Self-Esteem and Behavioural Problems Among Adolescents in Pakistan

Dr. Sobia Ishrat
Corresponding Author, PhD Psychology
Assistant Professor Government college for women Rawalpindi
Email: sobiaexpresses@hotmail.com
Rashida Saidan
PhD Scholar, Fatima Jinnah Women University Rawalpindi
Email: Saidanr6@gmail.com
Sidra Munir
MPhil Scholar, National University of Modern Languages Islamabad
Email: Sidramunir.999@gmail.com

Abstract

Objective: To examine the relationship between self-esteem and behavioral problems among adolescents in Pakistan.

Study Design: The research was conducted using a cross-sectional survey method.

Place & Duration: The participants of the current study consisted of 1258 adolescents aged 16- 22. Sample belonged to different colleges of Rawalpindi, Islamabad and Attock district.

Methodology: Data was collected from different public sector colleges of Rawalpindi division. After seeking approval from ethical review committee of Fatima Jinnah Women University, the participants who met the inclusion criteria were provided the protocol of study that consisted of Rosenberg Self-esteem Scale and Youth Self-Report Form. ,

Results: The results revealed significant relationship between self-esteem and behavioral problems (-.67**, p<.001). Further, self-esteem along with demographic variables significantly predicted behavioral problems in adolescents (F= 14,224: 3.026: p=.00).

Conclusions: Findings of the current study signified that self-esteem have crucial role in behavioral problems among adolescents. The results of the current study are useful for psychologists, teachers and parents that self-esteem has great impact on behavioral problems and enhancing self-esteem can result in fewer behavioral problems among adolescents in Pakistan.

Keywords: Self-esteem, externalizing behavioral problems, internalizing behavioral problems.

INTRODUCTION

Adolescence is a period of challenges for youth everywhere in the world. Pakistan is a country where challenges escalate for adolescents as they cannot exercise their rights and provided facilities that are available in any developed nation of the world. It results in manifestation of different behavioral problems. These behavioral problems are thought to produce or act as significant risk factor for their safety and other individuals [29].Child and adolescent's behavioral problems can be classified into two broadly classified empirically derived dimensional constructs externalizing behavioral problems and internalizing behavioral problems [14]. Specifically According to Achenbach & McConaughy (1997) internalizing behavioral problems include class of difficulties that include inner difficulties and sufferings [2]. These include but are not limited to feelings of worthlessness or inferiority, anxiety, depression, somatic complaints and social withdrawal. Externalizing behavioral problems on the other hand include "conflict with others and social mores" [29].

Different physiological changes occurring during the period of adolescence is also crucial factor in manifestation of behavioral problems. The adolescent phase is characterized by rapid cognitive and emotional growth and the resulting increase of risk behavior [12]. Researchers pointed to the fact that this is the period of experimenting with psychoactive substances, sexual activity, aggression, exceeding social norms and breaking principles and other behavior disorders [4]. Researchers have found that estradiol plays an important role at the beginning of puberty associated with verbal aggression and a loss of impulse control in girls, while in boys, increases in testosterone is associated with increase in irritability and impatience [7-23]. Adolescence period is marked by three phases. First period comprises of age range 11-14 and is known as early adolescence [13]. These are normally middle school years in the life of child, where he is learning how to interact with other children and work in groups. Second phase of adolescence comprises of age range 15-17 and third phase of adolescence is marked by age range of 17-19 [11].

Externalizing behavioral problems significantly effect a person's life as is indicated by different correlates of externalizing behavioral problems for example attentional problems are related to developmental immaturity, delays in the learning and acquiring of language skills and accidents [8]. Conduct problems have shown greater correlation with low and dysfunctional family systems. Research evidence has indicated that it is hard for the persons suffering from attention deficit hyperactivity disorders and conduct disorders to maintain peer relationships [19]. The research evidence have also

indicated intransigence of inattentive- hyperactivity disorders and behavioral patterns and conducts disorders or aggressive behavior [15-16].

Role of self-esteem in an individual's life cannot be denied. Higher levels of self-esteem make an individual's life happier, brighter and peaceful. Self-esteem is referred as "the beliefs and evaluations people hold about themselves determine who they are, what they can do and what they can become" [7]. Later research studies have emphasized that those individuals who have low self-esteem as a risk for developing different psychological problems while those individuals who have positive and high level of self-esteem, their self-esteem protect them from difficult life circumstances. Evidently, self-esteem is one of the most significant factor in healthy physical, mental, social and psychological health of the individual and mental health promotions and seminars related to mental health should place special attention to self-esteem of the youth [6].

