

Psychological Thought psyct.psychopen.eu | 2193-7281



Research Articles

Self-Esteem and Collective Self-Esteem Among Adolescents: An Interventional Approach

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Abstract

Present research was conducted with the purpose to study the effectiveness of behavioural intervention program in enhancing the self-esteem and collective self-esteem among adolescents. The research was conducted on 74 subjects in the age range of 17-23 years. Rosenberg Self-esteem Scale (RSE; Rosenberg, 1965) and Collective self-esteem scale developed by Luhtanen and Crocker (1992) were used to measure self-esteem and collective self-esteem respectively. A self-structured behavioural intervention program was administered for three months to enhance low level of self-esteem and low level of collective self-esteem among subjects. In the interventional program, teachers and parents were requested to cooperate. Pre- and post-test design was used. Wilcoxon Signed Rank Test was applied to test the significance of difference between pre-intervention scores and post-intervention scores of self-esteem and collective self-esteem. The results showed that the mean self-esteem score in pre-measure was 11.31, which increased to 17.42 in post measure and Z value was -7.51 that was significant at .01 level. It suggests that there is significant difference between pre-intervention self-esteem score and post-intervention self-esteem score and post-intervention self-esteem score was 34.73 in pre-intervention measure which increased to 53.47 in post-intervention measure. The obtained Z value for collective self-esteem was -7.57 that was also significant at .01 level. It suggests that there is significant difference between pre-intervention collective self-esteem scores and post-intervention collective self-esteem was -7.57 that was also significant at .01 level. It suggests that there is significant difference between pre-intervention collective self-esteem scores and post-intervention collective self-esteem scores. Thus, the results proved the effectiveness of interventional program in enhancing self-esteem and collective self-esteem.

Keywords: adolescents, collective self-esteem, intervention, self-esteem

Psychological Thought, 2015, Vol. 8(1), 105-113, doi:10.5964/psyct.v8i1.121

Received: 2014-09-22. Accepted: 2014-12-10. Published (VoR): 2015-04-30.

Handling Editor: Stanislava Stoyanova, Department of Psychology, South-West University "Neofit Rilski", Blagoevgrad, Bulgaria

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Introduction

Self-esteem is a major key to success in life. The development of positive self-concept or healthy self-esteem is extremely important for good adjustment in society. Self-esteem refers to individual's perception or subjective appraisals of one's own self-worth, one's feelings of self-respect and self-confidence and the extent to which the individual holds positive or negative views about self (Sedikides & Gress, 2003).

When individual broadens the positive view of self and develops the positive view for whole group to which he belongs to is called the collective self-esteem. Corning (2002) said that collective self-esteem refers to the feelings and evaluations of the worthiness of a social group-such as racial, ethnic, or work groups - of which one is a member. Some evidences show that positive mental health such as life satisfaction and well-being of an individual

is strongly predicted by collective self-esteem (Mokgatlhe & Schoeman, 1998) and distress (Katz, Joiner, & Kwon, 2002; Lam, 2007).

Low level of self-esteem has been linked to behavioural problems and poor school performance (Agarwala & Raj, 2003; Orth & Robins, 2013). In the previous studies, it has been found that low self-esteem is related with serious behavioral problems as suicidal tendencies (Bhattacharjee & Deb, 2007; Manani & Sharma, 2013) and maladjustment. It is found that low level of self-esteem leads to psychological problems such as depression, social anxiety, loneliness, alienation etc. (Leary, 2004). It is strongly associated with friendship problems and social treatment (Crocker, Luhtanen, Blaine, & Broadnax, 1994). In a recent study self-esteem as well as collective self-esteem has been linked with depression and other problems (Orth, Robins, Widaman, & Conger, 2014).

There are various treatment options like counselling, psychotherapies, designed intervention program for low selfesteem and collective self-esteem. Treatment depends on the cause and severity of the problem and to some extent, on personal preference. Cognitive behavioural therapy (CBT) helps people to distinguish between problems that can and cannot be resolved and develop better coping skills. Cognitive behavioural therapy has proved to be effective without negative side effects (Sinha, Sudhir, & Kumaraiah, 2008). Cognitive behavioural therapy was actually reported superior on 9 of 10 outcome measures (self-reported) at the end of the treatment (Thomas & Lincoln, 2006). Trudeau (2004) explained that cognitive behavioural therapy or CBT is a type of psychotherapy that has been known to be efficacious in the treatment of adolescent depression and low-self-esteem (Kannapan & Rani, 2009).

