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Self-Concepts and Self-Esteem, Children and Adolescents

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“Am I me?” a thoughtful 2-year-old queried of his parents. Beginning in the second year of life, toddlers begin to talk about themselves. They master self-relevant personal pronouns (*I* and *me*) that distinguish them from others. With development, they come to understand that they possess various characteristics, some of which may be positive (“I’m smart”), and some of which may be negative (“I’m unpopular”). Of particular interest is how the very nature of such self-evaluations changes with development and differs between individual children and adolescents across two basic evaluative categories. The first category is *domain-specific self-concepts*, namely, how one judges one’s attributes in particular arenas (e.g., scholastic competence, social acceptance, physical competence, and so forth). A given individual may vary tremendously in how he or she feels across these domains, creating a meaningful profile of scores. One typically does not feel equally adequate across all domains. The second evaluative category is *global self-esteem*, namely, how much an individual values his or her overall worth as a person (for a complete treatment of self-development in childhood and adolescence, see Harter, 1999).

Table 1 Developmental Changes in the Nature of Self-Evaluative Statements Across Different Domains

<i>Domains</i>	<i>Early Childhood Specific Behaviors</i>	<i>Later Childhood Generalizations*</i>	<i>Adolescence Abstractions*</i>
Scholastic competence	I know my A, B, Cs	I’m smart in school	I’m intelligent
Athletic competence	I can run very fast	I’m good at sports	I’m athletically talented
Social competence	I’m nice to my friend Jason	It’s easy for me to make friends	I’m popular
Behavioral conduct	I don’t hit my sister	I’m well behaved	I think of myself as a moral person
Physical appearance	I have pretty blond hair	I’m good-looking	I’m physically attractive

*Examples in the table represent positive self-evaluations. However, during later childhood and adolescence, negative judgments are also observed.

Developmental shifts in the nature of self-evaluations are driven by changes in the child’s cognitive capabilities. Cognitive-developmental theory and findings (see Fischer, 1980; Piaget, 1962) alert us to the fact that the young child is limited to very specific, concrete representations of self and others, for example, “I know my A, B, Cs” (see also Harter, 1999). In middle to later childhood, the ability develops to form higher-order concepts about one’s attributes and abilities (e.g., “I’m smart”). There are further cognitive advances at adolescence, allowing the teenager to form abstract concepts about the self that transcend concrete behavioral manifestations and higher-order generalizations (e.g., “I’m intelligent”).

Developmental Differences in Domain-Specific Self-Concepts

Domain-specific self-concepts are observed at every developmental level. However, the precise nature of these judgments varies with age (see [Table 1](#)). In [Table 1](#), five common domains in which children and adolescents make evaluative judgments about the self are identified: scholastic competence, physical competence, social competence, behavioral conduct, and physical appearance. The types of statements vary, however, across three age periods, early childhood, later childhood, and adolescence, in keeping with the cognitive abilities and limitations of each age period.

Early Childhood

Young children provide very concrete accounts of their capabilities, evaluating specific behaviors. Thus, they communicate how they know their A, B, Cs, how they can run very fast, how they are nice to a particular friend, how they don't hit their sister, and how they possess a specific physical feature, such as pretty blond hair. Of particular interest in such accounts is the fact that the young child typically provides a litany of virtues touting his or her positive skills and attributes. One cognitive limitation of this age period is that the young child cannot distinguish the wish to be competent from reality. As a result, children typically overestimate their abilities because they do not yet have the skills to evaluate themselves realistically. Another cognitive characteristic that contributes to potential distortions is the pervasiveness of all-or-none thinking. That is, evaluations are either all-positive or all-negative. With regard to self-evaluations, they are typically all-positive. (Exceptions to this positivity bias can be observed in children who are chronically abused, since severe maltreatment is often accompanied by parental messages that make the child feel inadequate, incompetent, and unlovable. Such children will also engage in all-or-none thinking concluding that they are all-bad.)

