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Psychological well-being and self-esteem in Slovak adolescents

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Introduction

Adolescence is a transitional developmental stage between childhood and adulthood that is characterised by more biological, psychological and social changes than any other stage of life with the exception of infancy (Lerner et al., 1999; Williams et al., 2002). There are two transitional points during this period: the transition from childhood to early adolescence and that from late adolescence to adulthood (Steinberg, 1996). In addition, the period of middle adolescence is important from a developmental point of view; it is characterised by its own pressures, cultural constraints and models of behaviour. There are several reasons why attention on the mental health of adolescents is a key research interest. Firstly, mental health is seen as fundamental to all forms of health (Weare, 2000). Secondly, several specific biological changes, such as sexual maturation, occur during this period, and social transformations, such as the construction of a social identity and the shift in relationships from family to peers, take place. Relationships become more intimate in comparison with the earlier period of adolescence (Zimmer-Gembeck, 2002), and school is considered as an important source of social experiences and psychological development (Marinoni et al., 1997). Such changes have a potential impact on a person's psychological development in terms of stress (Arnett, 1999; Mahon et al., 2003; Ybrandt, 2008). Next, the important role of some psychological factors, particularly anxiety and depressive feelings, with regard to adolescents' health risk behaviour has been shown (Avinson & Mcalpine, 1992; Marinoni et al., 1997; Katreniakova et al., 2005; Sarkova et al., 2005). Finally, the importance of developmental success during this period and its consequences for adult development and health has made it a current area of interest (Keyes, 2006; Trzesniewski et al., 2006). In this study we use psychological well-being and self-esteem as indicators of mental health in adolescents.

1.1 Psychological well-being and self-esteem as aspects of mental health

Adolescents' psychological well-being and self-esteem can be interpreted as indicators of the adaptive emotion regulation which is crucial for ongoing developmental processes in adolescence (Galambos & Costigan, 2003). Similarly, indicators of psychological distress (e.g., depression) can be viewed as capturing emotion dysregulation (Galambos & Costigan, 2003).

Self-concept, identity and assertiveness are important developmental tasks in adolescence (Erikson, 1968; Harter, 1990) and are related to successful emotional regulation (Haviland et al., 1994). On the other hand, these factors contribute to positive mood and an absence of psychological distress (Mann et al., 2004). Adolescence is a specific period of life when the perception of self is still developing and might be influenced by one's current emotional state. Indicators and predictors of adolescents' mental health are essentially connected with the present but also future health and health-related behaviour of adolescents (Galambos & Costigan, 2003). In the past as well as in recent years a number of studies and reports concentrating on various dimensions of mental health in adolescence, including psychological well-being and self-esteem, have been published (Jahoda, 1958; Taylor & Brown, 1988; Kling et al., 1999; Anderman, 2002; Konu & Rimpelä, 2002; Trzesniewski et al., 2006; Costello et al., 2008; Currie et al., 2008). Numerous studies suggest that psychological well-being and self-esteem are multifactor constructs which could cover several aspects of well-being and perception of self (Marsh, 1996; Werneke et al., 2000; French & Tait, 2004; Gao et al., 2004; Schmitt & Allik, 2005; Roth et al., 2008; Halama, 2008; Del Pilar Sánchez-López & Dresch, 2008). In addition, they can be used as individual multifactor constructs, as has been mentioned. At the same time their mutual association influences the development of mental health in adolescence. Therefore, our study focuses on mental health, especially on psychological well-being and self-esteem.

Psychological well-being is often operationalised as a mood, affect, trait, or experience which may last few moments or a few days. In comparison with mood, psychological well-being consists of changeable components which could dynamically influence the actual mental state (Hasmenn et al., 2000; Martin & Newell, 2005). Self-esteem, which can be defined as an overall sense of worthiness as a person, is one of the most frequently studied psychological constructs in personality (Rosenberg, 1979; Schmitt & Allik, 2005).

This study deals with protective and risk factors of psychological well-being and self-esteem and describes changes in psychological well-being and self-esteem over the period of adolescence. At the same time differences between countries were studied. Special attention is given to the influence of the school context. In this chapter, we explain the aims of the study, formulate related research questions and outline the structure of this thesis.

1.1.1 Psychological well-being and self-esteem in adolescence - protective and risk factors

It has been established that factors like school connectedness, good relationships with others, liking family and peers, closeness to others,

physical activity or healthy eating habits can protect young people and increase their psychological well-being (Marshall, 2001; Taylor & Turner, 2001; Allison et al., 2005; Rayle, 2005). Conversely, some factors, e.g. bullying, smoking, alcohol and drug use and unsafe sexual practices, tend to have a negative impact on psychological well-being (Cuijpers, 2002; Ethier et al., 2006; Kalina, 2007; Rigby et al., 2007).

