Self-Esteem in Childhood

Ashley N. Snyder

Medford Public Schools

Abstract

How we see and understand ourselves is a complex process involving various developmental stages and attainment of certain needs (Maslow, 1943; Erikson, 1980). Our beliefs, abilities, attitudes, behaviors, and relationships create our sense of self (Zlate, 1999; Magdalena, 2014), but how we evaluate ourselves and our level of self-worth makes up our self-esteem, both of which can fluctuate over time (Jarvis & Chandler, 2001). High self-esteem appears to assist children in being more successful, both academically and socially (Magdalena, 2014; Coopersmith, 1990), while low self-esteem has been associated with a broad range of disorders and behavioral problems (Mann, 2004). Childhood appears to have fewer crises, whereas middle and high school students often suffer drops in self-esteem (Erikson, 1980; Wigfield & Eccles, 1994). Therefore, if we can instill more self-esteem in childhood, we can hope to decrease the drop which is typically experienced in later years and increase quality of life.

Introduction

How we see and understand ourselves is a complex process. The concept of self-image is made up of our existential self, which is the basic understanding of being separate from others, and our categorical self, where we place ourselves into categories including age, gender, size, skills, etc. (Jarvis & Chandler, 2001). We must first understand that we are distinct from others before we can develop and evaluate our sense of self (Fournier, 2018). Young children view themselves in a concrete, physical manner but as we age we compare ourselves to others and place ourselves into more sophisticated categories (Fournier, 2018; Jarvis & Chandler, 2001).

We create our sense of self by internalizing our personality (Myers, 2012), including our beliefs, attitudes, behaviors, and relationships (Zlate, 1999; Magdalena, 2014). We also develop our perception of self based upon our abilities and limitations (Magdalena, 2014). As our own ideas and capabilities evolve, so does our image of self (Myers, 2012).

Children become aware of their sense of self by interacting with their social environment (Magdalena, 2014). The behaviors and expectations of others affect us and how we view ourselves (Magdalena, 2014). Thus our relationships with relatives and friends influence the developmental process heavily (Forunier, 2018). During school ages years, we begin to view our self in comparison to others (Hart, 1988). Self-concept is, in part, defined by an individual's sense of belonging to social groups (Trepte, 2006). Our identity is often formed by how we differ from those around us (Myers, 2012). Social categorizations, including gender, age, culture, religion, etc., can impact how an individual perceives themselves and their identity (Trepte, 2006). According to the social identity theory, people tend to view social situations in terms of in-group and out-group members (Myers, 2012). An individual can be defined by their social groups which are evaluated in comparison to other groups, thus social identity theory suggests a fundamental motivation for self-esteem (Trepte, 2006). Self-esteem can be thought of as the extent to which we, as the existential self like what we know about our categorical self (Jarvis & Chandler, 2001). **"The most basic task for one's mental, emotional and social health, which begins in infancy and continues until one dies, is the construction of his/her positive self-esteem,"** (Macdonald, 1994).

Self-esteem develops over time and can fluctuate. Every child is different and self-esteem may come easier for some (Lyness, 2018). Our overall assessment of our self determines our level of self-worth and self-esteem (Wigfield & Eccles, 1994). Self-image is a powerful predictor

of mental and physical health (Mann et al., 2004 Wigfield et al., 1997). High self-esteem can lead to better health and social behavior, and influences one's goals (Mann et al., 2004; Magdalena, 2014), while low self-esteem is correlated with more negatives qualities (Pillow et al., 1991; Olmstead, 1991; Lyness, 2016).

Self-esteem provides the confidence to try new things. Students with high self-esteem are more likely to try their best and develop better coping strategies for when they make mistakes (Lyness, 2018). Overall, it helps children be more successful, both academically and socially (Magdalena, 2014; Coopersmith, 1990). Individuals with high self-esteem feel more liked and accepted, and believe in themselves more (Lyness, 2016). Children with positive self-image feel less pressure to conform and are more persistent with difficult tasks, which can in turn further increase opportunities to gain self-confidence and improve overall quality of life (Greenburg, 2008; Myers, 2012).

On the other hand, lack of self-esteem can be linked with loneliness and depression (Pillow et al., 1991; Olmstead, 1991). Individuals with low self-esteem are self-critical, lack confidence, and have self-doubt (Lyness, 2016). According to a study done by Coopersmith (1990), young boys who scored low on self-esteem also underrated themselves and were the most socially isolated. Poor self-esteem has been associated with a broad range of disorders and social problems, including depression, anxiety, eating disorders, and substance abuse (Mann, 2004).