Self-esteem is the most dominant and crucial factor in the life of an individual and has a close association with happiness and serenity [9]. Individuals having high level of esteem have more confidence, both about their abilities and their efforts. They think that they will be successful. They can better regulate their mood and are better able to manage and deal difficult circumstances in life [11]. Orth et al. (2014) performed a longitudinal research to study lifespan trajectory of self-esteem. Results of their research revealed that self-esteem effects many outcomes in life including satisfaction with the relationships and job, positive and negative mood states and professional status [22].

When individuals are at lower end of self-esteem it results in different psychological dysfunctions including depression [1] anxiety and aggression [10]. Self-esteem can also be possible mediator among the association between negative life events and internalizing behaviors during the period of early adolescence living in socially disadvantaged areas and underdeveloped countries [11-17]. Psychiatric literature determine that 50-72% of adolescents having depression are also diagnosed with anxiety disorders, making the co-occurrence between depression and anxiety the most common pattern among psychiatric disorders [5].

Studies have also revealed associations exists between self-esteem, internalizing behaviors, demographic variables, negative events in the life of a person by taking a varied sample of individual during early adolescents [24].The results depicted that there were gender difference between the levels of self-esteem. According to these studies females score low on self-esteem scales as compared to males. Similarly, the literature review has depicted that females had more

internalizing behavioral problems in the age range of 11-14 as compared to male participants [11].

Research evidence further indicated that poor parenting, poor peer relations, and biological difficulties such as cognitive deficits and hyperactivity are linked with externalizing behavioral problems [20]. The evidence, based on a review by Moffitt, Caspi, Dickson, and Silva (2001) supports these theorized antecedents to externalizing problems [21].

METHODOLOGY

It was a cross sectional research. The study attempted to measure the self-esteem and behavioral problems among adolescents in Pakistan. Population of the study comprised of students that were studying in Public Sector colleges of Rawalpindi Division. Proportionate sampling technique was used to collect the sample. 1258 participants were part of the study. Demographic characteristic of the sample indicate that there were 64.8 % (817/1258) female participants and 35.2% (443) male participants. Informed consent (along with demographic detail) was taken from the participants of the study. Demographic details of the participants are explained in the form of table 1.Ethical procedure of APA and IRB (Institutional Ethical Review Board) of Fatima Jinnah Women University Rawalpindi were followed. Anonymity and confidentiality was assured [6]. Participants were individually approached. Students were administered with "Youth Self Report Form", "How I Think Questionnaire" and "Rosenberg Self Esteem Scale" along with informed consent and demographic data sheet [31]. The participants took 30 to 40 minutes for completing the questionnaires. After collection of data, statistical analysis was performed by using SPSS version 22 to calculate the results.

Consent form and demographic data sheet was used to collect basic information about the participants regarding their age, gender, family system, birth order and family income (as illustrated in table I).

Table 1

Demographic profile of participants involved in study (n=1258)

Variables	*f (%)*	M (SD)
Age (in years)		19.03 (2.06)
17	2.56%	
18	27.30%	
19	35.14%	
20	20.71%	
21	12.14%	
22	2.15%	
Gender wise distribution		
Females	58.6%	
Males	41.4%	
Family System		
Joint	51.7%	
Nuclear	48.3%	
Birth order		
First child	24.14%	
Second child	37.56%	
Third child	17.19%	
Fourth child	15.2%	
Fifth child	5.9%	
Family Income (PKR)		
10000-25000	43.33%	
26000-60000	32%	
61000-300000	24.66%	

Mean and standard deviations of the responses of participants in self-esteem and behavioral problems subscale are described in form of table II.

Table 2

Mean and Standard Deviation of externalizing- internalizing behavioural subscales and Rosenberg Self-esteem scale (n=1258)

	Mean	Standard deviation
Internalizing	20.03	7.43
Somatic complaints	4.77	2.72
Withdrawn	3.02	2.31
Anxious/depressed	12.23	4.74
RSESS	17.79	3.36

RSES=Rosenberg self-esteem scale.

