

Influence of Self-esteem on Mental Health of Adolescents

Dr. Bharat Pathak* and M. M. Joshi**

* Associate Professor, Department of Psychology,
M. T. B. Arts College, Surat.

** M. A. (Psychology)

ABSTRACT

The project was to study influence of self-esteem on mental health of adolescents. The study has been made to assess the effect of self-esteem on mental health of adolescents and also to examine how its effects differ among the male and female adolescents. In this study, the sample size consists of 100 students which include 50 boys and 50 girls who were randomly selected from the age of 13 to 19 years. The students selected for the survey belong to various schools in Surat. The data was collected using Google forms. The questionnaires used for data collection to identify the influence of self-esteem on mental health of adolescents are Self-Esteem Scale by Rosenberg (1965) and Self-Reporting Questionnaire (SRQ-20). The data analysis was done using T-test to find if there is a significant difference in self-esteem of boys and girls and to find correlation between self-esteem and mental health, Pearson Correlation Coefficient has been used. The data has been analyzed using SPSS 25 software. The result indicates that there is no significant difference in self-esteem of adolescent boys and girls and there is a negative correlation between self-esteem and mental health problems. The review concludes with a summary of major research findings as well as a consideration of future directions and implications for practice and policy.

Key words: Self-Esteem, Mental Health, Adolescents

INTRODUCTION

The concept of self-esteem has its origins in the 18th century, first expressed in the writings of David Hume. The Scottish enlightenment thinker, shows the idea that it is important to value and think well of yourself because it serves as a motivational function that enables people to explore their full potential.

In the mid-1960s, social psychologist Morris Rosenberg defined self-esteem as a feeling of self-worth and developed the Rosenberg self-esteem scale (RSES), which became the most-widely used scale to measure self-esteem in the social sciences.

In 1992 the political scientist Francis Fukuyama associated self-esteem with what Plato called *thymos*

– the "spiritedness" part of the Platonic soul.

As of 1997 the core self-evaluations approach included self-esteem as one of four dimensions that comprise one's fundamental appraisal of oneself – along with locus of control, neuroticism, and self- efficacy. The concept of core self-evaluations as first examined by Judge, Locke, and Durham (1997), has since proven to have the ability to predict job satisfaction and job performance. Self-esteem may be essential to self-evaluation.

Self-esteem refers to a person's overall sense of his or her value or worth. It can be considered a sort of measure of how much a person "values, approves of, appreciates, prizes, or likes him or herself" (Adler & Stewart, 2004).

According to self-esteem expert Morris Rosenberg, self-esteem is quite simply one's attitude toward oneself (1965). He described it as a "favorable or unfavorable attitude toward the self".

There are several factors that influence self-esteem. These include the following:

Age: Self-esteem tends to grow steadily until middle school when the transition of moving from the familiar environment of elementary school to a new setting confronts children with new demands. Self-esteem either continues to grow after this period or begins to decrease.

Gender: Girls tend to be more susceptible to having low self-esteem than boys,

perhaps because of increased social pressure that emphasizes appearance more than athletic ability.

Socio-economic status: Researchers have found that children from higher-income families usually have a better sense of self-esteem in the mid- to late-adolescence years.

Body image: Especially true for teens but also important for younger children, body image is evaluated within the context of media images from television, movies, and advertising that often portray girls as thin, beautiful, and with perfect complexion. Boys are portrayed as muscular, very good looking, and tall. Girls who are overweight and boys who are thin or short often have low self-esteem because they compare themselves against these cultural and narrow standards.

Mental health refers to our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Adolescence is a transition phase from childhood to adulthood, which is marked by several biological, cognitive, and psychosocial changes. The characteristics which emerge during adolescence involve: a tendency to experiment and seek novel experiences, a heightened sense of vulnerability, a low risk perception, an intense desire for independence, and an inner search for self-identity which gradually shape up their personality throughout the developing years. It is a critical period characterized by neurobiological and physical maturation leading to enhanced psychological awareness and higher level of social and emotional interactions with peers and adults. From neurobiological perspective also, adolescents can be viewed as “works in progress,” with academic, interpersonal, and emotional challenges, and exploring new territories using their talents, and experimenting with social identities.

Essentially, high self-esteem is a frame of mind that lets one celebrates own strengths, challenge one’s weaknesses, and feel good about oneself and life. It allows a person to put daily ups and downs in perspective because, at his core, his value, trust, and respect him.