Theory of Human Motivation

According to Maslow's (1943) theory of human motivation, self-esteem can only be attained after other, more basic, needs are met. "A person who is lacking food, safety, love, and esteem would most probably hunger for food more strongly than anything else," (Maslow, 1943). Maslows's hierarchy (Figure 1) includes five tiers which can be divided into three subgroups: basic, psychological, and fulfillment needs (McLeod, 2018). The starting point of Maslow's hierarchy is physiological needs, which are the very basic, primitive needs such as hunger and thirst (Maslow, 1943).

The second level of Maslow's (1943) hierarchy is safety needs. We need the world to feel reliable and safe. Children in particular crave structure and routine and have a preference for familiarity (Maslow, 1943). Routines provide predictably and security as the child can know what is happening and what is expected of them (Myers, 2014). The role of family is significant during this time. Children become active participants of their family, becoming aware of the natural rhythms and emotional climate (Spagnola & Ficse, 2007). Family routines, such as dinnertime or bedtime schedules, can foster development and encourage autonomy, as well as strengthen relationships (Spagnola & Fisce, 2007). Direct parental interaction has been associated with increased cognitive and emotional development in children (Adams, 1996). Parents who are unfair, inconsistent, or use physical punishment can cause anxiety in their children (Maslow, 1943). Adams (1996) found that parents who used non-harsh forms of punishment rather than spanking had children with higher self-esteem. Families going through major changes such as death or divorce can also be unsettling, causing children to feel unsure and see the world as unreliable (Maslow, 1943). Along with feeling the world is orderly and predictable, children also need to feel accepted, loved, and have a sense of belonging (Myers,

2012). Maslow (1943) refers to these as the love needs. Hindrance of these love needs often results in maladjustment and psychopathology (Maslow, 1943).

The need to be held in positive regard is universal and persistent (Rogers, & Koch, 1959). Carl Rogers (1959) argued that when our self-image, who we believe we are, matches our ideal self, who we want to be, we accomplish positive self-esteem. Nonetheless, it is fundamental that self-esteem is based on real capabilities and achievement (Maslow, 1943). Humans have an innate self-serving bias, meaning we tend to perceive ourselves favorably and accept more responsibility for success than failures (Myers, 2012). However, an overly positive self-opinion can be a sign of maladjustment and even delusion (Colvin et al., 1995). Individuals who have high explicit self-esteem, but low implicit self-esteem behave more defensively and can be narcissistic (Jordan et al., 2003). Those with defensive self-esteem may have positive self views but tend to be fragile and easily threatened (Jordan et al., 2003). Defensive self-esteem has been correlated to aggression and antisocial behavior (Myers, 2012; Baumeister et al., 2000), as well as delinquency (Schoen, 1999).

Maslow (1943) argues self-esteem can be broken into two subgroups. The first being desire for strength, adequacy, confidence, and independence and the second being a desire for reputation, prestige, recognition, and importance (Maslow, 1943). Thus, we not only need to love ourselves, but also be valued by others. Satisfaction with self leads to confidence and feelings of worth, but negative self-image can cause feelings of inferiority (Maslow, 1943). The goal of self is sustain criticism and threat (Myers, 2012). Secure self-esteem is stable and less effected by other peoples evaluations or approval (Myers, 2012). Accomplishing self-esteem allows us to continue on to self-actualization and self-translucent needs (Maslow, 1943).

Stages of Psychosocial Development

Erickson's theory of psychosocial development overlaps in some manner with Maslow's theory of motivation and adequately portrays the challenges faced by school aged students. Erikson's (1980) theory includes eight total stages but here we focus on the first four occurring during childhood (Figure 2). Each stage of development presents a challenge that when overcome, leads to further development of one's personality and the emergence of strengths (Fleming, 2004). Each strength found in a healthy personality is related to all others and they all depend on proper development in the proper succession (Erikson, 1980). The first component, and the cornerstone of a healthy personality, is basic trust (Erikson, 1980). Basic trust or mistrust develops in the first year of life and the most significant interactions during this period is between child and mother (Erikson & Erikson, 1998). Psychologically, we become aware that self is a distinct person, while socially, we learn we can rely on our providers (Erikson, 1980). To succeed in this stage is to gain hope while failing can lead to withdrawal (Erikson & Erikson, 1998). Success is essential to continue development of a healthy personality and self-esteem (Erikson, 1980).