Several previous studies have linked high self-esteem to many positive outcomes, including positive peer relationships (Goldstein et al., 2005), healthy social relationships (Murray et al., 2000; Neyer & Asendorpf, 2001; Trzesniewski et al., 2003), healthy subjective well-being (Trzesniewski et al., 2003) and positive perceptions by peers (Robins et al., 2001). Subsequently, low self-esteem has been linked to a number of problematic outcomes, including antisocial behaviour such as bullying, depressive symptoms and health problems (Ma, 2002; Veselska et al., 2009).

1.1.2 Psychological well-being and self-esteem in adolescence - changes over time

Though there are a variety of research fields presenting different opinions regarding the stability of psychological well-being and self-esteem over time during adolescence, this period is generally considered to be a time of increased mental problems and decreased psychological well-being and self-esteem (Mental Health Foundation, 1999; Jones & Meredith, 2000). Regarding psychological well-being, conclusive evidence on the changing patterns of psychological distress over time is lacking, as West and Sweeting (2003) mentioned. In addition, different findings on the stability of psychological well-being are related to the concept incorporated and measures used. Some studies have shown that health status changes over time during adolescence in the direction from worse to better with increasing age with exception of early adolescence, when psychological well-being is described as rather positive (Currie et al., 2004; Sleskova et al., 2005). Among the many changes experienced during adolescence, self-esteem shifts from rather high during early adolescence to lower in middle adolescence (Kling et al., 1999; Baldwin & Hoffmann, 2002; Impett et al., 2008), and these developmental processes of self-esteem are different for males and females (Baldwin & Hoffmann, 2002; Robins & Trzesniewski, 2005). Males more frequently have higher self-esteem than females during adolescence (Bolognini et al., 1996; Robins & Trzesniewski, 2005), but as Kling et al. (1999) mentioned, the confirmation of significant gender differences in self-esteem does not end this topic because several domains of the self should still be examined.

Concerning health in general, there are studies in which no changes in self-reported health among adolescents aged 11 to 21 years were found (Wade et al., 2002). On the other hand, a study by Salonna et al. (2008)

among boys and girls from 15 to 19 identified not only deterioration but also improvement and stability in self-reported health during this stage.

1.1.3 Psychological well-being and self-esteem in adolescence - differences between countries

The political, cultural and historical diversity of Europe and the population density, degree of population aging and differences in prosperity levels and lifestyle habits in the countries of the European Union certainly have an effect on its inhabitants. All of these factors have been shown to have links with mental health status (European Commission, 2004), and several reports have presented cultural differences on health, health-related behaviour and the social context of young people. One of them, the 2005/2006 HBSC cross-national study, identified differences in the mental health of young people across the USA, Greenland and Iceland, continental Europe and Israel (Currie et al., 2008). As findings from this report show, there are large cross-national differences not only in reported levels of fair or poor mental health in young people, with scores ranging in 11-year-old early adolescents from 4% (Greece) to 28% (Ukraine), in 13-year-olds from 5% (Macedonia) to 34 % (Ukraine) and in 15-year-olds from 6% (Macedonia) to 37% (Ukraine), but also in other health-related aspects of mental health (Currie et al., 2008). The findings of Bradshaw and Richardson (2009) on child well-being in Europe have shown that the highest personal well-being was reported by children from the Netherlands, Spain, Finland and Belgium, and lowest from Bulgaria, Romania, Latvia and Lithuania. Such studies suggest that significant differences between countries do exist.

The same has been shown in exploring the culture-specific features of global self-esteem (Schmitt & Allik, 2005). Findings from a study with 53 participating nations showed that while all individual nations scored above the theoretical midpoint of the Rosenberg Self-esteem Scale (sum score ranges from 10 to 40; a higher score means higher self-esteem), significant country differences were still present. Japan and other Asian countries scored relatively low (25.5) and the United States scored relatively high (32.21). The differences between Slovakia (28.94) and its neighbouring countries were also relatively marked (Czech Republic 28.47, Austria 31.78, and Poland 30.34). As the findings of Schmitt & Allik (2005) showed, generally positive self-evaluation may be culturally universal, with individual differences varying across cultures.

1.2 Mental health in the school context

In most European countries young people attend school for 10 years or more. School is one of the places where they develop an individual

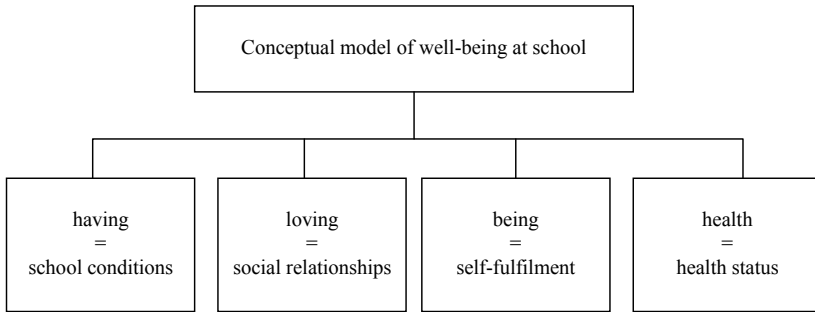
and a social personality. School can play, in conjunction with the family and significant others, an important role in shaping behaviour and life's values. In addition, school is a primary setting for health promotion, a place where the health of children and adolescents can be enhanced.