Drawing from various theoretical perspectives (e.g., social comparison theory, symbolic

interaction theory), much research has validated the assumption that high self-esteem is associated with educational achievement (Marsh, Byrne, and Yeung 1999), that ability levels may influence depressive symptoms and levels of self-esteem (Humphrey, Charlton, and Newton 2004), and that a positive self-concept is desirable for children's personal development (Branden 1994).

The link between low self-esteem and mental health conditions is particularly strong. Interestingly, research shows convincingly that poor self-esteem contributes to rather than the reverse. This means that depression doesn't create low self-regard. Instead, thinking poorly of oneself makes one more vulnerable to depression.

M. Brent Donnellan, Kali H. Trzesniewski, Richard W. Robins, Terrie E. Moffitt,

Avshalom Caspi (2005) studied that Low Self-Esteem is related to Aggression, Anti Social Behavior and Delinquency. The present research explored the controversial link between global self-esteem and externalizing problems such as aggression, antisocial behavior, and delinquency.

Adolescents who have high self-esteem will generate confidence, a sense of self-worth, a sense of usefulness and a sense that his presence is needed in this world. In addition, adolescents also have the confidence to achieve the achievement that he and other expect. The confidence will motivate the teenager to really achieve what they desire. Conversely, adolescents with low self-esteem are more likely to behave negatively because self-esteem can affect one's behaviour (Clemes & Clark, 2012), so in school indirectly students will face problems because of negative behaviour due to low self-esteem.

Although boys and girls report similar levels of self-esteem during childhood, a gender gap emerges by adolescence, such that adolescent boys have higher self-esteem than adolescent girls (Kling, Hyde, Showers, & Buswell, 1999; Robins et al., 2002).

Ruth Derdikman-Eiron, Marit S Indredavik, Grete H Bratberg, Gunnar Taraldsen, Inger Johanne Bakken, Matthew Colton (2011) conducted research on Gender differences in subjective wellbeing, self-esteem and psychosocial functioning in adolescents with symptoms of anxiety and depression. The study revealed that although prevalence rates of symptoms of anxiety and depression were higher in girls than in boys, the associations between symptoms of anxiety and depression and lower subjective well-being and self-esteem, more academic problems in school

and lower social functioning were stronger for boys than for girls.

Health care professionals should take a more assertive role in promoting relevant health education to the community with emphasis on helping adolescents develop positive self-esteem.

The aim of this study is to analyze the correlation between self-esteem and mental health of adolescents and also to study the self-esteem with respect to gender differences.

METHODOLOGY

AIM

The present study aimed at finding out the level of self-esteem and mental health problems in adolescents.

OBJECTIVES

The Objectives of this research study are the following:

To study the difference in self-esteem of male and female adolescents.

To study the relationship between self-esteem and mental health of adolescents.

HYPOTHESIS

There will be no significant difference in self-esteem of male and female adolescents.

There will be no significant relationship between self-esteem and mental health of adolescents.

VARIABLES

Independent variable

Gender of adolescence i.e. male and female and age of adolescents are independent variables of this research study.

Dependent variable

Self-esteem and mental health of adolescents are dependent variables of the research study.

SAMPLE

This research study is proposed to be conducted on adolescents aged between 13 & 19. Total

sample size is approximately 100 in which 50 males and 50 females have been included. The researcher will take care about equal representation to each and every variable under consideration for this research study.

Male	50
Female	50
Total	100

Inclusion criteria

Adolescents aged between 13 to 19 years were taken.

Adolescents belonging to Surat city were included.

Exclusion criteria

Adolescents other than Surat city were not taken in the study.

RESEARCH DESIGN

ROSENBERG SELF-ESTEEM SCALE

The Rosenberg self-esteem scale (RSES) is the most commonly used measure of self-esteem in psychology research. It was developed by Dr. Morris Rosenberg as a measure of global self-esteem, one's overall sense of being a worthy and valuable person. Respondents to the RSES indicate the degree of their agreement with ten statements such as "I feel I am a person of worth, at least on an equal plane with others," "I feel I have a number of good qualities," and "I feel I do not have much to be proud of" (reverse scored). It was originally developed as a Guttman scale but is typically administered with a 4-point Likert response format with scale points corresponding to Strongly Agree, Agree, Disagree, and Strongly Disagree.