The next stage of development, autonomy versus shame, occurs during the first few years of life (Erikson, 1980). Children are very susceptible to criticism at this age; how their actions are addressed, whether praised or punished, affects them drastically (Erikson, 1980). Parents play a huge role in the development of autonomy. Parents who are too controlling and rigid cause their child to lose their sense of independence and instead feel powerless (Erikson, 1980). Loss of autonomy can lead to compulsive and impulsive behavior (Erikson & Erikson, 1998). Children want to feel like they have some control and freedom (Erikson, 1980). Toilet training is a big step during this time where the child can either gain pride and independence, or shame and

doubt (Fleming, 2004). Success during this period is marked by the emergence of will, which suggests the development of both free choice and self-restraint (Erikson & Erikson, 1998).

Development of autonomy allows for the next stage, initiative versus guilt (Erickson, 1980). At this point, the child knows they are a distinct person, but not what type of person (Erikson, 1980). Children often want to be like their parents or teachers, with whom they identify (Erikson, 1980). Children learn via observation and imitation, and how parents react to the child's curiosity impacts whether the child gains purpose or becomes more passive (Fleming, 2004). From roughly four to five years old, the play age, children are very active, talkative, and experimental (Fleming, 2004). They will either learn to initiate tasks and carry out plans gaining a sense of responsibility or they feel guilty (Myers, 2012). Children at this age are ready to learn and find pride in gaining new skills (Erikson, 1980).

The next stage, industry versus inferiority, occurs from seven to eleven years old (Erikson & Erikson, 1998). At this stage in life, children are motivated to watch how things are done and try it themselves, increasing their own skill set (Erikson, 1980). Achieving industriousness means gaining competence and achieving the will to put effort into new tasks (Myers, 2012). Failure of this stage can lead to feelings of inferiority and inadequacy (Fleming, 2004). School plays a huge role in this development of personality and provides its very own set of achievements and disappointments (Erikson, 1980). According to Erikson (1980), good teachers can alternate between play and work, recognize effort and encourage it, and give their students time to try, allowing them to succeed. Cognitive growth is powerful (Erikson & Erikson, 1998), as it can provide increased sense of autonomy and opportunities.

Self-Esteem in Elementary School

Basic needs (Maslow, 1943), along with having autonomy, initiative, and competence all affect, and may even be necessary, for self-esteem (Erikson, 1980). Such skills should be acquired in childhood, and can be dramatically impacted by school. Childhood is the "lull" before puberty (Erikson, 1980). Elementary school appears to be a calm period in terms of self-esteem, whereas middle and high school tends to have more crises. Wigield and Eccles (1994) questioned 1, 615 elementary school children annually for 3 years, as well as assessed 1,850 children's self-beliefs as they transitioned into junior high. Their study found that self-esteem did not change during elementary years but dropped following junior high transition. Students beliefs about competence and usefulness also decreased in junior high (Wigfield & Eccles, 1994). Therefore, if we can instill higher levels of self-esteem in elementary students, we can hope to decrease the drop often experienced in later years. All aspects of life affect the creation of self-image and self-worth, but here we focus on school where teachers, school administration, and peers play a huge role.

Maslow (1943) proposes the concept of basic needs, which are necessary for healthy development. Many basic needs must be met at home, but school can assist in meeting these needs. For example, providing breakfast and/or lunch when possible. A child cannot be expected to focus on academic or social needs, when their most basic need, hunger, is left unfulfilled (Maslow, 1943). Fortunately, Medford Public Schools (MPS) can and will provide free or reduced meals to students in need. If this is found to be necessary, teachers can offer an application and resources, which can easily found on the MPS website.

