



## Self-esteem and smoking in youth—muddying the waters?

ANTHONY GLENDINNING

Longitudinal analysis by McGee and Williams (2000, *Journal of Adolescence*, 23, 569–582, doi: 10.1006/jado.2000.0344) indicates that global self-esteem is not related to substance use in early youth. In the case of tobacco use Glendinning and Inglis (1999, *Journal of Adolescence*, 22, 673–682, doi: 10.1006/jado.1999.0262) have looked at the “problem” of self-esteem in youth and its relevance for smoking, and they also note that the evidence from the survey literature has been inconclusive. However, rather than suggest that the survey methods and data have been inadequate, Glendinning and Inglis argue that an explanation is provided by looking at the relationship between global self-esteem and smoking in much greater detail, specifically within the peer context, and at peer culture, and the meanings that different groupings of young people attach to smoking or not smoking. That is, rather than a direct link between global self-esteem and smoking behaviour in youth, both are bound up with peer status and differentiation in early youth, although it must be said, not necessarily in the “expected” way.

In the present study longitudinal data from the British Household Panel Study (BHPS, 2001, *Economic & Social Science Research Council, Research Centre on Micro-Social Change*. British Household Panel Survey Colchester, Essex: The Data Archive, 28 February 2001.SN: 4340.) confirm this more complex picture, and qualify the conclusions of McGee and Williams, in that global self-esteem year-on-year at around age 12–14—when young people take up smoking in increasing numbers—is clearly linked to experimentation and to smoking in subsequent years, in the shorter term. However, a longer-term linkage between self-esteem in early youth and smoking in later youth is less clear cut, and less compelling; but then, pursuing the longitudinal analysis still further, the findings lend force to the argument that putative links between self-esteem and smoking must be understood in context, specifically the peer context.

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### Introduction

McGee and Williams (2000) have recently re-assessed the relationship between self-esteem and a range of “health-compromising” behaviours in youth by examining data collected over time in pre-, early- and mid-adolescence from a large sample of young New Zealanders. At the outset they remark that:

It is often believed that low self-esteem is associated with such health-compromising behaviours in adolescence as substance use, early sexual activity, eating problems and suicidal ideation. Surprisingly, there is little longitudinal research addressing this issue.

(McGee and Williams, 2000, p. 569)

Addressing this gap in the literature—and the assumption that low self-esteem is a “problem” in youth (Kahne, 1996), resulting in the uptake of smoking, or drug use, or early

Reprint requests and correspondence should be addressed to A. Glendinning, Department of Sociology & Anthropology, University of Aberdeen, Edward Wright Building, Dunbar Street, Old Aberdeen AB24 3QY, U.K. (E-mail: [tony@aberddeen.ac.uk](mailto:tony@aberddeen.ac.uk))

sexual activity—McGee and Williams found that prior self-esteem was predictive of subsequent reports of eating problem and suicidal ideation in mid-adolescence, but that prior self-esteem was not related to substance use, for example, smoking.<sup>1</sup> The British Household Panel Study (BHPS, 2001) provides a further excellent opportunity to look in detail over time at this more specific issue of young people's smoking and its relationship to self-esteem, on a national scale in Britain. That is the aim of the present article.

Previously, when reviewing the literature on smoking in youth, Glendinning and Inglis (1999) had also observed that survey results were inconclusive, and that there was no clear-cut relationship between self-esteem and smoking; at least, that was, they argued, until the peer context was taken into account, along with the meanings and "practical logic" that underlie young people's smoking predispositions and practices. In particular, two separate surveys of young Scots by Glendinning and colleagues—one national and the other rural—had found that self-esteem was, at first sight, apparently unrelated to smoking. West and Sweeting (1997) also looked at low self-esteem and lifestyles at this age, including smoking, this time in two urban surveys of young Scots in one city, and reported inconclusive results. Once again, they also argued that youth culture and the peer context must be taken into account in order to make sense of these findings.

The basis for an explanation is perhaps provided by the in-depth work of Michell and colleagues (Michell, 1997a; Michell and Amos, 1997b) with two small groups of young urban Scots in one location, over an extended time period, using a range of methods, which emphasized the importance of peer group differentiation and peer status for self-image and smoking in early-to mid-adolescence. Most importantly, the findings from this qualitative study agreed with and allowed for interpretation and extension of the large-scale survey work of Glendinning and colleagues. Put simply, smoking or not smoking was seen to act as one marker of status and differentiation amongst peers, and of youth lifestyles more generally, but not necessarily in a straightforward way. For example, at this earlier age, from the perspective of peers, attempts at smoking by socially isolated youth may be viewed as another "sad" act serving to confirm low status among peers, and serving to delay the uptake of smoking among those with low self-esteem, and to nullify or transform its significance as a marker of status.

Returning to the aim of the present article and to the British Household Panel Study this provides an opportunity to extend research in the particular case of cigarette smoking, working with new longitudinal data. Bergman and Scott (2001, p. 191, 195) have already begun this process by using data from the BHPS to consider "gender and socio-economic differences in well-being and health-risk behaviours," and as one aspect of this, they examine the relationship between psychological well-being, including self-esteem and negative self-efficacy, and smoking among 11–15-year olds. In line with much previous research, their conclusion is that "among young adolescents, smoking is not consistently or strongly related to self-esteem, self-efficacy, happiness, or past worries," although there are some significant correlations in the data. However, Bergman and Scott do not utilize the full potential of the BHPS, in that: they look at gender and socio-economic differences, but aggregate data for all 11–15-year olds, across a period of considerable change in young people's lives, specifically in the uptake of smoking; they use only one of the self-report measures available to them; and

<sup>1</sup>In addition, another article by McGee *et al.* (1998) using data from the same study found little evidence to support the idea that earlier mental health disorders in childhood put young people "at risk" of smoking.

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