Middle to Later Childhood

As children grow older, the ability to make higher-order generalizations in evaluating their abilities and attributes emerges. Thus, rather than cite prowess at a particular activity, the child may observe that he or she is good at sports in general. This inference can further be justified in that the child can describe his or her talent at several sports (e.g., good at soccer, basketball, baseball). Thus, the higher-order generalization represents a more developmentally advanced cognitive construction in which an overarching evaluation (e.g., "I am good at sports") is defined in terms of specific examples that justify this conclusion. Similar processes allow the older child to conclude that he or she is smart (e.g., does well in math, science, and history). The structure of a higher-order generalization about being well behaved could include components such as obeying parents, not getting in trouble, and trying to do what is right. A generalization concerning the ability to make friends may subsume accounts of having friends at school, making friends easily at camp, and developing friendships readily upon moving to a new neighborhood. The perception that one is good-looking may be based on one's positive evaluation of one's face, hair, and body.

During middle childhood, all-or-none thinking diminishes, and the aura of positivity fades. Thus, children do not typically think that they are all-virtuous in every domain. The more common pattern is for them to feel more adequate in some domains than others. For example, one child may feel that he or she is good at schoolwork and is well behaved, but is not that good at sports, not good-looking, and has difficulty making

friends. Another child may report the opposite pattern.

There are numerous combinations of positive and negative evaluations across these domains that children can and do report. Moreover, they may report both positive and negative judgments within a given domain; for example, they are smart in some school subjects (math and science) but dumb in others (English and social studies). Such evaluations may also be accompanied by *self-affects*, namely emotions about the self, that also emerge in later childhood, for example, feeling proud of one's accomplishments but ashamed of one's perceived failures (see discussion of self-conscious emotions in Harter, 1999). This ability to consider both positive and negative characteristics is a major cognitive-developmental acquisition. Thus, beginning in middle to later childhood, these distinctions result in a profile of self-evaluations across domains.

Contributing to this advance is the ability to engage in social comparison. Beginning in middle childhood, one can use comparisons with others as a barometer of the skills and attributes of the self. In contrast, the young child cannot simultaneously compare his or her attributes to the characteristics of another in order to detect similarities or differences that have implications for the self. Although the ability to use social comparison information for the purpose of self-evaluation represents a cognitive-developmental advance, it also ushers in new, potential liabilities. With the emergence of the ability to rank order the performance of other children, all but the most capable children will necessarily fall short of excellence. Thus, the very ability and penchant to compare the self with others makes one's self-concept vulnerable, particularly if one does not measure up in domains that are highly valued. The more general effects of social comparison can be observed in findings revealing that domain-specific self-concepts become more negative during middle and later childhood, compared with early childhood.

Adolescence

For the adolescent, there are further cognitive-developmental advances that alter the nature of domain-specific self-evaluations. As noted earlier, adolescence brings with it the ability to create more abstract judgments about one's attributes and abilities. Thus, one no longer considers oneself merely to be good at sports but also to be athletically talented. One is no longer merely smart but also views the self as more generally intelligent, such that successful academic performance, general problem-solving ability, and creativity might all be subsumed under the abstraction of intelligence. Abstractions may be similarly constructed in the other domains. For example, in the domain of behavioral conduct, there may be a shift from the perception that one is well behaved to a sense that one is a moral or principled person. In the domains of social competence and appearance, abstractions may take the form of perceptions that one is popular and physically attractive.

These illustrative examples all represent positive self-evaluations. However, during adolescence (as well as in later childhood), judgments about one's attributes also involve negative self-evaluations. Thus, certain individuals may judge the self to be unattractive, unpopular, unprincipled, and so on. Of particular interest is the fact that when abstractions emerge, the adolescent typically does not have total control over these new acquisitions, just as when one is acquiring a new athletic skill (e.g., swinging a bat, maneuvering skis), one lacks a certain level of control. In the cognitive realm,

such lack of control often leads to overgeneralizations that can shift dramatically across situations or time. For example, the adolescent may conclude at one point in time that he or she is exceedingly popular, but then, in the face of a minor social rebuff, may conclude that he or she is extremely unpopular. This typically leads to exasperations by parents and others in this adolescent's life, since they do not understand that such shifts are inevitable and quite typical in our culture. They stem from cognitive advances that also reflect liabilities, and it has recently become known that immature brain structures do not allow for more integrated thought that would help control such vacillations. Gradually, adolescents gain control over these self-relevant abstractions such that they become capable of more balanced and accurate self-evaluations (see Fischer, 1980; Harter, 1999).

