

Impact of Environment and Behaviour on Self-Esteem in Jamaican Adolescent Girls

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ABSTRACT

The goals of this study are to evaluate the impact of a distressed environment on self-esteem in Jamaican adolescent girls and to assess the impact of behavioural patterns on self-esteem. Participants were African-Jamaicans ages 13–17 years from a Place of Safety (experimental group) and local high schools (control group). All participants completed the Rosenberg Self-Esteem Scale (RSES) while the experimental group also completed the Child Behaviour Checklist (CBCL). Participants in the experimental group were classified as either internalizers (depressed, anxious and somatizing), externalizers (exhibiting aggressive, disruptive behaviours), both (externalizers and internalizers) or other (reporting no or very few symptoms). It was hypothesized that the participants residing in the Place of Safety would report lower levels of self-esteem in comparison to the control group. Secondly, the ‘both’ group would report lower levels of self-esteem than any other group. Results indicated no differences in self-esteem scores; however, statistical significance was found between ‘externalizers’ and ‘both’ groups ($p = 0.006$). This study challenges the assumptions of self-esteem and its relationship to behavioural and emotional problems.

Impacto del Medio y el Comportamiento en la Autoestima de las Adolescentes Jamaicanas

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RESUMEN

El objetivo de este estudio fue evaluar el impacto de un medio de estrechez sobre la autoestima de las adolescentes jamaicanas y examinar el impacto de los patrones de conducta sobre su autoestima. Las participantes fueron afro-jamaicanas de 13–17 años de edad de un Lugar de Seguridad (grupo experimental) y de escuelas secundarias locales (grupo control). Todas las participantes completaron la Escala de Autoestima de Rosenberg (RSES), mientras que el grupo experimental también completó el Inventario de Comportamiento Escolar (IDCE). Las participantes en el grupo experimental fueron clasificadas bien como internalizadoras (las deprimidas, ansiosas y somatizantes), bien como externalizadoras (las que presentaban conductas agresivas, disociadoras), como ambas (internalizadoras y externalizadoras) u otras (aquellas que reportaban muy pocos o ningún síntoma). Se planteó la hipótesis de que las participantes que residían en el Lugar de Seguridad reportarían niveles más bajos de autoestima en comparación con el grupo control. En segundo lugar, los grupos de “ambas” reportarían niveles más bajos de autoestima que cualquier otro grupo. Los resultados no indicaron ninguna diferencia en las puntuaciones de autoestima. Sin embargo, se halló un dato estadístico significativo entre los grupos de “externalizadoras” y los de “ambas” ($p = 0.006$). Este estudio cuestiona las suposiciones sobre la autoestima y su relación con los problemas conductuales y emocionales.

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INTRODUCTION

Self-esteem is a widely used concept and is considered the evaluative component of the self-concept which includes cognitive and behavioural aspects as well as affective ones (1). It has also been defined by Morris Rosenberg as a positive or negative orientation toward oneself based on an overall evaluation of one's worth or value (2). It is a con-

struct related to virtually every psychological concept or domain, including personality (*eg* shyness), behavioural (*eg* task performance), cognitive (*eg* attributional bias) and clinical concepts [*eg* anxiety and depression] (3). Because self-esteem is based on life experiences, it is generally considered a stable characteristic of adults, however, it is a concept which clearly develops throughout adolescence and therefore serves as a better outcome measure for adolescents in experimental designs. Self-esteem is closely connected to the notion of identity which is of extreme importance during the period of adolescence. Erikson (4) who formulated a stage theory of development posits that it is during the fourth stage *identity versus role confusion* that adolescents are trying to formulate their identity by attempting to answer the questions, 'Who Am I?' and "What am I really like?" In doing so, adolescents may adopt many strategies to help them resolve their own personal identity by trying out different roles – good girl/boy, the rebel – and join different social groups. It is the adolescent's self-esteem that is fundamental in eventually answering these questions and determining the identity which is then reflected in behaviour.

Approximately 90% of Jamaicans are of African descent and therefore are products of the legacy of slavery; hence a significant part of this identity struggle incorporates racial factors and definition for many cultural groups. Historically, the literature has defined Africans across the Diaspora as having an identity crisis which is a direct resultant of the experience of slavery (5–7). Fanon (7) speaks more specifically about individuals of Caribbean descent and their continuous striving to achieve European ideals with denigration of themselves.