Self-esteem as well as collective self-esteem are important for surviving as a unique identity and in group as well. Transition from adolescent age to adulthood is a crucial phase of any individual's life. During this phase individual faces many problems and many times it becomes very difficult to maintain optimal level of self-esteem and collective self-esteem. In the present research focus has been given on developing an effective intervention program that can uplift the low self-esteem as well as low collective self-esteem of the adolescents. Parents and teachers play an important role in the life of an adolescent so in the self-structured program, teachers and parents are also included.

Objectives

- To study the effectiveness of behavioural intervention in enhancing self-esteem of the subjects having low self-esteem.
- To study the effectiveness of behavioural intervention in enhancing collective self-esteem of the subjects having low level of collective self-esteem.

Hypotheses

- Behavioural intervention is effective in enhancing self-esteem of subjects having low self-esteem.
- Behavioural intervention is effective in enhancing collective self-esteem of the subjects having low level of collective self-esteem.

106

Method

Tools and Techniques

Following tools and techniques were used in the present study:

- To measure the self-esteem among subjects Rosenberg Self-esteem Scale (RSE; Rosenberg, 1965) was used. There are 10 items in this scale which ranges from strongly disagree to strongly agree. The reliability of the scale was found high. It ranges from .85 to .88 for college students.
- To assess the collective self-esteem among subjects, Collective self-esteem scale developed by Luhtanen and Crocker (1992). It is Likert-type 7 point scale, consisted of 16-items.
- A self-constructed behavioural intervention program was used to enhance the self-esteem and collective self-esteem of the subjects who were having low self-esteem and low collective self-esteem. This intervention programme included not only the subjects, but their parents and teachers also. The intervention program was conducted for three months. During these three months subjects and their parents and teachers were counselled to focus on the positive aspect of situation and personality. Parents and teachers were suggested not to compare the child with others.

Sample

Initially Rosenberg Self-esteem Scale (RSE; Rosenberg, 1965) and Collective Self-esteem scale developed by Luhtanen and Crocker (1992) were administered to 200 subjects in the age range of 17-23 years. Among them, 83 subjects were found having low self-esteem and low collective self-esteem. In the final sample, 9 subjects were dropped because their teachers and parents were not ready to cooperate during intervention period. Thus, final sample consisted of 74 subjects having low self-esteem as well as low collective self-esteem.

Design

Pre- and post-test design was used. Pre-measures of self-esteem and collective self-esteem were taken and after the administration of intervention program post measures were also taken.

Procedure

Selected tools were administered on the subjects who were included in the final sample. Assessment of each subject was done individually and was provided on all measures. Subjects were assured that their results would be confidential. After the data collection those subjects were selected who found low on self-esteem and/or collective self-esteem. Then, intervention was given to subjects to enhance the level of self-esteem and collective self-esteem. Intervention included the following steps:

1. All the teachers, teaching the subjects, included in the sample, were given a list of those subjects and were told that they all had high potential on the basis of intelligence and ability tests. Teachers were requested to give special/extra attention to those subjects in the class, encourage them, give them maximum opportunities to participate in the class room activities and give them proper and immediate feedback for their performance/activities. Teachers were requested to provide outlets by which subjects could express apprehension, release tension and gain awareness of feelings, e.g. physical activities might help in releasing tensions. It might also be helpful for one to play out different roles that reveal alternative ways in which he/she might act in the face of difficulty, breaking a problem down into its components so that they might deal with each part separately rather than as a mass.



- 2. Parents of each subject were told that their son/daughter has high potential as it had been found on the basis of intelligence and ability tests so they should give extra attention and care to their son/daughter, they encourage him/her so that he/she might express himself/herself. Parents were requested to realize the individual differences and not to compare their son/daughter with others. Parents were suggested to help their son/daughter for being resilient in failure prone circumstances by encouraging positive definitions of their worth, mainly encouraging students to do the 'best they can' and to focus on improvement rather than 'doing better than others'.
- **3.** Researcher also met with each subject at least twice a week and talked to the subject about his/her performance and achievements and encouraged the child for still better results. Some suggestions were given to subjects personally. Subjects were said to keep a report card of their best efforts to maintain self-esteem and to note the efforts they were putting into work related activities and to give themselves credit when they were putting 100%. They were suggested to focus on the solution of problem rather than on the problem itself. They were advised to convert the negative thoughts to positive solutions, e.g. if one made mistakes one should not think 'I am so stupid'. One should take it as 'I made mistake, I would learn from it'. They were advised to take a deep breath when someone criticized them, and to regroup and move into action to correct the problems.