Global Self-Esteem

The ability to evaluate one's worth as a person, to make inferences about one's self-esteem, also undergoes developmental change. The young child simply is cognitively incapable of developing the verbal concept of his or her value as a person. This ability emerges at the approximate age of 8. However, young children exude a sense of value or worth in their behavior. The primary behavioral manifestations involve displays of confidence, independence, mastery attempts, and exploration (see Harter, 1999). Thus, behaviors that communicate to others that children are sure of themselves are manifestations of high self-esteem in early childhood. In contrast, behavior that is reflective of a lack of confidence, mastery attempts, or curiosity and exploration, plus excessive dependence on others, reflects a constellation that is predictive of low self-esteem or value in others' eyes, for example, teachers and parents.

At about the third grade, children begin to develop the concept that they like or don't like the kind of person they are (Harter, 1999; Rosenberg, 1979). Thus, they can respond to general items asking them to rate the extent to which they are pleased with themselves, like who they are, and think they are fine as a person. Here, the shift reflects the emergence of an ability to construct a higher-order generalization about the self. This type of concept can be built upon perceptions that one has a number of specific qualities, for example, that one is competent, well behaved, or attractive (namely, the type of domain-specific self-evaluations identified in [Table 1](#)). It can also be built upon the observation that significant others, for example, parents, peers, and teachers, think highly of them. This process is greatly influenced by advances in the child's ability to take the perspective of significant others (Selman, 1980). During adolescence, one's evaluation of one's global worth as a person may be further elaborated, drawing upon more domains and sources of approval, and also becomes more abstract. Thus, adolescents can directly acknowledge that they have high or low self-esteem, as a general abstraction about the self.

Individual Differences in Domain-Specific Self-Concepts as Well as Global Self-Esteem

Although there are predictable cognitively based developmental changes in the nature of how most children and adolescents describe and evaluate themselves, there are striking individual differences in how positively or negatively the self is evaluated. Moreover, one observes different profiles of children's perceptions of their competence or adequacy across the various self-concept domains, in that children evaluate themselves differently across domains.

Consider two profiles exemplified by Child A and Child B, neither of whom feel good about themselves scholastically or athletically. They evaluate themselves much more positively in the domains of social acceptance, conduct, and physical appearance. In fact, their profiles are quite similar to each other across the five specific domains. However, judgments of their self-esteem are extremely different. Child A has very high self-esteem, whereas Child B has very low self-esteem. This raises a puzzling question: How can two children look so similar with regard to their domain-specific self-concepts but evaluate their global self-esteem so differently? This issue is addressed next, in examining the causes of global self-esteem.

The Causes of Children's Levels of Self-Esteem

Our understanding of the antecedents of global self-esteem have been greatly aided by the formulations of two historical scholars of the self, William James (1892) and Charles Horton Cooley (1902). Each suggested rather different pathways to self-esteem, defined as an overall evaluation of one's worth as a person (see reviews by Harter, 1999; Rosenberg, 1979). James focused on how individuals assess their competence in domains in which they have aspirations to succeed. Cooley focused on the salience of the opinions that others hold about the self, which one incorporates into one's global sense of self.

Competence/Adequacy in Domains of Importance

For James, global self-esteem derived from the evaluations of one's sense of competence or adequacy in the various domains of one's life relative to how important it was to be successful in these domains. Thus, if one feels one is successful in domains deemed important, high self-esteem will result. Conversely, if one falls short of one's goal in domains in which one has aspirations to be successful, one will experience low self-esteem. One does not, therefore, have to be a superstar in every domain to have high self-esteem. Rather, one needs only to feel adequate or competent in those areas judged to be important. Thus, a child may evaluate himself or herself as unathletic; however, if athletic prowess is not an aspiration, then self-esteem will not be negatively affected. That is, the high self-esteem individual can discount the importance of areas in which he or she does not feel successful.