In order to assess problematic behaviors, Youth Self-Report Form was used [2-29]. Youth Self Report Form measures two wide-ranging syndromes i.e., internalizing and externalizing behavioral problems [3]. The externalizing behavioral problems comprise of two subscales i.e., Delinquent and Aggressive Behavior [29]. The internalizing behavioral problems comprise of Depression, Withdrawn, Anxiety and Somatic Complaints. Items reflecting the Anxious/Depressed subscale include statements such as "I cry a lot," "I am too fearful or anxious." Aggressive behavior subscale includes symptoms such as "I am mean to others, problems related to temper, arguing a lot, and attention seeking and screaming"[12]. The Delinquent Behavior subscale includes symptoms such as "use of alcohol, using of substances, lying, stealing, and vandalism". Depression was examined by the "Affective Problems subscale" from the YSR. The "Affective Problems subscale" includes symptoms such as "screaming, self-harm or suicidal tendencies, crying, considering oneself worthless, sadness and being worried". Youth Self-report form takes only 15 minutes to complete. It is a three point rating scale in which 0 score is given on the responses of ''not true'', 1 score is given if the statement is ''somewhat or sometimes true'', and 2 score is given if the statement is ''very true or often true'' [29].There are total 112 items in youth self -report inventory. 14 items of YSR measure social desirability. There is an open ended question in YSR to measure physical problems. Test–retest reliabilities of Youth Self-report form "range from 0.47 to 0.79 [9].

The self-esteem of the participants was measured with the help of Rosenberg Self-esteem Scale [31]. It has 10 items. There are four response options on this scale that range from strongly agree to strongly disagree [33]. Some of the items are reversely scored. For assessing the reliability and validity of this scale sample was taken from students from the two colleges. Test retest reliability procedure extended over the time span of two-week indicated reliability in the range of .85 and .88

[33]. The internal consistency coefficient and test-retest reliability coefficient that was done four weeks later were found to be .76 and .71, respectively [17-33].

RESULTS

This study was carried out to investigate the self-esteem and behavioral problems among adolescents in Pakistan. Pearson product moment correlation was calculated between self-esteem and externalizing and internalizing behavioral problems among youth in Pakistan. Correlation between delinquency (externalizing behavioral problem) and self-esteem was calculated to be -.62** ($p<.001$). This result show that adolescents studying in college and having low esteem have more probability of exhibiting delinquent behaviors. Then, correlation between aggression (externalizing behavioral problems and self-esteem was obtained. It was found that self-esteem and aggression has negative association with each other (-.46**, $p<.001$. correlation was obtained between depression and self-esteem that was calculated to be -.43**. This value of correlation shows that there is inverse relationship between self-esteem and depression. Adolescents studying in college who scored high on self-esteem are less likely to be depressed. Next, relationship between self-esteem and anxiety was obtained, it was hypothesized that self-esteem has negative association with anxiety. The results confirmed this hypothesis. Correlation value between self-esteem and anxiety was calculated to be -.56**. It indicates strong negative relationship between self-esteem and anxiety. These values are described in form of table 3.

Table 3:

Relationship between self-esteem delinquency, Aggression, Depression and Anxiety

	Delinquency	Aggression	Depression	Anxiety
Self-esteem	-.62**	-.46**	-.43**	-.56**

It was further hypothesized that “there are significant gender differences between self-esteem of males and females”. t-test was used to find the results. The inferential statistics revealed that there are significant differences between genders in regards to self-esteem. The overall mean score of the students on the scale of self-esteem is $t (1258) = (2.089, p <.05)$, with mean score for male participants is M =24.367, SD = 2.85 while girl’s mean score is M =28.235, SD = 4.89 as illustrated in table 4

Table 4:

Gender differences on scores of Rosenberg self-esteem scale

	Boys		Girls		T
	M	SD	M	SD	
Self-esteem	24.367		28.235		2.089**
	4.89		4.89		

Main purpose of the study was to predict the influence of age, education, family system, mother language, self-esteem, gender, religious sect and birth order on externalizing behavioral problems. It was hypothesized that age, education, ,family system, mother language, self-esteem, minimizing/mislabeling, , religious sect, self-centered, birth order (independent variable) will positively predict externalizing behavioral problems (dependent variable).

Multiple regression was used to assess the impact of impact of independent variables on the dependent variables. Multiple regression as it required to study the influence of two or more variables on outcome variable that is externalizing behavioral problems. Before calculation of results it was assured that the recorded data does not violate any of the assumptions that are mandatory for the use of statistical technique. Multiple correlation coefficient value R was calculated to be .410 that indicates good level of prediction. R^2 or coefficient of determination was calculated to be .468 that illustrates that independent variables (demographics, self-serving cognitive distortions and self-esteem) explain 46.8% variation in externalizing behavioral problems.