Next, focus should be placed on creating a sense of trust and a safe environment. MPS claims to be "a caring partnership of school, family and community," and we must live up to that

("Medford Public Schools"). MPS is diverse, educating and employing individuals of all cultures, religions, and genders and our classrooms should reflect this. Children should feel welcomed and heard by their teachers and other school administration. We want our students to feel like part of the community and have a sense of belonging. In the elementary years, this can be accomplished by creating a list of classroom rules with the help of the students. In my personal experience, students will independently add respect, or other qualities reflecting respect (i.e. do not talk while other are talking, always share, do not tease). This allows the students to know what is expected of them, and reinforces that certain behaviors are not acceptable. Teachers can also take the time to educate about individual differences, with regard to the grade level. Upper level elementary can begin to understand differences in race, culture, nationality, etc., but also place emphasis on how we are still very similar. School should feel like a safe space for students of all background to learn and prosper. Teachers can also take the time to interact with students on an individual level, even if it is a simple greeting in the morning, to make the student feel truly welcomed and worthy.

To further increase sense of belonging, we can encourage students to join extracurricular activities, such sports or music. Social groups provide us with our social identity, in which we can relate to others and feel a sense of belonging (Tajfel & Turner, 1979). Being a member of a group can give us a source of pride, thus increasing our self-esteem (Tajfel & Turner, 1979). Learning a new skill can also increase initiative, autonomy, and confidence (Erikson, 1980), as well as provide further structure for children.

Schedules can be extremely helpful, especially with pre-school and kindergarten students. Beginning school can be a drastic change. By providing a schedule, children know what to expect and feel more secure (Myers, 2014). Predictability and familiarity allows the students to

feel at ease and get into a routine. Placing the schedule in full view of the classroom so students have easy access to it is ideal. Teachers can always make minor changes, but by providing it to them ahead of time, it can decrease anxiety. Schedules can give students the stability and structure they need (Maslow, 1943; Myers, 2014), and allows them to redirect their focus to more important aspects of school.

School provides a new variety of possible accomplishments and failures **(**Erikson, 1980**).** Teachers can build self-esteem in children by simply doing their job well and teaching their students. Each new skill, whether it be learning to write their name or doing multiplication, gives the student more independence and sense of pride. Positive reinforcement can play an important part here; by praising good behavior, we can increase the likelihood of the student continuing such behaviors (Myers, 2012). However, it is important to praise effort more than results (Lyness, 2018). Each child will have their own strengths and weaknesses, but by praising effort, we can instill confidence in areas they may feel inadequacy. We do not want to hinder development by putting too much focus on fixed qualities or criticizing too harshly (Lyness, 2018). Children are susceptible and what others think or say about them affects how they think about themselves (Magdalena, 2014). If you believe in your students, they can hopefully believe in themselves.

References

Baumeister, R.F., Bushman, B.J. and Campbell, W.K. (2000) Self-esteem, narcissism and

aggression: does violence result from low self-esteem or from threatened egotism? *Current

Directions in Psychological Science*, 9, 26–29

Colvin, C. R., Block, J., & Funder, D. C. (1995). Overly positive self-evaluations and

personality: Negative implications for mental health. *Journal of Personality and Social

Psychology*, 68(6), 1152-1162. doi:10.1037//0022-3514.68.6.1152

Coopersmith, S. (1990). *The antecedents of self-esteem*. Palo Alto, CA: Consulting Psychologists

Press.

Erikson, E. H. (1980). *Identity and the life cycle*. New York: Norton.

Erikson, E. H., & Erikson, J. M. (1998). *The life cycle completed*. New York: W.W. Norton.

Fleming, J. (2004). 9-1 9. *Erikson's Psychosocial Developmental Stages*. [online] swppr.org.

Available at: http://swppr.org/Textbook/Ch%209%20Erikson.pdf [Accessed 25 Apr. 2015].

Fournier, G. (2018, January). *Self-Concep*t | *Encyclopedia of Psychology*. Retrieved from

https://psychcentral.com/encyclopedia/self-concept/

Free and Reduced Breakfast and Lunch. (n.d.). Retrieved from

https://www.medfordpublicschools.org/departments-programs/school-lunch/free-and-

reduced-breakfast-and-lunch/

Jarvis, M., & Chandler, E. (2001). *Angles on child psycholog*y. Cheltenham: Nelson Thornes.

Jordan, C. H., Spencer, S. J., Zanna, M. P., Hoshino-Browne, E., & Correll, J. (2003). Secure and

Defensive High Self-Esteem. *Journal of Personality and Social Psychology*, 85(5), 969-

978. doi:10.1037/0022-3514.85.5.969

Lyness, D. (Ed.). (2018, July). *Your Child's Self-Esteem*. Retrieved from

https://kidshealth.org/en/parents/self-esteem.html

Macdonald, G. (1994) Self esteem and the promotion of mental health. In Trent, D. and Reed, C.