This analysis can be applied to the profiles of Child A and Child B. In fact, this explanation has been directly examined in research studies by asking children to rate how important it is for them to be successful (Harter, 1999). The findings reveal that high-self-esteem individuals feel competent in domains they rate as important. Low-self-esteem individuals report that areas in which they are unsuccessful are still very important to them. Thus, Child A represents an example of an individual who feels that social acceptance, conduct, and appearance, domains in which she evaluates herself positively, are very important but that the two domains in which she is less successful, scholastic competence and athletic competence, are not that important. In contrast, Child B rates all domains as important, including the two domains where he is not successful, scholastic competence and athletic competence. Thus, the discrepancy between high importance coupled with perceptions of inadequacy contribute to low self-esteem.

Incorporation of the Opinions of Significant Others

Another important factor influencing self-esteem can be derived from the writings of Cooley (1902), who made the metaphoric reference to the “looking-glass self” (see also Oosterwegel & Oppenheimer, 1993). According to this formulation, significant others (e.g., parents and peers) are social mirrors into which one gazes to determine what one thinks of the self. Thus, in evaluating the self, one would adopt what one felt were the judgments of these others whose opinions were considered important. Thus, the approval, support, or positive regard from significant others becomes a critical source of one's own sense of worth as a person. For example, children who receive approval from parents and peers will report much higher self-esteem than children who experience disapproval from parents and peers.

Findings reveal that both of these factors, competence in domains of importance and the perceived support of significant others, combine to influence a child's or adolescent's self-esteem. Thus, those who feel competent in domains of importance and who also report high support from others rate themselves as having the highest self-esteem. Those who feel inadequate in domains deemed important and who also report low levels of support rate themselves as having the lowest self-esteem. Other combinations fall in between (data from Harter, 1993).

Conclusions

Two types of self-evaluations that can be observed in children and adolescents were distinguished: (1) evaluative judgments of competence or adequacy in specific domains (domain-specific self-concepts) and (2) the global evaluation of one's worth as a person, namely, overall self-esteem. Each of these undergoes developmental change based on age-related cognitive advances. In addition, older children and adolescents vary tremendously with regard to whether self-evaluations are positive or negative. Within a given individual, there is a profile of self-evaluations, some of which are more positive and some more negative. More positive self-concepts in domains considered important as well as approval from significant others lead to high self-esteem. Conversely, negative self-concepts in domains considered important coupled with lack of approval from significant others result in low self-esteem.

Why should we care about self-concepts and self-esteem? Self-esteem is particularly important since it is associated with very critical outcomes or consequences. Perhaps the most well-documented consequence of low self-esteem is depression. Children and adolescents (as well as adults) with the constellation of causes (namely, low perceived adequacy in domains of importance and low approval support from significant others) invariably report low self-esteem. Low self-esteem, in turn, is highly associated with perceived depression and hopelessness about the future. The most seriously depressed consider suicide. Thus, it is critical to intervene for those experiencing low self-esteem. This model of the causes of self-esteem suggests strategies that may be fruitful, for example, improving skills, helping individuals discount the importance of domains in which it is unlikely that they can improve, and providing support in the form of approval for who they are as people. Future research, however, is necessary to determine the different pathways to low and high self-esteem. For example, for one child, the sense of inadequacy in particular domains may be the pathway to low self-esteem. For another child, lack of support from parents or peers may represent the primary cause. Future efforts should be directed to the identification of these different pathways, since they have critical implications for intervention efforts to enhance feelings of worth for children with low self-esteem in educational settings, in clinical

settings, in peer groups, in the community, and within the family. Harter (1999) provides multiple strategies for promoting realistically high self-esteem. Positive self-esteem is clearly a psychological commodity, a resource that is important for us to foster in our children and adolescents if we want them to lead productive and happy lives.

- self and self-concept
- self-evaluation
- self-esteem
- self-concept
- the self
- domain
- children

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