1.2.1 A model of well-being in the school environment

Previously, as several authors have presented, health and also well-being in school has been separated from other aspects of school life in many studies (Konu & Rimpelä, 2002). Therefore, the School Well-being Model of Konu and Rimpelä has also been used as a theoretical model in research (Konu & Rimpelä, 2002). This conceptual model is based on Allardt's sociological theory of welfare and assesses well-being as an entity in the school setting (Allardt, 1976; 1989). According to Allardt, well-being is a state in which it is possible for a human being to satisfy his/her basic needs. This model of well-being in school is connected with teaching and education and with learning and achievements. The concept of well-being is divided into four categories: school conditions (having), social relationships (loving), means for self-fulfilment (being), and health status (health).

School conditions (having) include the physical environment outside a school and the environment inside a school. This category deals with the learning environment, curriculum, group sizes, schedules of studies, punishments, school lunches, health care, trustee and counselling, as well as noise, ventilation, the number of students in a class, poor lighting, temperature, dust and dirt, unsuitable working spaces and unsuitable conditions like the toilets and bathrooms. **Social relationships** (loving) refer to the relationships between students and teachers and the students among themselves. This category is also related to group dynamics, bullying, cooperation between school and homes, decision-making in school and the atmosphere of the whole school organization. **Means for self-fulfilment** (being) is seen in this model as the way in which the school offers means for self-fulfilment. Each pupil should feel like a part of school and be considered as an equally important member of the school community. The means for self-fulfilment category includes work appreciation, attitudes towards education and school, getting help in studying, participation, encouraging and commending, self-esteem and orientation on the future. **Health status** (health) comprises physical and mental symptoms, common colds, chronic diseases and other diseases and illnesses. The categories described above are shown in Figure 1.1.

Figure 1.1 The School Well-being conceptual model according to Konu and Rimpelä (2002)



1.2.2 Social relationships and mental health of adolescents

In recent years, literature on **school connectedness** has emerged. Most of the previous studies indicate that close relationships and school connectedness are a cornerstone for successful adaptation and a reliable marker of individual adjustment in adolescence concerning positive academic, psychological and behavioural outcomes (Anderman, 2002; Laursen & Mooney, 2008). In addition, studies have shown that when students experience a supportive environment in school, they are more motivated for participating actively in school life; they are more likely to experience positive outcomes such as improved social skills or achievement (Battistich et al., 1997; Hughes & Kwok, 2007). On the other hand, deprivation of connectedness and relationships induce a variety of negative outcomes, including academic problems, emotional distress, health problems and a tendency to health risk behaviour (e.g. smoking, alcohol and drug abuse, bullying) (Baumeister & Leary, 1995; Anderman, 2002).

In the school environment, pupils are exposed to a wide range of new social situations, which compels them to learn and develop new social roles without the supervision of their parents (Inglés et al., 2005). Peer relationships play a critical role in the development of social skills such as **assertiveness** (La Greca & Lopez, 1998). Recent studies have explored the relationship between assertiveness and mental health in adolescence and have found certain variables which influence assertiveness, including culture (Eskin, 2003), self-esteem (Bijstra et al., 1994), psychological distress (Taylor et al., 2002), depression (Eskin, 2003), risk behaviour (Cuijpers, 2002) and gender (Bourke, 2002). Although some earlier studies showed that boys are more assertive than girls (Eskin, 2003), data from recent years indicate that girls have a significantly higher score on assertive

communication and independence (Bourke, 2002) or that there are no significant gender differences in assertiveness (Karagözoğlu et al., 2008).

Bullying in particular has been acknowledged as a serious problem over recent years in many countries as a common and widespread form of violence in the school context (Roland & Galloway, 2002). It has been defined as a form of aggression in which a student or students physically or verbally assault another student without being provoked. Bullying takes many forms, such as physical or verbal aggression, social isolation and recently also increased aggression via mobile telephones and email, with the deteriorative effect on both victims and offenders (Olweus, 1993; Ma, 2002; Correia & Dalbert, 2008). Effects of bullying include low self-esteem, increased frequency of depression, school failure (Hawker & Boulton, 2000), delinquency (Baldry & Farrington, 2000) and deteriorated well-being (Rigby, 2003; Perren & Hornung, 2005).