A 10-items scale that measures global self-worth by measuring both positive and negative feelings about the self. The scale is believed to be one-dimensional. The RSES has been translated and adapted to various languages, such as Persian, French, Chinese, Italian, German, Portuguese, and Spanish. The scale is extensively used in cross-cultural studies in up to 53 different nations.

Reliability:

Internal consistency for the RSE ranges from 0.77 to 0.88. Test-retest reliability for the RSE ranges from 0.82 to 0.85

Validity:

Criterion validity = 0.55

Construct validity = correlated with anxiety (-0.64), depression (-0.54), and anomie (-0.43).

Scores are calculated as follows: 3- Strongly agree, 2- Agree, 1- Disagree, 0- Strongly disagree

The scale ranges from 0-30. Scores, with 30 indicating the highest score possible and between 15 and 25 are within normal range while scores below 15 suggest low self-esteem.

SELF-REPORTING QUESTIONNAIRE (SRQ) 20

Self-reporting Questionnaire (SRQ) 20 has been developed by WHO as an instrument designed to screen for psychiatric disturbance, especially in developing countries. The instrument assesses psychic and somatic screening of mood, anxiety and somatization disorders, also called minor or common mental disorders. The symptoms in SRQ-20 refer to insomnia, fatigue, irritability, forgetfulness, difficulty concentrating and somatic complaints.

The questions have to be answered by 'Yes' or 'No' such as:

"Do you often have headaches", "sleep badly", "feel unhappy", "find it difficult to enjoy your daily activities", among others.

Cronbach's alpha of 0.84 indicated good internal consistency. Some investigators have recommended a cutoff score of 7/8 which provided a sensitivity of 63 % and a specificity of 88 %.

The scores of the sum of the items can be interpreted by a quantitative analysis in which 0 would be no probability and 20 would be extreme probability for common mental disorder. It may be used either as a self-administered or as an interviewer administered questionnaire.

The cut-off point for both the female and the male is 7/8 with the score 8 considered as suspect for mental disorder.

STATISTICAL ANALYSIS

Empirical data were processed with the SPSS statistical program. Descriptive statistics and correlation analysis were used.

RESULTS & DISCUSSIONS

SELF-ESTEEM SCORES VS GENDER

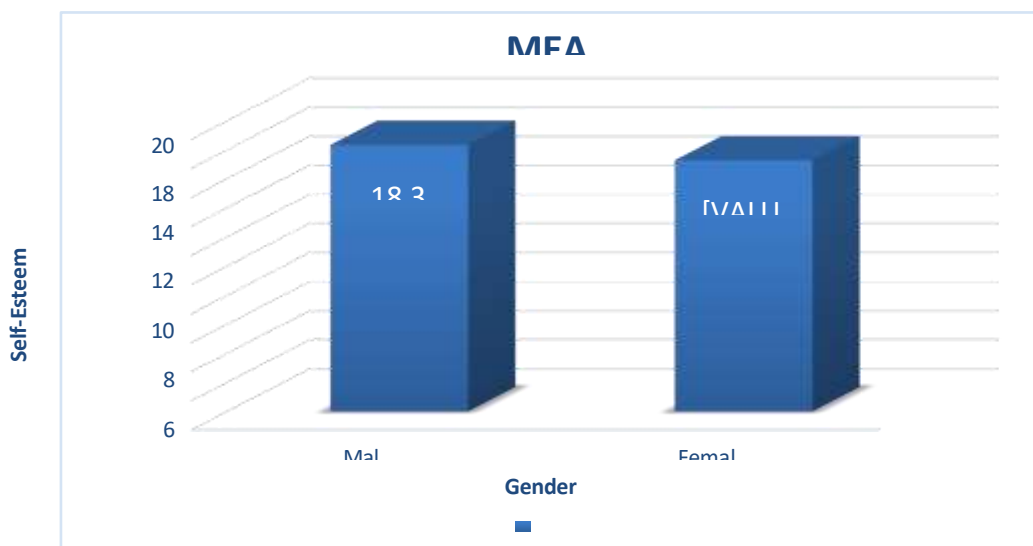
Null Hypothesis: There is no significant difference in self-esteem of male and female adolescents. All the selected subjects were administered on Rosenberg Self-Esteem Scale.

t-test for Self-Esteem by Gender

Gender	N	Mean	S.D.	Sig.(2-tailed)	t-test	Df	95%confidenceintervalofthedifference	
							Lower	Upper
Male	50	18.34	3.72	0.201	1.286	98	-0.575	2.695
Female	50	17.28	4.48					

*p>0.05

Note: All tests two tailed.