Similarly, the problem of "low" or "negative" self-esteem/concept within the African-American adolescent has been historically linked to White American society that has labelled them as inferior because they are Black. Gradually becoming aware of the meaning of being Black, the Black child comes to see himself as an object of scorn and disparagement, unworthy of love and affection. Through interacting with and reaction from society, the supposed undesirability of the Black youth's physical appearance, Black skin and woolly hair, as opposed to the valued models of White skin and straight hair, is internalized by the Black youth (8). In order to gain the esteem of the generalized other, it becomes clear to the Black youth that he/she must approximate this White appearance as closely as possible. He learns to despise himself and to reject those like himself (8).

In a classic study, Clark and Clark (6) showed Black children choosing White dolls and rejecting Black dolls. Forty-four years after Clark and Clark's study, Mabry and Roger (9) made another disturbing discovery. They found that African-American children preferred White dolls to Black dolls. They noted that even though African-American students consistently use the phrase "I'm black and proud," they still perceive their racial difference to be negative. For

adolescents, this identity crisis can manifest itself through behavioural problems (external and/or internal). From the moment that the Black youth realizes that he is seen and treated as inferior, his personality and style of interaction with his environment becomes self-defeating and delinquent. The connection between negative self-concepts and delinquency has been fairly uniformly established through empirical research (10).

Messier and Ward (11) conducted a study addressing the link between self-esteem and delinquency. The data for this study came from the compilation of the samples of three separate studies. Each of the samples consisted of 13 to 18-year old juveniles who reside in the southeastern portion of the mid-atlantic United States of America (USA). Two of the groups were involved in the juvenile justice system and the third group was a comparison group of high school students. Results indicated that on the subscale of Abasement, which indicates the degree to which the individual expresses inferiority through self-criticism, guilt or social impotence, the delinquent groups scored slightly higher than the non-delinquent groups showing lower levels of self-esteem. Interestingly, scores on the self-confidence scale differed between the groups with the delinquent groups expressing more self-confidence (11). This was attributed to the presumption that striving for favourable impressions among a delinquent peer group partially motivates the propensity for delinquent acts. It is also presumed that committing delinquent acts may increase the delinquent youth's self-confidence. However, Baumeister, Bushman and Campbell (12) caution against making direct linkages between self-esteem and aggression as mediating factors such as narcissism/egotism may play a more defining role whereby individuals with high levels of self-esteem may be more likely to respond violently due to perceived threats to their ego. "Aggression is thus a means of defending a highly favourable view of self against someone who seeks to deflate it" (12).

A plethora of studies (13–15), beginning in the 1970s have disputed the long-held view that Blacks have low self-esteem, finding that self-esteem in African-Americans is actually higher than in any other racial minority group. Further to this, research has shown that black adolescent girls report higher levels of self-esteem when compared to white adolescent girls (13, 15) and black adolescent boys (16).

These findings suggest the need for further exploration of the facets of self-esteem, self-confidence, self-concept and other derivatives and their impact on the externalizing and internalizing behaviours of groups with behavioural problems. It also suggests a need for further understanding on how the environment, as a mediating factor, impacts self-esteem and therefore a discussion of the places of safety, their functions and the possible impact is warranted.

There are fourteen Places of Safety (ten government operated and four private) in Jamaica. Places of safety were established for the purposes of short-term protection for children and adolescents who were being abused, who were tru-

ant from home and school, who were awaiting alternative placements (*ie* foster care, children's home) as well as girls who were remanded by the court. Because there is only one juvenile remand centre in Jamaica, which facilitates only boys, nonviolent female offenders are also housed at the Places of Safety. The maximum stay for the wards of the Places of Safety should be ninety days (17).

In 2002, the New Standards for Quality Care in Children's Homes and Places of Safety were completed. The Standards were designed to ensure that children of and in Jamaica were receiving the maximum protection and care as is regulated by the Child Care and Protection Act (17). The Standards included several areas such as: recruitment and conduct of staff, education, rights, discipline, health, care and supervision, and physical environment. However, reviews of the Places of Safety in Jamaica have been bleak (18). Reports (19, 20, 21) reveal inadequate protection and care, instances of physical and sexual abuse, consistent absconding of the wards and suicide attempts. This environment is expected to foster low self-esteem invariably leading to poor conflict resolution skills, externalizing behaviours (*eg* fighting, cursing, stealing, lying, truancy, destruction of property) and internalizing behaviours (depression, anxiety, thought problems and suicidal ideation). As such, it is hypothesized that self-esteem of girls in the Places of Safety will be lower than adolescent girls who do not reside in a Place of Safety. Secondly, girls residing in the Place of Safety who are identified as both externalizers and internalizers will report lower self-esteem than the other behavioural groups.