The above intervention was continued for three months. The post-measures of self-esteem and collective selfesteem were done.

Statistical Analysis

Wilcoxon Signed Rank Test was applied to test the significance of difference between pre-intervention self-esteem scores and post-intervention self-esteem scores as well as pre-intervention collective self-esteem scores and post-intervention collective self-esteem scores.

Results

It can be observed from Table 1 that the mean self-esteem score in pre-measure was 11.31, which increased to 17.42 in post-measure. The obtained *Z* value was -7.51 thus below the critical value of -2.58 (two-tailed) at .01 level (see Table 1). It suggests that there is significant difference between pre-intervention self-esteem scores and post-intervention self-esteem scores. Thus, hypothesis that 'behavior intervention is effective in enhancing self-esteem of the subjects who were having low level of self-esteem' has been accepted. Similarly, the difference between pre-intervention collective self-esteem scores and post intervention collective self-esteem scores was studied. The obtained *Z* value for collective self-esteem was -7.57 thus again below the critical value (-2.58, two-tailed) at .01 level (see Table 1). It suggests that there was significant difference between pre-intervention collective self-esteem scores. This leads to the acceptance of the second hypothesis that 'behaviour intervention is effective in enhancing collective self-esteem of the subjects having low level of collective self-esteem of the subjects having low level of collective self-esteem pre-intervention collective self-esteem was -7.57 thus again below the critical value (-2.58, two-tailed) at .01 level (see Table 1). It suggests that there was significant difference between pre-intervention collective self-esteem scores. This leads to the acceptance of the second hypothesis that 'behaviour intervention is effective in enhancing collective self-esteem of the subjects having low level of collective self-esteem'.



Table 1

Pre- and Post-Measures of Self-Esteem and Collective Self-Esteem

	Pre-measure		Post-measure			
Variable	М	SD	М	SD	Ζ	p
Self-esteem	11.31	5.90	17.42	3.74	-7.51	< .01
Collective Self-esteem	34.73	9.85	53.47	8.06	-7.57	< .01

Discussion

The results of the present research prove the effectiveness of intervention program given to enhance the selfesteem and collective self-esteem among subjects. Self-esteem has been negatively linked with many behavioural problems like depression, stress, alcohol and drug abuse, poor academic performance, etc. On the contrary, optimal level of self-esteem and collective self-esteem has been associated with well-being, mastery, achievement, good health etc. There is a strong relationship between a person's emotional reactions and involvement in social relationships. Therefore, to increase one's self-esteem, one needs to improve one's standing in interpersonal relationships rather than trying to fix some self-perception. The late adolescent and young adult age is very crucial age because this is the time of transition from adolescents to adults. Anxieties and depression tend to have an adverse and negative effect on performance and functioning and prevent a full and free access to their potentiality and abilities. Individuals with crippling circumstances are unlikely to be realistic and effective in their everyday functioning, they are more likely to manifest deviant behaviour patterns. They suffer from feeling of inadequacy and unworthiness.

In this research, teachers and parents of subjects, selected for intervention, were also instructed to help the subjects in enhancing self-esteem and collective self-esteem because parents and teachers play an important role in making cohesive environment for the development of personality. The main assumption behind the enhancement of self-esteem is that life experiences have very deep impact on self-esteem and collective self-esteem. To enhance self-esteem and collective self-esteem, an environment in which successors are more likely than failures is very helpful. But it may happen that their standard for success would be low and it may get high as they start achieving success. It is also assumed that if the balance between positive and negative experiences is shifted, individuals with low self-esteem will begin to behave in the same way as do those with high self-esteem, low self-esteem individual will suddenly begin to select difficult tasks and such a transformation would be almost magical. To enhance the self-esteem the focus should be given to change the perception of their ability. If an individual has negative perception towards his/her own ability, he/she will have feeling of failure before approaching the task, as a result half-hearted efforts would be done and chances of failure will increase. So the need is to develop the positive beliefs towards own abilities and skills. Individuals should make sure that he/she is not inferior to anyone. Everyone has a unique quality and he/she also has. The only need is to discover that quality.

Parents and caretakers can facilitate self-esteem and collective self-esteem by providing environment that fosters feelings of autonomy, competence and relatedness. Self-esteem among children and adolescents can be facilitated by an environment characterized by positive involvement. Involvement of parents and caretakers provide support to the children. They feel competent in their environment. Involvement not only fosters adolescents' feelings of competence but it also builds a sense of relatedness. Autonomy support makes the interpersonal environment



conducive to self-esteem and collective self-esteem. Parents should put reasonable expectations to adolescents. Knowing what parents expect of them helps adolescents develop more realistic goals that can be achieved.