In order to find out "whether the overall regression model is good fit of the data" F ratio was calculated. The table illustrates that independent variables were able to predict statistically significantly the dependent variable of externalizing behavioral problems, *F(14,224)= 3.026 ,p=.000.* That proves that "overall regression model is good fit of the data".

To explore the amount of variation of each variable separately on (externalizing internalizing) behavioral problems of the college students by keeping all other variables constant unstandardized B coefficient values were observed. As the table illustrates age, family system, self-esteem, gender and religious sect were able to predict the amount of variation in externalizing behavioral problems while the effect of other variables was not significant.

Beta value of .215 indicates that age brought significant change in externalizing behavioral problems. This change was in terms of units and change in one unit in age caused .215 units change in externalizing behavioral problems. Also, t value (3.16) of the current study is greater

than 1.96 shows that relation is significant ($p<0.01$). The findings suggested that age had a positive relationship with externalizing behavioral problems. With the increase in age externalizing behavioral problems also increased.

Beta value of .235 indicates that family system brought change in externalizing behavioral problems. This change was measured in terms of units change in family system either joint or nuclear caused .235 units change in externalizing behavioral problems. Similarly, t value of (-3.439) is greater than 1.96 shows that there is significant relationship between family system and behavioral problems ($p<0.05$). The results suggested that the family system had an influence on externalizing behavioral problems.

Beta value of .171 indicated that family religious sect brought change in externalizing behavioral problems. This change was measured in terms of units. One unit change religious sect caused .145 units change in externalizing behavioral problems. In the same way, t value (2.46) is greater than 1.96 indicate that "this relationship was significant as it is less than the significant level" ($p<0.05$). The results suggested that the "religious sect" had a positive influence on externalizing behavioral problems. All these findings are illustrated in table 5

Table 5

Regression analysis to study the influence of age, education, family system, mother language, self-esteem, gender, religious sect and birth order on externalizing behavioral problems

Model 1	Unstandardized coefficient		Standardized coefficient		
	B	Std.Error	Beta	T	Sig
(Constant)	-17.405	10.799		2.089	.02
Age	1.696	.539	.215	3.146	.001
Education	-.900	.846	-.082	-1.063	.289
Family System	-4.053	1.179	-.235	-3.439	.001
Birth Order	-.21	.26	-.07	-.942	.12
Mother Language	-.732	.685	-.73	-1.068	.287
Self-esteem	.091	.175	-.355	1.522	.002
Gender	-2.20	1.33	-.188	-1.65	.07
Religious Sect	2.199	.856	.171	2.46	-.01

DISCUSSION

The results confirmed that there is significant association between self-esteem and behavioral problems in adolescents. Further it was confirmed that age, family system, birth order, self-esteem and religious are successfully able to predict behavioral problems in adolescents studying in different colleges of Pakistan. The present study was helpful in extending the research on the dimension of psychopathology during adolescence. As college students are assets of any country. But youth in our country is facing many problems both in terms of thinking and behavior. . Secondly identifying behavioral problems in youth would be helpful in finding out how youth can be improved either through psychotherapy or psychoeducation so that future of Pakistan is safe. This study is helpful in extending the literature in four ways. First, there is limited evidence of studies in Pakistan that have assessed association of self-esteem and behavioral problems in young college students (16-

22) that is prime age. Secondly, both female and male participants were part of the study. It was helpful in providing more generalizable results and highlighted any differences with respect to gender that have possibility of existing relationship of self-esteem with externalizing and internalizing problems in college students.

Literature has shown that adolescence is a period when depression increases abruptly between the age range of 13- 15 and reaches its peak between the ages of 17- 18 [6-26]. In the same way, according to Broberg et al. (2001), externalizing problems reach their peak in age 16 and 17. Most of the studies have focused on incarcerated population as sample [10]. However, these studies suffer from issues of generalizability such as the participants being from a different country [14] or overrepresentation of specific ethnic groups [7]. Therefore, thirdly the use of college students in adolescent's years (16-22) as the participants in the study of self-esteem and externalizing internalizing behavioral problems is rare.