Self Esteem Score VS Gender

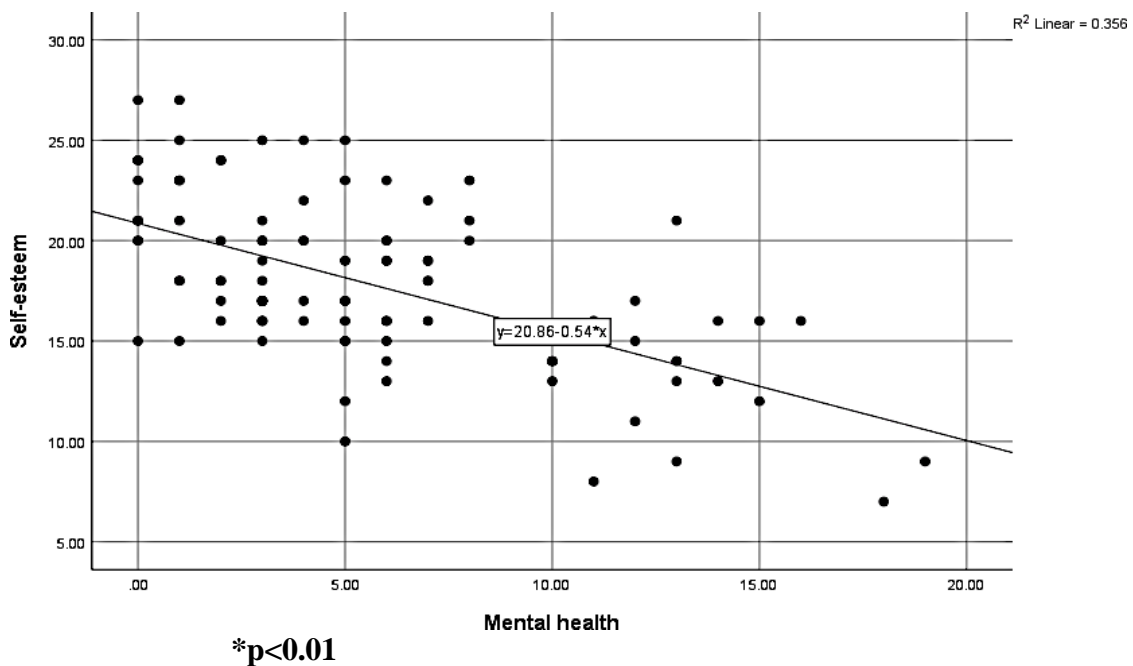
The table shows the results of the means for the self-esteem in males is 18.34 and SD is 3.72 which is higher than Mean of females which is 17.28 and SD is 4.48. The t-value is 1.286, df is 98 and p value is 0.201. The magnitude of difference in the means is 1.06 and 95% CI of difference is 0.575 to 2.695. The results suggest that there is no statistically significant difference in self-esteem among male and female adolescents. Hence, null hypothesis is supported.

SELF-ESTEEM VS MENTAL HEALTH

Null Hypothesis: There is no significant difference in self-esteem and mental health of adolescents. Pearson correlation coefficient results

Self-Esteem Vs Mental Health

	Self-Esteem	Mental Health
Pearson Correlation	1	-0.597
Sig.(2-tailed)		0.000
N	100	100



Note: All tests are two-tailed.

