not care what you do");

3. Spoiled child with high and unstable self esteem, it benefits only of personal unconditional support without conditional support behaviour;

4. Trained child with low and unstable self esteem benefiting only of conditional support behaviour without the person's unconditional support: *"I understood at*

last that my parents impose rules for my own good" (nineteen year, boy).

So there are two ways of feeding self esteem: the love (unconditional support) and education (conditional support).

Unconditional support feeds directly self esteem, but does not teach the child to receive the self esteem of others, while the conditional support feeds less self esteem, but teaches the child how to be esteemed by others.

4. Self-esteem, school transitions and academic achievements

Changing the educational route from primary school to middle school, high school and college requires different ways of adaptation. In that case sources of stress are multiplying: *"The hardest aspect of my life was when I had to move from village to city, I had to break up with my parents and come to school the capacity and high school exams were not easy but a real drama"* (eighteen year, boy).

Various evaluation tests and increasing the social network lead to social comparison that raises or decreases self esteem. Expectations regarding the performance of the new teachers, different evaluation systems, new rules and restrictions, social mobility of parents and teenagers, all lead to changes in self image: *"Now I am happy because I got to high school...it's another life that put me in light"* (seventeen year, boy).

Socioeconomic status of the parents creates important status markers to the teenagers to validate self esteem: mobile phones, cars, trips in exotic places, watches and other items.

Also a stigma putted from the peer group may decrease sharply the self esteem: *"For me teenager was a tough stage of life, I have a disability and I was not accepted in the high school group, classmates*

humiliated me and addressed offensive words” (eighteen year, girl).

There are longitudinal studies showing that positive school outcomes can increase self esteem (Marsh *apud* Adams, 2009).

“At school I was the leader of the group, I was the most loved and feared in the class. I loved to learn at baccalaureate from the teachers that inspired me” (twenty year, girl).

In conclusion those with high self esteem are more easily mobilized and have greater success; they interpret new situations challenging, not threatening; prefer independence; risks and responsibilities; they get involved in solving new tasks; they accept the consequences of their actions; they are proud of their achievements.

The persons with low self esteem are generally dissatisfied with their person; they avoid responsibilities and new tasks; they feel worthless; they refuse to accept the consequences of their actions; they have low tolerance to frustration and negative pressure to the group; they expresses emotions in an inappropriate manner or deny them, they consider as a weakness to manifest the emotions.

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