



Early indicators of self-esteem in teenagers: Findings from a nationally representative sample



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ABSTRACT

This study explored a longitudinal data set of 3096 British sixteen year olds with data collected in 1970, 1980, and 1986. It examined how parental social status at birth; intelligence, locus of control and behavioural problems (all measured at age 10) influenced teenage self-esteem measured at age 16. There were two related measures of self-esteem: General and School setting. Correlational analysis showed locus of control beliefs, childhood intelligence scores, behavioural problems and parental social status were all significantly related to the self-esteem measures at age 16. Structural Equation Modelling showed that childhood locus of control, childhood intelligence and behavioural problems were significant and independent predictors of self-esteem at age 16. These factors remained the significant predictors of the outcome variable after controlling for self-esteem measured at age 10, indicating the unique effects of early factors on the outcome variable. Limitations and implications of this study are considered.

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1. Introduction

There is a vast academic literature on self-esteem, particularly self-esteem in children and adolescence because it is assumed to be an important marker of many psychological variables particularly physical health (Marmot, 2003) but also psychological health and adaptation (Beck, Steer, Epstein, & Brown, 1990; Furnham & Cheng, 2000). Rosenberg defines self-esteem as a person's feeling of self-worth (Rosenberg, 1965, 1986), though it has been recognised to have distinct but related facets (Cheng & Furnham, 2003).

Self-esteem has been acknowledged as one of the key variables that influence depression (Beck, 1979; Brown & Harris, 1978) and well-being (Argyle, 2001; Campbell, 1981; Cheng & Furnham, 2003; Diener, 1984). Whilst self-esteem may in part cause depression, depression may hamper and sustain one's low self-esteem which, as a result, may delay the recovery process. Thus the association between self-esteem and depression is more likely to be bidirectional.

There are also many issues of debate in this area such as whether it is important to differentiate between different types of self-esteem, and more importantly whether it is essentially a cause or consequence of other factors (Emler, 2005; Kinnunen, Feldt, Kinnunen, & Pulkkinen, 2008). There are two issues here: the first is the conceptual overlap

between some of the variables examined and the second is commonly recognised problem of correlational data being unable to speak to issues of causation. The latter is particularly important because of the debates about intervention; namely if low self-esteem in some way causes problems like anti-social behaviour or poor academic performance then attempts to raise self-esteem should have many significant beneficial consequences. On the other hand, if self-esteem is the consequence of other issues (like low intelligence or poor parenting) other forms of treatment may be sought.

The most important influences on young people's levels of self-esteem are their parents. This is partly as a result of genetic inheritance and partly through the degree of love, concern, acceptance and interest that they show their children (Rosenberg, 1965). Physical and sexual abuse are especially damaging for children's feelings of self-worth (Emler, 2005). Personal successes and failures also influence self-esteem. Children's self-esteem can be raised by parenting programmes and other planned interventions, but knowledge of why particular interventions are effective is limited.

Locus of control (LOC) is conceived of as a belief that a response will, or will not, influence the attainment of reinforcement. Rotter (1966) defined LOC as that people who attribute their success or failure on their own work and believe they control their life have an internal locus of control. In contrast, people who attribute their success or failure to outside influences have an external locus of control.

It should be recognised that locus of control and self-esteem are significantly related. Indeed Judge and Bono (2001) combined

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them along with generalised self-efficiency and emotional stability (Neuroticism) as part of one central concept namely Core Self-Evaluations (or positive self-concept). Nevertheless, they are two distinct constructs each links with different outcomes. For example, locus of control is more related to occupational prestige whereas self-esteem is more related to depression and mental well-being. It is possible that this relationship was inflated due to method invariance though there are a number of other papers which have documented this relationship (Judge & Bono, 2001). Although many studies have demonstrated the relationship on internal locus of control with high self-esteem they are nearly all cross-sectional studies on relatively small population groups (Watson, 1998). Whilst these two concepts are nearly always measured by questionnaire it is not clear as to whether the one predominantly influences the other. Certainly it would seem variously life experiences shape both.

Previous correlational and longitudinal studies have shown the associations between social class and childhood intelligence (Deary et al., 2005), between socioeconomic conditions and low self-esteem (Brown & Harris, 1978), and between children's emotional and behavioural problems and low sense of self-worth (Rosenberg, 1965). They suggest that parental social class is associated with many outcome variables such as school success and adaptation (such as behavioural problems) which may in turn be related to self-esteem.

Some researchers have demonstrated that self-confidence, self-esteem or self-evaluation can be divided into related but distinct categories such as academic performance, athletics, and social interactions (Shrauger, 1995). In this study we examine both self-esteem in school setting and general self-esteem, as well as a combined measure. Most studies in the area look at the consequences of self-esteem, particularly in adolescence (Bolognini, Plancherel, Bettschart, & Halfon, 1996), whilst this study examines its causes.