(eds), *Promotion of Mental Health*. Avebury, Aldershot, vol. 3, pp. 19–20.

Magdalena, S. M. (2015). Study on the Structuring of Self-image in Early Childhood. *Procedia -*

Social and Behavioral Sciences, 187, 619-624. doi:10.1016/j.sbspro.2015.03.115

Mann, M. (2004). Self-esteem in a broad-spectrum approach for mental health

promotion. *Health Education Research*, 19(4), 357-372. doi:10.1093/her/cyg041

Maslow, A. H. (1943). *A theory of human motivation*. *Psychological Review*, 50(4), 370-396.

doi:10.1037/h0054346

McLeod, S. (2018). Maslow's Hierarchy of Needs. Retrieved from

https://www.simplypsychology.org/maslow.html

Medford Public Schools. (n.d.). Retrieved from https://www.medfordpublicschools.org/

Myers, D. G. (2012). *Psychology in Everyday Life*. New York: Worth.

Myers, R. (2014). *The Importance of a Regular Routine to your Child*. Retrieved from

https://childdevelopmentinfo.com/family-building/the-importance-of-a-regular-routine-to-

your-child/#.W3hbdOhKjIV

Rogers, C. R., & Koch, S. (1959). *A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework*. New York: McGraw-Hill

Schoen. (1999) The etiology of violence and the voice of the perpetrator. Dissertation Abstracts *International B: Science and Engineering*, 60(2-B), 0875.

Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. *The social Psychology of Intergroup Relations*, (pp. 34-37).

Wigfield, A., & Eccles, J. S. (1994). Childrens Competence Beliefs, Achievement Values, and General Self-Esteem. *The Journal of Early Adolescence*, 14(2), 107-138. doi:10.1177/027243169401400203
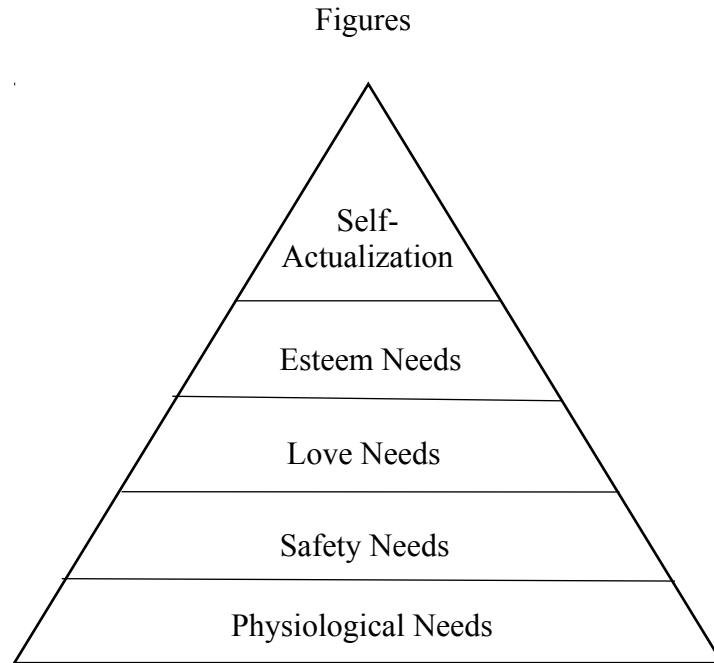
Figures

Figure 1. Maslow's Hierarchy of Needs. Adapted from A Theory of Motivation, by A. Maslow, 1943, *Psychological Review,* 50(4), 370-396.

Age	Psychological Crisis	Strength Gained
Infancy	Basic trust vs. Mistrust	Hope
Early Childhood	Autonomy vs. Shame, Doubt	Will
Play Age	Initiative vs. Guilt	Purpose
School Age	Industry vs. Inferiority	Competence
Adolescence	Identity vs. Confusion	Fidelity
Young Adulthood	Intimacy vs. Isolation	Love
Adulthood	Generativity vs. Stagnation	Care
Old Age	Integrity vs. Despair	Wisdom

Figure 2: Stages of Psychosocial Development. Adapted from *The Life Cycle Completed*, by E. Erikson and J. Erikson, 1998, New York, NY: W.W. Norton & Company.