Self-Esteem VS Mental Health

The table shows that the result of Pearson correlation is -0.596 and p value is 0.000 which is less than

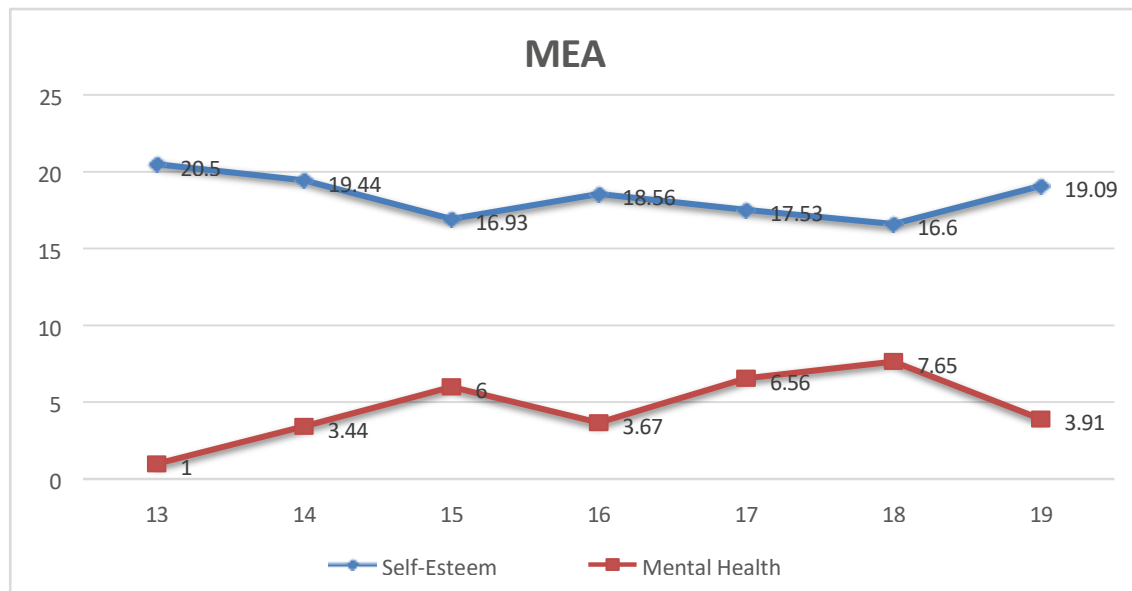
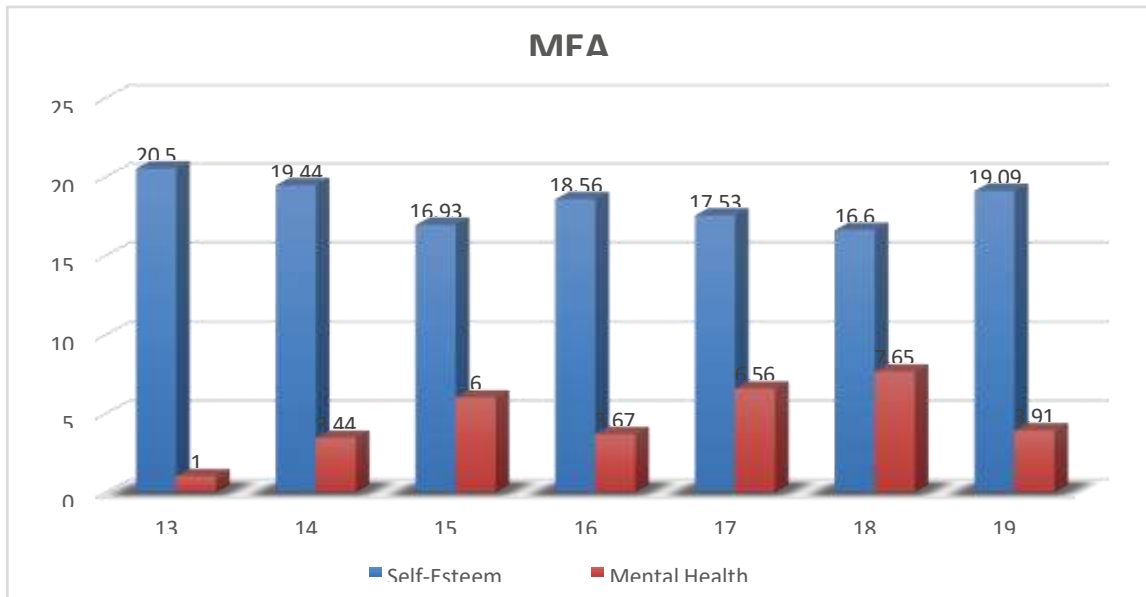
0.01. There is a moderate negative correlation between self-esteem and mental health of adolescents. This shows an increase in self-esteem of adolescents would lead to decrease in mental health problems of adolescents. The results suggest that there is a statistically significant correlation between self-esteem and mental health in adolescence. Hence, null hypothesis is not supported.