Major focus on this study is on the extent to which childhood locus of control (measured at age 10) could predict self-esteem at age 16. Whilst there have been many cross-sectional correlational studies looking at the relationship between these two variables (Hosseini et al., 2016) there have been very few longitudinal studies. One exception was that of Lonqvist, Verkasalo, Mäkinen, and Henriksson (2009) who used Finnish military data to show that self-evaluation ($r = 0.33$) and verbal intelligence ($r = 0.34$) measured at aged 21 was correlated with self-esteem aged 35 years. The current study is designed to link the early factors to the later outcome using Structural Equation Modelling.

The present study set out to explore the effects of early socio-economic, psychological, and behavioural factors on self-esteem in teenagers drawn data from a large, nationally representative birth cohort in the UK. The current study has three strengths: it examined a set of inter-correlated social and psychological factors together determining to what extent each factor influenced the outcome variable; it used a large, nationally representative longitudinal dataset; and it used a latent outcome variable, thus covering more than one components of the construct.

2. Hypotheses

Based on the previous literature, we hypothesised that H1) Parental social status at birth is significantly and positively associated with self-esteem at age 16; H2) Childhood behavioural problem is significantly and negatively associated with self-esteem at age 16; H3) Childhood intelligence (measured at pre-adolescence) is significantly and positively associated with self-esteem at age 16; H4) Childhood locus of control (measured in pre-adolescence) is significantly and positively associated with self-esteem at age 16; H5) Parental social status, childhood intelligence, childhood behavioural problems and locus of control would be independent predictors of self-esteem in teenagers.

3. Method

3.1. Participants

The study draws on a nationally representative cohort study: the 1970 British Cohort Study (BCS70). The study participants were recruited as part of a perinatal mortality survey. BCS70 comprises 16,571 individuals who were born in Great Britain in a week in April 1970 (Elliott & Shepherd, 2006). The following analysis is based on data collected at birth, age 10, and age 16. The sub-sample used in this study comprised 3096 cohort members (56% females), for whom complete data were collected at birth and the follow-ups at age 16. Analysis of sampling bias in the cohort data showed that the achieved adult samples did not differ from their target sample across a number of critical variables (social class, parental education and gender), despite a slight under-representation of the most disadvantaged groups (Plewis, Calderwood, Hawkes, & Nathan, 2004).

3.2. Measures

1. *Family Social Status* includes information on parental social class and parental education. Parental social class at birth was measured by the Registrar General's measure of social class (RGSC). RGSC is defined according to occupational status (Marsh, 1986). Where the father was absent, the social class (RGSC) of the mother's father was used. RGSC was coded on a 6-point scale: I professional; II managerial/technical; IIIN skilled non-manual; IIIM skilled manual; IV semi-skilled; and V unskilled occupations (Leete & Fox, 1977). Scores were reversed. Parental education is measured by the age parents had left their full-time education.
2. *Childhood Intelligence* was assessed at age 10 in school using assessed in school, using a modified version of the British Ability Scales (BAS) which can serve as a measure for childhood IQ (Elliott, Murray, & Pearson, 1978). The assessment involved the administration of four sub-scales: word definitions ($\alpha = 0.91$) and word similarities ($\alpha = 0.85$) which were used to measure verbal ability, and recall of digits ($\alpha = 0.91$) and matrices ($\alpha = 0.75$) which were used to measure non-verbal ability. The Cronbach's alpha for the four measures combined into a total scale was 0.92.
3. *Behavioural Problems* at age 10 only, the parent was asked to complete the items of the Rutter A scale (Rutter, Tizard, & Whitmore, 1970) on an analogous scale which, using an automated marking system, yielded a score between 0 (does not apply) and 100 (certainly applies) for each item.
4. *Locus of Control* was measured at age 10. Cohort members completed a 16-item locus of control Scale (Yes/No) (Gammage, 1975). High scores indicate Internal Locus of Control. The alpha was 0.73.
5. *Self-esteem* was measured at age 16. Cohort members completed a 10-item Self-esteem Scale (Yes/No) (Lawrence, 1973, 1978). The alpha was 0.72. In addition, an identical Self-esteem Scale was measured at age 10. The alpha was 0.73. It was used as a controlling variable in the following analysis.

4. Results

First, a Principal Component Analysis with Varimax Rotation on the 10 items of self-esteem was conducted, and two subscales were extracted with eigenvalues greater than one accounting for 43.5% of variance. Factor 1 was named as self-esteem in school setting (7-item) and Factor 2 was named as general self-esteem (3-items). The first factor accounted for 27.6% of the variance and the second 15.9% of the variance. The alpha of the first factor was 0.66 and the alpha of the second factor was 0.60. There were significant mean changes for the total self-esteem measure from age 10 to age 16 (mean = 7.31, SD = 2.25 for age 10 and mean = 8.28, SD = 1.91 for age 16; $p < 0.001$).

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