The study further explored the influence of demographic variables (age, family system, religious sect and birth order) and self-esteem on behavioral problems of adolescents. These variables statistically significantly predicted externalizing behavioral problems, $F(14,224) = 3.026$, $p=.000$, $R^2 =.468$. Demographic variables and self-esteem added significantly to prediction of externalizing behavioral problems while the influence of other variables was not significant. Literature review [2,4] also indicated significant association between these two variables but in different age and population [6].

Thirdly, it was hypothesized that self-esteem had negative association with deviant behaviors, anxiety and aggression (n=1258). First aim was to find the correlation between self-esteem and deviant behaviors that was calculated to be -.62** (p<.001). This result show that participants having low score on self-esteem have more chances of exhibiting delinquent behaviors. Previous research evidence and theoretical literature also support these results. Research evidence has indicated scoring low on self-esteem is predictive of being a member of deviant groups such as thieves and offender or problematic groups [30].This result is also supported by sociometer model. Individuals having low self-esteem think that they will not be included and accepted in groups, therefore if they receive any offer from the groups where they might get sense of belonging, they may join it irrespective of whether it is antisocial or prosocial groups.

Self-esteem has also close association with aggression. From correlational analysis it was found that aggression and self-esteem has negative association with each other (-.46**, p<.004). It is well supported both theoretically and through research evidence. In a study of popular, rejected, and neglected elementary school children, French

and Waas (1997) conducted a research on school going children who were either rejected, popular or neglected and came to the conclusion that children who were rejected were more aggressive by nature and violent than children from other two groups. In the same way those children who were aggressive and at the same time conduct problems were more likely to be those children who were rejected from their friends and peers and characterized to be having low levels of self-esteem [32].

Next, correlation was obtained between depression and self-esteem that was calculated to be -.43**. This value of correlation shows that there is inverse association between self-esteem and depression. Those students who score high on self-esteem are less likely to be depressed. There can be many reasons of depression for example moving to another city, failing in exam, break of a relationship, failing to get admission in desired college, problems in home, getting low grades, friendship problems, struggling life, low peer acceptance. Literature review indicates strong association between low levels of self-esteem and depression [30]. A study was conducted by Panak and Garber (1992) on adolescents and children who were shifted to a new school concluded that "children's perceptions of their social acceptance significantly predicted their level of self-reported depressive symptoms one year later". When there is death, demise of someone important it induces "severe form of grief and depression as it indicates that a permanent relationship will be eternally excluded from the life of a person" [30]. Children and youth of broken families and of single parents are more likely to be depressive [5].

Self-esteem has also negative association with anxiety. Correlation value between self-esteem and anxiety was calculated to be -.56**. It indicates strong negative relationship between anxiety and self-esteem. Theoretical literature supports this assumption. Rawson (1992) asserted that self-esteem can be stated as one of the most important prognosticator of anxiety problem. As Coopersmith (1997) pointed out, "subjective self-esteem and anxiety are closely and negatively related" (p. 132). Personality characteristic of self-esteem has a negative correlation with neuroticism and anxiety, and those person who have low levels of self-esteem are likely to get anxious and depressed on the smallest of problems and difficulties [30].

One of the types of anxiety faced by students is social anxiety. Student participants are more likely to experience social anxiety. One of the main symptoms of social anxiety is to be getting shaky and nervous when in public or being in the middle of people [13].These findings can have clinical implications as well. If the psychotherapeutic approach focuses on modifying the ways how youth deals with issues that involve interpersonal acceptance and rejection, then it will be helpful to enhance

not only self-esteem but also in reducing these behavioural problems. Youth's needs of belongings are not met properly and that may cause low self-esteem. One of the reasons can be social rejection. If intervention focuses on these issues, behavioral problems can be addressed.

t-test was used to assess gender differences regarding self-esteem. Results revealed significant gender differences in self-esteem. The inferential statistics revealed that there are substantial differences between genders in regards to self-esteem. Results indicated that self-esteem values for t (1258) = (2.089, p <.05), with mean score for male participants is M =24.367, SD = 2.85 while girl's mean score is M =28.235, SD = 4.89. results are explained in the form of table 3. The results obtained in the current research work are consistent with the results of Zamani & Rosli (2017) study who observed that there are substantial differences between scores of females and males regarding self-esteem [19]. Male students had higher self-esteem than girls according to their findings. Similarly O'Brien (1996) observed that male participants had a slightly higher self-esteem in comparison with female participants.