RELATIONSHIP AMONG AGE, SELF-ESTEEM & MENTAL HEALTH

In the present study, age wise Mean score of Self-Esteem & Mental Health is depicted in the table.

Mean Score of Self-Esteem & Mental Health

AGE	Self-Esteem Mean	Mental Health Mean
13	20.5	1
14	19.44	3.44
15	16.93	6
16	18.56	3.67
17	17.53	6.56
18	16.6	7.65
19	19.09	3.91



Mean Score of Self Esteem & Mental Health

From the above table we can see that the adolescents of 13 years have higher self-esteem and lower mental health problems than the ages between 14 and 19 years. At the age of 15 years there is a decline in self-esteem as at this age the adolescents appear for their S.S.C. board exams in India. At the age of 16 years there is a rise in self-esteem which declines at ages 17 and 18 years when they appear for their H.S.C. board exams. There is again rise in self-esteem at the age of 19 years. We can see from the table that when there is an increase in self-esteem, there is a

decrease in mental health problems.

Many people — scientists and otherwise — assume that self-esteem takes a hit during the traditionally awkward early teenage years, “possibly because of pubertal changes and increased emphasis on social comparison at school,” Orth says. Instead, self-esteem appears to hold steady until mid-adolescence. After that lull, Orth says, self-esteem seems to increase substantially until age 30.

DISCUSSION OF FINDINGS & HYPOTHESIS

Hypothesis 1: - There will be no significant difference in self-esteem of male and female adolescents.

The study investigated the self-esteem relating to individual variables such as gender. Regarding the variables like gender and self-esteem, we found that there is no significant difference in self-esteem pertaining to male and female adolescents. Hence, null hypothesis is supported.

But it is seen in previous study that although boys and girls report similar levels of self-esteem during childhood, a gender gap emerges by adolescence, such that adolescent boys have higher self-esteem than adolescent girls (Kling, Hyde, Showers, & Buswell, 1999; Robins et al., 2002).

It is reported in the study of Unni Karin Moksnes & Randi Johansen Reidunsdatter (2019), girls had significantly higher depression/anxiety than boys and showed a slightly significant increase in depression/anxiety, stress and self-esteem during the two assessments. Boys scored significantly higher on mental well-being and self-esteem and reported stable mental health during the school year.

Hypothesis 2: - There will be no significant relationship between self-esteem and mental health of adolescents.

In this study we explored that relating to the variables like self-esteem and mental health, there is a significant negative correlation between self-esteem and mental health of adolescents. This means that as the self-esteem increases, mental health problems decrease. On the contrary, when the self-esteem decreases, mental health problems increase. Hence, null hypothesis is not supported.

In a previous longitudinal study, including nearly 3000 participants from two samples aged 15–21 years, Orth, Robins and Roberts showed that low self-esteem more strongly predicted depression, than depression predicted low self-esteem.

Greenberg et al. found that high self-esteem had an anxiety-buffering function among students in an experimental setting. Likewise, threats to self-esteem have been shown to induce anxiety and to activate strategies that defend or restore a person's self-esteem.

CONCLUSION

The main objective of the study was to find out the influence of self-esteem on mental health of adolescents. The study also aimed at finding out the existence of significant gender differences in the level of self-esteem and the correlation between self-esteem and mental health of adolescents.

Based on the analysis of the data following conclusion could be drawn:

Based on the current research study and its results, it is concluded that there is no significant difference in self-esteem of adolescents pertaining to the gender and there is a significant negative relationship between self-esteem and mental health of adolescents.

IMPLICATIONS OF THE STUDY

The study can be used to find out the level of self-esteem and mental health problems among different age groups and find out at which level the individual is operating.

The adolescents can be taught as to how he/she can increase his/her self-esteem and can have better and healthy lifestyle.

LIMITATIONS OF THE STUDY

The present study represents a small sample size, therefore to draw more reliable and valuable conclusions, this study can be replicated with a larger sample size which can help in drawing more valid and reliable conclusions of the study.

The study has been done keeping in mind the self-esteem with relation to mental health problem which can also be correlated with physical health, emotional health, life satisfaction & psycho social functioning.

Role and involvement of family, culture, socioeconomic status & peer pressure have to be evaluated in the context of self-esteem and mental health.

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