

The Social Context of Adolescent Self-Esteem

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The global self-esteem of adolescents was examined in relation to two aspects of their daily lives: (a) the perceived quality of their relationships with parents and peers; and (b) their self-evaluation in the areas of school, popularity, and athletics. The quality of relationships with parents made significant contributions to the explained variance in self-esteem of both boys and girls. The quality of peer relationships made a significant additional contribution for girls but not boys. The importance of parent and peer relationships to self-esteem did not vary as a function of age for either sex. Self-evaluation of popularity was related to girls' global self-esteem, while evaluation of school performance was more important for boys.

INTRODUCTION

Personality theorists, philosophers, and clinicians have linked the development of self-esteem to the quality of interpersonal relationships (Coopersmith, 1967). The relationship with one's parents is posited as particularly important to self-esteem. Indeed, several empirical investigations indicate that parental support, encouragement, and affection are positively related to the child's self-esteem (Bachman, 1970; Coopersmith, 1967; Gecas, 1972; Rosenberg, 1965).

Given the increased salience of peer relationships during adolescence, it is reasonable to expect adolescent self-esteem to be affected by peer rela-

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tionships as well. O'Donnell (1976) found that adolescents' feelings toward both parents and peers related to their self-esteem. More recent work used regression models to examine the relative influence of parent and peer relationships on adolescent self-esteem (Greenberg *et al.*, 1983). Results indicated that quality of attachment to both parents and peers were significant predictors of self-esteem. These findings provide evidence that social relationships are important to the development of global self-esteem in adolescence.

Another line of research suggests that global self-esteem may be related to self-evaluation of competence in specific areas important to the individual (Bachman *et al.*, 1978; Douvan and Gold, 1966; Dusek and Flaherty, 1981; Rosenberg, 1979). In the case of adolescents, one might expect self-evaluation in the areas of school performance, popularity, and athletics to contribute to a general sense of self-esteem. Given sex role socialization, boys and girls might differ in the extent to which self-evaluation in each of these areas is related to their global self-esteem.

The purpose of the present study was to examine the relationship of adolescents' global self-esteem to two aspects of their daily lives: (a) the quality of their relationships with parents and peers, and (b) their self-evaluation in the areas of school, popularity, and athletics.

METHOD

Sample

The sample consisted of 91 adolescents who had been referred to an adolescent outpatient clinic. Only those with both parents (or parent figures) were selected for this study. There were 38 boys and 53 girls, ranging in age from 11 to 18 ($M = 14$). Reasons for referral included routine examinations, acute illness, or stable chronic conditions (e.g., high blood pressure), and behavioral or emotional problems.

Procedure and Measures

New patients were invited to participate in the study while waiting to be seen by the physician. The questionnaire was presented by an individual not involved in clinical care. Subjects were assisted in completing the first two or three items of each measure in order to ensure that they understood instructions.

Self-Esteem

Global self-esteem was assessed with a six-item measure adapted from Rosenberg (1965) by Bachman *et al.* (1978). Scale development is described by Robinson and Shaver (1973). Reliability and validity studies are reviewed by Bachman *et al.* (1978). In the present study, alpha reliability for the measure was .80.

Relationship with Parents

Communication is a crucial aspect of interpersonal relationships. Two major types of support—emotional and instrumental support (Cobb, 1976)—can be provided through communication. The Parent-Adolescent Communication Scales (Barnes and Olson, 1982) were used to measure the adolescent's perceptions of the quality of his or her relationship with mother and father. These scales assess openness of communication, trust and honesty, and the positive or negative emotional tone of interactions between adolescents and their parents. There are 20 parallel items describing the adolescent's perceptions of interactions with mother and with father. The 5-point response category ranges from *strongly agree* to *strongly disagree*. In this study alpha reliability was .86 and .88 for communication with mothers and fathers, respectively.

Relationship with Peers

The social support measure from the University of Michigan Youth in Transition Study (Bachman *et al.*, 1969) was used to measure the adolescent's perceptions of the quality of his or her relationship with peers. We modified this five-item scale to refer specifically to support from friends. An additional item modified from Barrera (1981) referred to the availability of a peer confidant ("I have a close friend who really listens when I need to talk about things that are very personal and private"). Alpha reliability for the six-item measure was .78.

Self-Evaluation in Three Areas

Adolescents evaluated themselves in three areas of presumed relevance to adolescents: school performance, popularity, and athletic ability. Using

a 6-point rating scale ranging from *far above average* to *far below average*, adolescents answered these questions: "How good a student do you think you are, compared to your friends?" "How popular do you think you are, compared to your friends?" "How good at sports do you think you are, compared to your friends?" The format of these items is from the University of Michigan Youth in Transition study (Bachman *et al.*, 1969, Appendix A).

Symptom Level

The Health Opinion Survey (HOS; Leighton *et al.*, 1963; MacMillan, 1957) is a measure of psychophysiological symptomatology for which referral to a physician would be likely. It is a 20-item self-report measure. Alpha reliability in this study was .77. Since the sample for the study was drawn from a clinic population, the HOS was used as a control variable.

RESULTS

Hierarchical multiple regression models were computed separately for boys and girls. Self-esteem was the dependent variable. Age and symptom level (HOS score) were entered first as covariates. Mother-adolescent communication and father-adolescent communication were entered next as a set, followed by peer support. Finally, three interaction terms were entered as a set: Age \times Mother-Adolescent Communication, Age \times Father-Adolescent Communication, and Age \times Peer Support.