Harter (1999) provided a further information that stated the component in self-esteem scale plays its own role in contributing to self-esteem scale between genders. As for male, the physical and athletic factors were the main factors for the high self-esteem among males whereas the cognitive ability is the main factor of self-esteem for females. As suggested by Quatman and Watson (2001), out of 7 domains of self-esteem, 5 of it were dominated by boys indicating that boys had a higher self-esteem than girls [19]. Confidence level of males is higher than females. Females attribute their achievement on luck and easy task. Keeping this context in mind it can be stated that the association between self-esteem and depression and other internalizing problems were stronger in comparison with male participant [27]. Joseph et al (1992) asserted that the luck concept were developed among females due to the social status held by women which cause them to always follow others [13].

Females especially in Pakistan are still controlled and dependent on their significant others and by their surrounding environment. Therefore it is not surprising that many females still believed that their luck is depending on others. As they felt so, dependency is the main aspect in the development of self-esteem among females and cause it to be low. Eagly (1987) elaborated this assumption by stating that the social roles held by female is different than male in which female tend to be more concern and give more commitment in society in which explained the idea of social influence towards their self-esteem. Joseph et al. (1992) in support of this argument has asserted that the cultural

and social norm of the society in explaining the roles of female in the society will influenced their personality [13]. The social interaction as well as the individual development were identified as contributor to the development of individual personality including self-esteem [19].

CONCLUSION

In the present study, authors attempted to describe the relationship between self-esteem and behavioral problems in adolescents (age range 16-22). The research was exploratory and has proven that there is significant association of self-esteem and behavioral problems in adolescents. Further, demographic variables (age, family system, religious sect) and self-esteem significantly predicted behavioral problems in adolescents. The obtained results have allowed the authors to describe the role of specific demographic variables (age, family system, religious sect, birth order) and self-esteem on behavioral problems of adolescents. Of particular interest is the relationship of self-esteem with aggression, deviant behaviors, depression and anxiety. The results match the previous studies on these variables as is evident in literature [13]. In subsequent studies relationship of self-esteem and anxiety, depression and deviant behaviors was analyzed, but their sample of the study were of different age or belonged to clinical population [30]. The gender differences on scores of self-esteem has further highlighted the implication of current research work while dealing with adolescents who are undergoing education in different colleges of Pakistan.

CONFLICT OF INTEREST

The authors confirm that this article has no conflict of interest.

ACKNOWLEDGEMENT

Declared none.

References

1. Abikoff H, Courtney M, Pelham WE, Koplewicz HS. Teachers' ratings of disruptive behaviors: The influence of halo effects. Journal of abnormal child psychology. 1993 Oct 1; 21(5):519-33.
2. Achenbach T, ACHENBACH T, Achenbach TM, Achenbach T. Manual for the youth self-report and 1991 profile.
3. Achenbach TM, Dumenci L, Rescorla LA. Ratings of relations between DSM-IV diagnostic categories and items of the CBCL/6-18, TRF, and YSR. Burlington, VT: University of Vermont. 2001:1-9.

4. Ali SM, Malik AA. Psychopathology and self-esteem among students of University of Karachi. International Journal of Innovation and Scientific Research. 2014; 10(2):387-94.
5. Angold A, Costello EJ. Depressive comorbidity in children and adolescents. American journal of Psychiatry. 1993 Dec; 150(12):1779-91.
6. Barriga AQ, Landau JR, Stinson BL, Liau AK, Gibbs JC. Cognitive distortion and problem behaviors in adolescents. Criminal justice and behavior. 2000 Feb;27(1):36-56.
7. Batool SS, Khalid R. Emotional intelligence: A predictor of marital quality in Pakistani couples. Pakistan Journal of Psychological Research. 2011 Jan 1; 27(1): pp-65.
8. Bruno T. *What are they thinking?: cognitive distortions and adolescent externalizing and internalizing problems* (Doctoral dissertation, University of British Columbia).
9. Burns RB. Self-concept development and education. Cassell; 1982.
10. Broberg AG, Ekeroth K, Gustafsson PA, Hansson K, Hägglöf B, Ivarsson T, Larsson B. Self-reported competencies and problems among Swedish adolescents: A normative study of the YSR. European child & adolescent psychiatry. 2001 Sep 1;10(3):186-93.
11. Cheng, H., & Furnham, A. (2004). Perceived parental rearing style, self-esteem and self-criticism as predictors of happiness. *Journal of Happiness Studies*, *5*(1), 1-21.
12. Chabrol H, van Leeuwen N, Rodgers RF, Gibbs JC. Relations between self-serving cognitive distortions, psychopathic traits, and antisocial behavior in a non-clinical sample of adolescents. Personality and Individual Differences. 2011 Dec 1;51(8):887-92.
13. Crone EA, Dahl RE. Understanding adolescence as a period of social–affective engagement and goal flexibility. Nature Reviews Neuroscience. 2012 Sep; 13(9):636-50.
14. Deković M, Buist KL, Reitz E. Stability and changes in problem behavior during adolescence: Latent growth analysis. Journal of youth and adolescence. 2004 Feb 1;33(1):1-2.
15. Dorn LD, Dahl RE, Woodward HR, Biro F. Defining the boundaries of early adolescence: A user's guide to assessing pubertal status and pubertal timing in research with adolescents. Applied Developmental Science. 2006 Jan 1; 10(1):30-56.
16. Eron LD. Theories of Aggression. In Aggressive behavior 1994 (pp. 3-11). Springer, Boston, MA.
17. Hinshaw SP. Academic underachievement, attention deficits, and aggression: Comorbidity and implications for intervention. Journal of consulting and clinical psychology. 1992 Dec;60(6):893.

