

STUDY ON THE CORRELATION BETWEEN SELF-ESTEEM, COPING AND CLINICAL SYMPTOMS IN A GROUP OF YOUNG ADULTS: A BRIEF REPORT

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Abstract

The aim of this research is to analyze how the experiences and representations of self-esteem correlate with clinical symptoms, as well as specific non-functional coping strategies in order to overcome difficulties in the development of autonomy and decision-making.

Data show that the coping resources of individuals are directed more towards the Self than towards the social, sometimes even in terms of preoccupation with the Self and social isolation. Low self-esteem has correlations with somatization. It is especially in the female gender and is related to an image of Self that is not positive.

Keywords: Self-esteem, coping, clinical symptoms, young adults, female

Introduction:

In a social-cognitive perspective, self-esteem corresponds to the consideration that an individual has of himself. The ability to react to failure without being influenced is also considered a strong indicator of self-esteem (McFarlin, Blascovich, 1981; Lobel, Teiber, 1994).

The system of personal self-efficacy beliefs is not a global trait, but rather a set of different beliefs about self, related to distinct areas of operation. People, in fact, differ in the areas of life in which they cultivate their own personal self-efficacy and the degree to which they think to master

certain occupations and activities, with the ability to produce specific results in heterogeneous environments also being different.

In light of this, it appears clear that self-efficacy is a multidimensional construct: the sense of personal effectiveness of individuals varies depending on the context, the task in which it is involved.

Rosenberg et al. (1995) distinguish specific self-esteem, intended as a guide that directs behaviour (Bandura's self-efficacy), resulting from the ratio between their aspirations for success and the skills actually acquired, by global self-esteem, related to the level of self-acceptance and respect for himself, the individual (characterized by more suffering than by rationality) that provides no clear guidance about specific behaviour. In the field of education a positive correlation between self-esteem and academic performance can be detected. Current literature also reports that low self-esteem often correlates with clinical disorders, such as anxiety-depression and mood, food, psychosomatic, difficulty concentrating.

Females, according to numerous studies, have a greater incidence of internalization symptoms, which makes them more susceptible to anxiety and depression when compared to males. Among the many theories which could be used to explain the phenomenon in international literature, biopsychosocial is worth noting, for which the reproductive cycle is the background to all other risk factors, especially in certain phases of principal vulnerabilities, including, in addition to pregnancy, postpartum and perimenopause, there is adolescence. Depression in this phase has a prevalence also compared to the number of episodes, duration and severity (McCauley et al., 1993), which constitutes a risk factor for the presence in adulthood and its consequent chronic (Kovacs, 1997).

In addition, the image of the body is an integral part of the mental representation of ourselves, with it being closely linked to the emotional world and in turn influences much of the behaviour, emotions, thoughts, and self-esteem. The perception of the body, emotions and beliefs orientate projects, interactions, well-being as well as the tendency to have problems of a psychological nature.

A negative body image seems to be correlated with an easier development of depression, anxiety, eating disorders and obsessive compulsive disorder. Finally, the relationship between body image and self-esteem is more evident in females than males. According to the model of acquisition interactive self-esteem (Bracken, 1993), the experience of embodiment is one of the areas which contributes to global self-esteem in adolescence, along with other dimensions, such as: socializing, skills, emotion, school, family and corporeality.

Thus, self-esteem is regarded as the evaluation of its performance, with it depending on personal experience as well as the judgment of others, according to objective criteria, intra-individual, social and ideals.

The body esteem (or *lived body*), or the way in which the physical characteristics are perceived, subjectively and by others, is linked to their physical appearance and prowess-physical abilities, with them possibly becoming a source of discomfort or excessive attention to adolescents or young adults.

Aim

The aim of this research is to analyze how the experiences and representations of self-esteem correlate with clinical symptoms, as well as specific non-functional coping strategies in order to overcome difficulties in the development of autonomy and decision-making.

We wanted to evaluate the influence of gender, age and university faculty variables.

Methodology

- Ad hoc **socio-anagraphic worksheet**;
- **Rosenberg Self-Esteem Scale** (Rosenberg, 1965). It is a 10-item self-report measure of global self-esteem and consists of 10 statements related to overall feelings of *self-worth* or *self-acceptance*. The items are answered on a four-point scale ranging from strongly agree to strongly disagree. The Rosenberg Self-Esteem Scale has also been administered as an interview and it can be completed in less than 5 minutes.
- **SCL-90R Test** (Derogatis, 2011). The Symptom Checklist 90-R instrument helps evaluate a broad range of psychological problems and symptoms of psychopathology. The instrument is also useful in measuring patient progress or treatment outcomes. The SCL-90R test contains only 90 items and can be complete in just 12-15 minutes.

The test helps measure 9 primary symptom dimensions and is designed to provide an overview of a patient's symptoms and their intensity at a specific point in time.