SUBJECTS AND METHODS

All girls residing in a Place of Safety in Kingston, Jamaica, comprised the experimental group with a final total of 84 participants with four incomplete self-esteem questionnaires and five incomplete behavioural questionnaires, which were not tallied and therefore excluded from the analysis. The exclusion criterion of mental retardation was met by only one participant. The control group comprised 32 females from local high schools. Participants ranged in age from 13–17 years with a mean age of 14.8 years and were all African-Jamaicans from primarily low-income families.

The Rosenberg Self-Esteem Scale (RSES) consists of 10 items with Likert scaling represented by four points (Strongly Agree, Agree, Disagree and Strongly Disagree) used to assess global self-esteem. The 10 statements are related to overall feelings of self-acceptance and self-worth. Scores range from 10–40 with lower scores representing lower reported levels of self-esteem, feelings of rejection, self-dissatisfaction and self-contempt. The researchers (22) considered scores of 15–25 to be average and the same ranges were adapted for the purpose of this study.

The original sample for which the scale was developed consisted of 5024 juniors and seniors from 10 randomly selected schools in New York State (23). It has demonstrated good reliability and validity across a large variety of sampled

groups and the internal consistency reliability is estimated at 0.78. The RSES has been validated for use with substance abusers and other clinical groups and is regularly used in treatment outcome studies. The scale has been further validated for use with both male and female adolescents, adult and elderly populations.

The Child Behaviour Checklist (CBCL) was designed by Thomas Achenbach and Craig Edelbrock (24) to assess "social competence" and "behaviour problems" in children aged 6–18 years by self-report, interviews with parents and teachers. This study utilized the self-report (YSR) and the teacher's report (TFR) which were completed by the housemothers. The CBCL can be self-administered or administered by an interviewer. It consists of 112 (YSR) and 113 (TFR) items related to behaviour problems of the child which are scored on a 3-point scale ranging from not true to often true. The new Child Behaviour Checklist for ages 6–18 years (CBCL/6-18; formerly CBCL/4-18) has been updated to incorporate new normative data, include new DSM-oriented scales and to complement the new preschool forms.

The CBCL/6-18 scoring profile provides raw scores, *T* scores and percentiles for internalizing, externalizing and total problems. The scales are based on new factor analyses of parents' ratings of 4994 clinically referred children and are normed on 1753 children aged 6 to 18 years. The normative sample was representative of the 48 contiguous states for SES, ethnicity, region and urban-suburban-rural residence. Children were excluded from the normative sample if they had been referred for mental health or special education services within the past year (24). Several studies have supported the construct validity of the instrument. Tests of criterion-related validity using clinical status as the criterion (referred/non-referred) also support the validity of the instrument. Importantly, demographic variables such as race and SES accounted for a relatively small proportion of score variance. However, a validation study was done by Lambert *et al* (25) on a cohort of Jamaicans which showed very little difference in constellations of symptoms in this sample.

Informed consent was obtained from the Ministry of Health's Child Development Agency and ethical approval was obtained from the Faculty of Medical Science's (University of the West Indies) ethics committee. After this approval was ascertained, participants, comprising the experimental group, were given instructions on how to complete the RSES and the CBCL (YSR and TRF) and administration was done with all participants, including housemothers, at the same time. All new participants (new admissions to the facility) completed the questionnaires within a week of entry. The control group completed the RSES at their respective schools in groups using both random sampling (with a table of random numbers generated from a class listing) at one high school and convenience sampling at the other school.

A global score for the RSES was calculated for each participant. Scores for the CBCL were also calculated and participants were categorized as either primarily externa-

lizers (exhibiting aggressive, disruptive behaviours), internalizers (depressed, anxious and somatizing), both (externalizers and internalizers) or other (reporting no or very few symptoms). The data were entered into the Statistical Package for the Social Sciences (SPSS), version 12 and analyzed using t-tests and descriptive statistics.