18. Garcia AM. *Negative Life Events and Internalizing Behaviors: The Moderating Role of Self-Esteem in Early Adolescence* (Doctoral dissertation, University of Kansas).
19. Koruklu N. Personality and Social Problem-Solving: The Mediating Role of Self-Esteem. Educational Sciences: Theory and Practice. 2015;15(2):481-7.
20. Landau S, Milich R, Widiger TA. Predictive power methods may be more helpful for making a diagnosis than sensitivity and specificity. Journal of Child and Adolescent Psychopharmacology. 1991; 1(5):343-51.
21. MOHAMMADZADEH M. EFFECTS OF LIFE SKILLS EDUCATION ON EMOTIONAL PROBLEMS, SELF-ESTEEM AND COPING MECHANISMS AMONG INSTITUTIONAL ADOLESCENTS IN KLANG VALLEY, MALAYSIA.
22. Moffitt, T. E. (2017). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. In *Biosocial theories of crime* (pp. 69-96). Routledge.
23. Orth, U., & Robins, R. W. (2014). The development of self-esteem. *Current Directions in Psychological Science*, *23*(5), 381-387.
24. Paikoff RL, Brooks-Gunn J (1990). Physiological processes: What role do they play during the transition to adolescence?
25. Proctor, C. L., Linley, P. A., & Maltby, J. (2009). Youth life satisfaction: A review of the literature. *Journal of happiness studies*, *10*(5), 583-630.
26. Peterson, G. W., Cobas, J. A., Bush, K. R., Supple, A., & Wilson, S. M. (2005). Parent-youth relationships and the self-esteem of Chinese adolescents: Collectivism versus individualism. *Marriage & Family Review*, *36*(3-4), 173-200.
27. Quatman, T., & Watson, C. M. (2001). Gender differences in adolescent self-esteem: An exploration of domains. *The Journal of genetic psychology*, *162*(1), 93-117.
28. Rehna, T., Hanif, R., & Um-e-Laila, A. S. (2016). Life stress and somatic symptoms among adolescents: gender as moderator. *J Pak Med Assoc*, *66*, 1448-51.
29. Reitz E, Deković M, Meijer AM. Relations between parenting and externalizing and internalizing problem behaviour in early adolescence: Child behaviour as moderator and predictor. Journal of adolescence. 2006 Jun 1;29(3):419-36.
30. Richman, N. (1985). Disorders in pre-school children. *Child and adolescent psychiatry: Modern approaches. Bos-ton: Blackwell Scientific Publications*.
31. Rosenberg M. Rosenberg self-esteem scale (RSE). Acceptance and commitment therapy. Measures package. 1965;61(52):18.

32. Stewart, S. M., Kennard, B.D., Lee, P. W. H., Hughes, C. W., Mayes, T. L., Emslie, et al.(2004). A cross-cultural investigation of cognitions and depressive symptoms in adolescents. *Journal of Abnormal Psychology*, *113*, 248-257.
33. Yavuzer, Y. (2015). Investigating the Relationship between Self-Handicapping Tendencies, Self-Esteem and Cognitive Distortions. *Educational Sciences: Theory and Practice*, *15*(4), 879-890.