Symptom Scales are: *SOM – Somatization; O-C - Obsessive-Compulsive; I-S - Interpersonal Sensitivity; DEP – Depression; ANX – Anxiety; HOS – Hostility; PHOB - Phobic Anxiety; PAR - Paranoid Ideation; PSY – Psychoticism.*

The test detects 3 global rates:

Global Severity Index (GSI), which assesses the intensity of the level of psychological distress;

Positive Symptom Total (PST), which provides information on the number reported symptoms;

Positive Symptom Distress Index (PSDI), used as estimating the index of response style.

- **CISS Test** (Norman, Endler, Parker, 1988). The Coping Inventory for Stressful Situations is a valuable tool that allows you to effectively measure three major types of coping styles in an individual, including *Task-Oriented*, *Emotion-Oriented*, and *Avoidance Coping*. It helps you determine the preferred coping style of an individual and contributes to your overall understanding of the relationship between that individual's coping style and his or her personality. This 48-item inventory can be administered in a little as 10 minutes.

Participants

The sample consisted of 74 students (40 women and 34 men) with a mean age of 26.7, who, driven by different motivations (e.g. difficulties and blocking of studies, adjustment difficulties, disorientation with respect to the choices made, difficulties concentrating), required psychological support from the Centre for Psychological Counseling of the University of Salerno.

Attending Faculties are: Economics (3%), Law (15.2%), Engineering (21.2%), Humanities (18.2), Foreign Languages and Literature (6.1%); Sciences Education (27.3%), Political Science (6.1%), Mathematical and Physical Sciences (3%).

With regard to the characteristics of the sample:

63% of the students are on track, whilst 37% are off track with their studies.

60% of students are single, 37% is engaged, 3% lived with their partner.

49% of students live on-site, while 51% comes of outside.

Students guess do not practice sporting activities. About 64% said that it did not participate in sports, while 36% make physical activity.

48% say they feel fit, 45% say the opposite, while 2% said that sometimes he feels fit.

53% takes on alcohol at least once a week, 13% never takes alcohol, 34% sometimes drink alcohol.

Statistical procedures

We have calculated the coefficient of Pearson's r for the correlation between tests considered.

We have performed a univariate analysis of variance (One Way ANOVA) for the variable examined (gender, age, university faculty).

Statistical analyzes were performed using SPSS software version 19.0.

Results

The ANOVA test was performed between categories variables sex and university Faculty attended and subscale mean scores of SCL-90R. Data analysis shows that the average values of the symptoms are not distributed in a significantly different for the variables ($p > 0.05$). Instead, the correlation between age and the subscales of SCL-90R shows an increase in average values for areas depression, anxiety, psychoticism, paranoid ideation, GSI, PSDI, with increasing age.

From the calculation of the standard deviation we found that:

- SOM – Somatization (ds=10,72);
- O-C - Obsessive-Compulsive (ds=10);
- I-S - Interpersonal Sensitivity (ds=10,67);
- DEP – Depression (ds=10,61);
- ANX – Anxiety (ds=11);
- HOS – Hostility (ds=9,0);
- PHOB - Phobic Anxiety (ds=11,07);
- PAR - Paranoid Ideation(ds=12);
- PSY – Psychoticism (ds=10,92);
- Global Severity Index (GSI) (ds=10);
- Positive Symptom Total (PST) (ds=9);
- Positive Symptom Distress Index (PSDI) (ds=10,42).

	SELF-ESTEEM ROSENBERG TEST
SOMATIZATION SYMPTOM SCL-90R TEST	,162(*)
PATHOLOGICAL DISTRESS SCL-90R TEST	,183(*)
SOCIAL DIVERSION SCALE CISS TEST	,218(**)
EMOTION SCALE CISS TEST	,520(**)
GENDER FEMALE	,580(**)
NOT IN FORM ITEM OF SOCIO-ANAGRAFIC WORKSHEET	,183(*)

** p>0.01 level

* p>0.05 level

Table 1

The coefficient of Pearson's r for the correlation between the tests considered show (Table 1):

- the self-esteem correlates with more or less severe clinical disorders;
- the low self-esteem present in people with a high risk of disease (pathological distress) to test SCL-90R;

- the low self-esteem has correlations with the somatization that various young adult put in place. It is the case in females and is related to an image of Self that is not positive;
- coping resources of individuals are directed more towards the Self than towards the social, sometimes even in terms of preoccupation with the Self and social isolation.

Conclusion

The data shows that low self-esteem correlates with clinical disorders almost severe, that the coping resources of individuals are turning more toward the self and toward the social, sometimes even in terms of preoccupation with self and of social isolation. Knowledge of these elements is useful for implementing a path of Counseling custom which takes better account of internalized and contextual dimensions, including their increasingly interdependent.

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