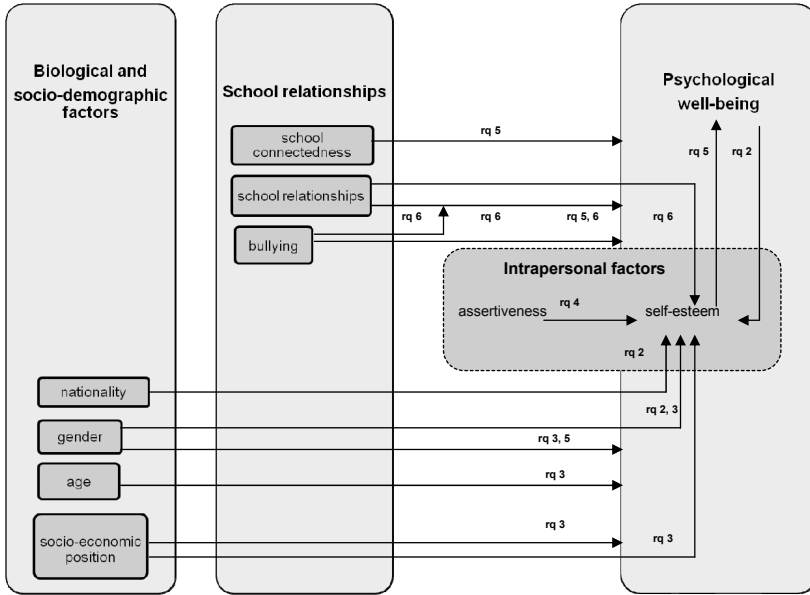
1.3 Aims of the study and research questions

Based on previous findings in this field, the present study focuses on psychological well-being and self-esteem among Slovak adolescents in the school context. The general aims of the study were:

- to unravel the factor structure of measures for psychological well-being and self-esteem;
- to explore determinants of psychological well-being and self-esteem at a certain moment in adolescence;
- to explore changes over time in psychological well-being and self-esteem.

The model of the relationships examined within this thesis is shown in Figure 1.2.

Figure 1.2 Model of the relationships examined within this thesis



Based on this model and on the previous literature, the following research questions have been developed.

Research question 1.

What are selected psychometric aspects of the GHQ-12 and RSE in Hungarian and Slovak early adolescents with regard to their factor structure? (Chapter 3)

Research questions 2.

Are there substantial differences in self-esteem among adolescents from Central Europe countries? Are there associations between native background and psychological well-being and self-esteem among young Hungarian and Slovak boys and girls in adolescence? (Chapter 4)

Research questions 3.

Is there change over time in psychological status from early (age of 11.5 years) to middle adolescence (age of 15 years)? Do gender and parental education play a role through answering questions if is there a difference in magnitude and direction (improved, stable or deteriorated) of change in the domains of psychological well-being and self-esteem between the age of 11.5 and 15 between boys and girls? Are gender and parental education predictors of psychological well-being and self-esteem at the age of 15? (Chapter 5)

Research question 4.

Does assertiveness influence adolescents' psychological well-being and self-esteem while controlling for gender? (Chapter 6)

Research question 5.

Do gender, bullying, school connectedness and self-esteem contribute to psychological well-being in Slovak adolescents? (Chapter 7)

Research questions 6.

Do school relationships influence psychological well-being and self-esteem? Are school relationships moderated by bullying? (Chapter 8)

1.4 Outline of the thesis

Chapter 1 provides an overall introduction to mental health in the adolescence period. The description of the constructs of psychological well-being and self-esteem and their associations with possible determinants (age, native background and school context) are included. The chapter ends with the general and also individual aims of the present thesis. **Chapter 2** describes the design of the studies, data collections, samples and statistical analyses used in this thesis. **Chapter 3** presents the psychometric characteristics of the key variables – the GHQ-12 and the RSE – in Hungarian and Slovak early adolescents with regard to their factor structure. **Chapter 4** explores differences in the self-esteem of adolescents among Central European countries. In addition, the associations between cultural background, psychological well-being and self-esteem among young Hungarian and Slovak adolescents are explored. **Chapter 5** deals with changes in psychological well-being and self-esteem between the ages of 11.5 and 15. The role of gender and parental education as determinants of psychological well-being and self-esteem at the age of 15 is also explored. The associations between assertiveness and the psychological well-being and self-esteem of adolescents are studied in **Chapter 6**. The influence of the distress dimension on psychological well-being and self-esteem, controlling for the performance dimension, is explored. **Chapter 7** investigates gender differences in bullying, school connectedness, self-esteem and psychological well-being in terms of their interrelations; it also explores the joint contribution of gender, bullying, school connectedness and self-esteem to psychological well-being in adolescents. The role of school relationships in adolescents' psychological well-being and self-esteem are studied in the **Chapter 8**. Finally, **Chapter 9** discusses the main findings and possible implications for future research and practice.

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