RESULTS

Results indicated that participants in the experimental group reported average to very high global scores of self-esteem with a range of 17 to 40, a mean of 27.43 (high self-esteem) and a standard deviation of 4.75. Twenty-seven girls (33.75%) reported normal/average self-esteem, 49 (61.25%) participants indicated that they had high self-esteem while the remaining four accounted for 5% of participants within the very high range of self-esteem (Table 1). There was no

Table 1: Levels of self-esteem

Level of self-esteem	n	Percentage
Low	0	0%
Average/Normal	27	33.75%
High	49	61.25%
Very high	4	5%
Total	80	100%

significant difference between both groups ($p > 0.05$) as the mean of the control group was 27.41 (high self-esteem) with a standard deviation of 3.55.

Comparisons of behavioural types in girls residing in the Place of Safety, showed that of the 79 profiles that were completed, 58% of the sample reported both externalizing and internalizing behaviours, 30% reported primarily internalizing behaviours while only 8% and 4% reported primarily externalizing and other behaviours, respectively (Table 2).

Table 2: Behaviour type by self-esteem score

Behaviour type	n	Mean (self-esteem score)	SD
Externalizers	6 (8%)	31.83	3.49
Other	3 (4%)	31.00	2.00
Internalizers	24 (30%)	27.96	5.02
Both	46 (58%)	26.35	4.53
Total	79 (100%)	27.43	4.75

SD = standard deviation

The means of all groups were compared and results indicated that there was a statistically significant difference between the 'externalizers' and 'both' ($t = 2.85$, $df = 50$, $p = 0.006$) suggesting that though both groups reported normal to high levels of self-esteem, externalizers reported significantly higher self-esteem than individuals who reported both external and internal symptoms. No other comparisons were statistically significant.

DISCUSSION

Results indicated that there were no significant differences between the two samples on self-esteem. Both samples reported high levels of self-esteem regardless of place of residence. These results do not support the first hypothesis and speak to the fact that self-esteem can act as a protective factor in distressed environments. That is, the girls at the Place of Safety reported high self-esteem which provided insulation against the negativity that they faced within this environment (*ie* physical and sexual abuse and inadequate protection and care). The researchers believe that increased self-esteem came through forming alliances with persons that are similar or are in similar situations as themselves. According to Erikson (4), these alliances are the adolescents' attempt at formulating their identity. Therefore, the girls residing in this facility tended to bond together in cliques and found support and love from each other, thereby positively impacting their self-esteem. Another way in which self-esteem increases is through taking "*responsibility for others which help adolescents set priorities and respond to challenges or crises with greater resilience*" (26). This was obvious in the Place of Safety as the stronger residents (group leaders) were seen caring for (teaching others how to read, dress and act appropriately) and protecting the weaker residents.

The second hypothesis was also not supported as the results showed that though all participants indicated that they were experiencing a robust sense of global self-esteem, the externalizers reported significantly higher levels than the group reporting both externalizing and internalizing symptoms.

Studies (27–29) have posited that low self-esteem leads to either externalizing or internalizing behaviours. Bachman (27) conducted a secondary analysis to examine the relationship between self-esteem and juvenile delinquency and found that low self-esteem fosters delinquency as it was significantly associated with an increase in delinquency.

However, other studies have found contradictory results which support the findings of this study. Jang and Thornberry (30) in their study found healthy esteem among adolescents who exhibited behaviour problems. They theorized that it was the social support of delinquent friends, replacing social support of family that boosted their self-esteem. The study further posited that the delinquent acts themselves still served as detractors to their self-esteem because, "*most adolescents know that they are doing something wrong when they commit crimes or participate in other delinquent acts and they feel guilty; and that is why their self-esteem fell as a result of delinquent involvement*" (30).

Messier and Ward (11) in a study previously mentioned also found a weak relationship between low self-esteem and delinquency. The researchers credited these findings to the fact that adolescents committing delinquent acts did so in an attempt to gain favour amongst their peers; the researchers found that these behaviours increased self-confidence as their

self-confidence scores were higher than their non-delinquent peers.