Parents should communicate to the adolescents something of inherent worth. Parents can encourage adolescents by approving their efforts to have an effect on the environment and simultaneously letting them know that they are there if he/she needs them. Time spent together, participation in activities and interest in the adolescents, has also been linked to self-esteem (Dhal, Bhatia, Sharma, & Gupta, 2007). Adolescents who report that their parents participate in educational and recreational activities with them report higher self-esteem (Han, 2004). In many studies, family support has been proved effective to enhance the self-esteem (Bolme-Lake, 2007).

Teachers also play an important role in the life of young adults. Teachers can help by observing the signs of poor self-esteem and alerting the parents regarding this as well as guiding the child or adolescent for building self-esteem. Teachers can serve as charismatic adults if they are committed to enhance the self-esteem. Certainly, they must use particular interventions to boost the self-esteem of their students. If strategies are to be effective, the teachers using them must possess a positive mindset, or set of assumptions, about themselves and their students. If students are demonstrating self-defeating behaviours, such as quitting, or not trying, or acting like the class clown or class bully, teachers must recognize that these are ineffective coping strategies that often mask feelings of vulnerability, low self-esteem and hopelessness. Rather than imposing punitive consequences, they must think how to minimize the despair these youngsters experience each and every day. Teachers must actively invite and involve students in the process of their own education by asking suggestions for making teaching effective and comfortable. Teachers should aim at promoting responsibility rather than obedience. If teachers want students to develop this sense of control, it is essential that teachers provide them with opportunities from an early age to learn and apply problem-solving and decision-making skills. Teachers should inspire students through curiosity, challenges, and relevancy. Self-esteem and resilience are nurtured when children are provided opportunities to contribute to their world and to the well-being of others.

Parents and teachers play a significant role in changing negative self-concept, as it is necessary to enhance selfesteem. They need to perceive themselves as possessing the resources to get the important things they want from life. If they have skills consistent with those values, they are more likely to experience high self-esteem. There is no quick fix for low self-esteem. Self-esteem can be improved by becoming more optimistic, hopeful, by developing positive thinking and by becoming aware of own strengths and weaknesses and honour their own strengths. The important thing is to guard against the tendency to overgeneralize, to focus on what went wrong in particular instance and to help them in making plans about what they will do in similar circumstances in the future. Such active problem-solving strategy distracts one from the tendency to ruminate and helps to re-establish beliefs that events are, for the most part, controllable.

The major forces of student beliefs and expectations about their capabilities are the parental expectations, teacher's beliefs, classroom practices and peers' feelings about them. These all foster positive and constructive beliefs and are likely to have favourable consequences for achievement.

Thus, results of this part of the study lead to the conclusion that teachers and parents can provide individualized support for enhancing self-esteem and collective self-esteem. They can create an atmosphere in which all those having low self-esteem and low collective self-esteem can enhance them if they get support of parents, teachers and peers. Self-esteem is an important component of almost everything everyone does. It not only helps in academic performance, but also supports social skills and makes it easier for adolescents to have and keep friends.



Relationships with parents and teachers are usually more positive with a healthy dose of self-esteem and collective self-esteem. Young adults with high self-esteem are also better equipped to cope up with mistakes, disappointment and failure; they are more likely to stick to challenging tasks and complete learning activities. Self-esteem is needed life-long and parents and teachers need to remember the important role they have to play to enhance or damage a child's self-esteem and collective self-esteem. Parents, family members and teachers can play a role in getting the adolescent in the right track to improve self-esteem and collective self-esteem. Adolescents with poor self-esteem and collective self-esteem need to be reassured for their emotional security and support so that they may be able to build self-esteem and collective self-esteem.

Conclusions

- Behaviour intervention is effective in enhancing self-esteem of subjects having low self-esteem.
- Behaviour intervention is effective in enhancing collective self-esteem of the subjects having low level of collective self-esteem.
- As suggested by previous studies, low self-esteem and low collective negatively affect child's mental health and performance. In today's world, there is tough competition to make one's own position strong and then to struggles for maintaining that position. Failures, criticism, up and down hamper the self-esteem, as well as collective self-esteem. Young adults who are at crucial phase of life where physical, psychological and social changes are taking place, they need support within the family and outside the family. The main focus of the intervention was to accept everyone as the unique personality that should not to be compared with others. They should be motivated to do their best not to do better than others. Present research implies that if parents and teachers support young adults and guide them, it would help them in dealing the problems.