Table 1. Increases in Explained Variance (R^2) in Self-Esteem for Each Step in the Regression Models for Boys and Girls

Variable	Increase in R^2	
	Boys	Girls
Step 1: Age	.01	.05
Step 2: Symptom level (HOS)	.24 ^b	.13 ^b
Step 3: Relationship with mother and father	.12 ^a	.19 ^b
Step 4: Relationship with peers	.03	.16 ^c
Step 5: Interaction of age with relationship variables (age \times mother relationship, age \times father relationship, age \times peer relationships)	.00	.00
Total R^2	.40 ^b	.54 ^c

^a $p < .05$.

^b $p < .01$.

^c $p < .0001$.

Table I presents the increase in R^2 for each step of the models and significance levels for the increases in R^2 . After controlling for main effects of age and symptom level, communication with parents made significant contributions to the self-esteem of boys (increase in $R^2 = .12$) and girls (increase in $R^2 = .19$). Peer support made a significant additional contribution for girls (increase in $R^2 = .16$) but not boys. The interaction of age with the parent and peer variables made no significant contribution to the self-esteem of boys or girls, indicating that the effects of parent and peer variables did not vary by age. The final models were significant for boys, $F(5, 32) = 4.25$, $p < .01$, $R^2 = .40$, and for girls, $F(5, 47) = 10.94$, $p < .0001$, $R^2 = .54$.

The relationship of global self-esteem to self-evaluation in three areas was assessed by regressing self-esteem on the self-evaluation measures. Separate regression analyses were done for boys and girls. Table II shows the unique variance in self-esteem explained by self-evaluation of school performance, popularity, and athletic ability. Boys' self-evaluations in the area of school performance were most predictive of their overall self-esteem. Self-evaluation of popularity was the most important predictor of girls' overall self-esteem.

Table II. Unique Variance in Self-Esteem Explained by Self-Evaluation in Three Areas^a

Variable	R^2	
	Boys	Girls
Unique R^2		
School achievement	.16 ^c	.04
Popularity	.08 ^b	.21 ^e
Athletic ability	.06	.00
Shared R^2	.07	.09
Total R^2	.37 ^d	.34 ^e

^aA series of regression analyses were done in which each variable in turn was entered last in the equation. The unique variance of a variable equals the increase in R^2 when it is entered last in the regression equation. Shared variance is the variance remaining when the unique R^2 for the three variables is subtracted from the total R^2 . Significance levels refer to the significance of the change in R^2 when the variable is entered last in the equation.

^b $p < .05$.

^c $p < .01$.

^d $p < .001$.

^e $p < .0001$.

DISCUSSION

It appears that the quality of the relationship with one's parents continues to influence self-esteem after the child becomes an adolescent. In spite of increasing autonomy from the family, the importance of parental relationships to self-esteem did not diminish from early to late adolescence. These findings are consistent with those of Greenberg and colleagues (1983), who found that the quality of attachment to parents was related to adolescent self-esteem regardless of the age of the adolescent. Early writings on adolescence (e.g., Hall, 1904) identified it as a period of dramatic change, including rejection of family ties. Results of the present study support more recent views of adolescence as a time of gradual change during which the family continues to be influential (Dusek and Flaherty, 1981; Larson, 1972; Lerner and Spanier, 1980; Protinsky and Farrier, 1980).

By controlling for symptom level in our clinic sample, it was possible to rule out an alternative explanation of the study findings, i.e., that distress might be an antecedent variable responsible for the relationship between self-esteem and quality of parental relationships. Although symptom level explained a significant portion of the variance in self-esteem, relationship with parents explained additional independent variance for both boys and girls.

Given the increasing importance of peer relationships in adolescence, one would expect relationships with peers to be predictive of self-esteem. In the present study this was the case for girls but not for boys. Controlling for the other predictors, perceived peer support made a significant additional contribution to the explained variance in girls' self-esteem. Related findings are reported by O'Donnell (1976), who found a stronger relationship between self-esteem and feelings toward friends for adolescent girls than for boys. Other studies have shown that adolescent girls confide in their peers about a wider range of problems (Burke and Weir, 1978) and are close to a larger number of peers than are adolescent boys (Blyth *et al.*, 1982). Perhaps girls are more likely than boys to have the quality and number of peer relationships necessary to augment their self-esteem. Girls are advanced in interpersonal maturity compared to boys (Douvain and Gold, 1966) and may benefit from close peer relationships earlier than do boys. It should also be noted that the measure of peer support used in this study focused primarily on emotional support; it may be that a measure of instrumental peer support would be more predictive of boys' self-esteem.

The relationship of global self-esteem to self-evaluation in specific areas provides clues regarding the importance of these areas in the development of a general feeling of self-worth (cf. Harter, 1983; Rosenberg, 1979). In this study, self-evaluation of popularity explained the largest portion of unique variance in girls' global self-esteem. This finding is consistent with the

earlier observation that peer support made a significant contribution to girls' self-esteem. Just as Douvan and Adelson (1966) suggested two decades ago, girls' identity development appears to involve issues of interpersonal relationships. For boys, self-evaluation of school performance explained the largest portion of unique variance in global self-esteem. It is likely that school performance encompasses issues related to assertiveness and independence—issues that Douvan and Adelson (1966) regarded as central to boys' identity development. Related findings are reported by Dusek and Flaherty (1981) who found that dimensions of adolescent self-concept were related to sex typing. They suggested that this may be particularly true during adolescence because of the consolidation of sex roles that occurs at this stage in development.

Although adolescents' judgments about their relationships and competencies were related to general feelings of self-worth in this study, the direction of causality cannot be determined from the data; there may be a reciprocal influence between global self-esteem and the perception of one's relationships and competencies. In future research it will be important to consider other measures in addition to adolescent perceptions. For example, one might complement adolescent reports of parent communication with behavioral observations of parent-adolescent interaction. Both types of information will be needed to specify how particular patterns of interaction are involved in the process of the development of self-esteem.

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