Although children with behavioural problems have been found to have lower self-esteem than children who do not have behavioural problems (31), self-esteem does not predict delinquency (32). Some adolescents may shift their self-concept/identity to incorporate their delinquent behaviour and increase their self-esteem. Thus, adolescents who identify themselves as failures and lower their own expectations may become involved in antisocial, deviant behaviour as a way of increasing their self-esteem. They develop more biased, distorted attributions in regards to themselves, their families and their non-deviant peers. As they reject the beliefs and values of these social institutions, they become more aligned with and influenced by a negative peer group, such as gangs and behave in accordance with these norms which become an integral part of their identity. In certain areas of their lives, their self-esteem now increases (33).

These findings corroborate the researchers' behavioural observations and self-esteem scores of the participants of this study. It is evident in the Place of Safety that the girls who maintain high status among the group, who are feared, who maintain their own sense of order often develop a sense of resilience and self-esteem and are usually noted expressing same verbally. These factors clearly boost their sense of self and impact their identity; they have defined themselves among a mass of girls with varying issues/problems; they have found a way to establish themselves; they have uncovered a pathway to resilience in their setting. The results also suggest that it may be internal factors reported in those that also exhibited external behaviours that may serve as the detractor of self-esteem. Ungar (34) has noted that this is sometimes a way in which children create an identity for themselves from the resources they have available. In other words, when these resources are scarce, children and youth turn to problem behaviours to find a powerful way to assert a preferred identity as a survivor. Adams (13), Cross (35), Gray-Little and Hafdahl, and Twenge and Crocker (14, 15) also underscored this point highlighting the general resilience of Africans across the Diaspora and therefore suggesting that individuals of African descent maintain a strong sense of identity and that it is this that has brought them through their struggles. The results of this study speak clearly to this resilience, as regardless of behavioural problems and/or environmental challenges, participants reported healthy self-esteem. They were able to obtain their esteem needs from other sources when the primary ones (*eg* parents and caregivers) were blocked.

Another issue regarding this discussion is the cross-cultural validity of the instrument used to assess self-esteem. The Rosenberg Self-Esteem Scale (RSES) has not been validated on a Jamaican sample. However, Johnston *et al* (36) and Robinson *et al* (37) suggest that despite theoretical positions on the low self-esteem of black people in general,

that on self-report instruments, global scores often appear to be more elevated than in white persons.

Not only is validity an issue but the reliability of methods of assessing self-esteem in black populations is an even greater concern. As was cited earlier, Clark and Clark (6) in their classic study of the assessment of "Negro identity"/self-esteem found that black children identified more with white dolls and rejected black dolls proving that black children have racial identity issues and aspire to be white. However, it was later noted (35) that this study was methodologically flawed in that it did not control for order effects in the presentations of the questions. Also it was felt that the results were not generalizable to the black population because of the use of three and four-year olds in the sample and that these effects disappeared when they analysed the results of the six and seven-year olds in their subsample.

Theories of self-esteem and identity development are often based on Northern-European values of independence, self-direction and autonomy, which contrast with African, Latin or Asian values of a family-oriented focus and harmony with the universe (38). Interestingly, White-American girls also endorse this latter set of values. Therefore, popular theories may not be applicable to girls and ethnic minorities. Rosenberg (39) defined self-esteem as a favourable or unfavourable attitude toward the self and this supports the Northern-European framework. Definitions of self-esteem and identity development and the process by which it is achieved must expand beyond culturally bound hypotheses.

The most glaring limitation of all measures of self-esteem is their susceptibility to socially desirable responding (40). Scores tend to be skewed towards high self-esteem as was seen in this study as girls who verbally reported feelings of self-worthlessness, self-hate and who had consistent thoughts of suicide all scored above average on the self-esteem scale. This response bias may also be noted on the behavioural measure as the tendency for girls to respond randomly could have presented a problem.

Yet another issue relates to the girls' literacy level and general understanding of the nature of the questions. Some of the girls completed the instruments without any interpretive assistance and this may have skewed their responses. Based on behavioural observations of the girls, it was clear that a few of them behaved differently from what their test profiles had indicated.

The number of participants in two of the four behavioural groups was small and this may have impacted and skewed the results. This study only looked at adolescent girls and this is not a suggestion that identity issues in males are to be under-emphasized. However, the researchers would like to underscore the importance of further exploration of this fundamental construct in not only males but in children, adolescents and adults of both genders but also in cross-cultural samples.

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