Funding

The authors have no funding to report.

Competing Interests

The authors have declared that no competing interests exist.

Acknowledgments

The authors have no support to report.

References

- Agarwala, S., & Raj, P. (2003). *Relation of self-esteem with behavioural problems and school performance of children: A behaviour modification approach* (Unpublished doctoral dissertation). Dayalbagh University, Dayalbagh, Agra, India.
- Bhattacharjee, A., & Deb, S. (2007). Suicidal tendencies among depressive patients. *Journal of the Indian Academy of Applied Psychology*, 33(2), 213-218.
- Bolme-Lake, T. L. (2007). Predicting internalizing problems in at-risk children and adolescents. *Dissertation Abstracts International, 68*(7), 95.



- Corning, A. F. (2002). Self-esteem as a moderator between perceived discrimination and psychological distress among women. *Journal of Counseling Psychology, 49*(1), 117-126. doi:10.1037/0022-0167.49.1.117
- Crocker, J., Luhtanen, R., Blaine, B., & Broadnax, S. (1994). Collective self-esteem and psychological well-being among White, Black, and Asian college students. *Personality and Social Psychology Bulletin, 20*(5), 503-513.
- Dhal, A., Bhatia, S., Sharma, V., & Gupta, P. (2007). Adolescent self-esteem, attachment and loneliness. *Journal of Indian* Association for Child and Adolescent Mental Health, 3(3), 61-63.
- Han, M. (2004). Impact of parental trauma on depression among Southeast Asian American college students. *Dissertation Abstracts International: Section A. Humanities and Social Sciences, 66*(2), 122.
- Kannapan, R., & Rani, G. (2009). Management of depression among homeopathic female students. *Journal of Community Guidance and Research*, 26(2), 237-244.
- Katz, J., Joiner, T. E. J., Jr., & Kwon, P. (2002). Membership in a devalued social group and emotional well-being: Developing a model of personal self-esteem, collective self-esteem, and group socialization. *Sex Roles*, 47(9-10), 419-431. doi:10.1023/A:1021644225878
- Lam, B. T. (2007). Impact of perceived racial discrimination and collective self-esteem on psychological distress among Vietnamese-American college students: Sense of coherence as mediator. *The American Journal of Orthopsychiatry*, 77(3), 370-376. doi:10.1037/0002-9432.77.3.370
- Leary, M. R. (2004). Understanding social anxiety: Social personality and clinical perspective. Beverly Hills, CA: Sage.
- Luhtanen, R., & Crocker, J. (1992). A collective self-esteem scale: Self-evaluation of one's social identity. *Personality and Social Psychology Bulletin*, 18(3), 302-318. doi:10.1177/0146167292183006
- Manani, P., & Sharma, S. (2013). Self-esteem and suicidal ideation: A correlational study. *MIER Journal of Educational Studies, Trends and Practices, 3*(1), 75-83.
- Mokgatlhe, B. P., & Schoeman, J. B. (1998). Predictors of satisfaction with life: The role of racial identity, collective self-esteem and gender-role attitudes. *South African Journal of Psychology*, *28*(1), 28-35. doi:10.1177/008124639802800105
- Orth, U., & Robins, R. W. (2013). Understanding the link between low self-esteem and depression. *Current Directions in Psychological Science*, 22(6), 455-460. doi:10.1177/0963721413492763
- Orth, U., Robins, R. W., Widaman, K. F., & Conger, R. D. (2014). Is low self-esteem a risk factor for depression? Findings from a longitudinal study of Mexican-origin youth. *Developmental Psychology*, *50*(2), 622-633. doi:10.1037/a0033817
- Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.
- Sedikides, C., & Gress, A. P. (2003). Portraits of the self. In M. A. Hogg & J. Cooper (Eds.), Sage Handbook of social psychology (pp. 110-138). London, United Kingdom: Sage.
- Sinha, M., Sudhir, P. M., & Kumaraiah, V. (2008). Effects of cognitive behavioural intervention on anxiety, depression and subjective well-being of women with infertility. *Indian Journal of Clinical Psychology*, 35(1), 60-66.
- Thomas, S. A., & Lincoln, N. B. (2006). Factors relating to depression after stroke. British Journal of Psychology, 45(1), 49-61.



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