

SELF-ESTEEM AND HUMAN RELATIONSHIPS

3. ORIGIN OF SELF-ESTEEM

3.1. Formation of Self-Esteem

The term self-concept is a set of personal beliefs a person has about who they are as an individual. These include salient personal characteristics as well as ethnic or professional awareness and any other desires or future goals that resonate strongly within the individual. In order to have a healthy and balanced self-concept, one needs to have positive self-esteem. Self-esteem does not only include one's characteristics, strengths and flaws, but it makes a judgment on each of those by putting value on them. It is an evaluation one makes of oneself. People with high self-esteem have not only a clear sense of their personal qualities, but also value them in a positive manner and use self-enhancing strategies. They think well of themselves, set appropriate goals about the future and feel confident about coping with different and difficult situations. Low self-esteem may contribute to having unrealistic goals or shying away from potential opportunities due to a negative image of the self. They also tend to be pessimistic about the future, be oversensitive to criticism and any kind of negative feedback. In addition, they are also concerned about the social impression and impact they make and have upon others.

According to Erik Erikson, the self is developed through what he calls the stage theory of ego development. Forming an identity does not happen overnight, but it is rather a lifelong task, which passes through a critical phase during adolescence and young adulthood. After acquiring and forming a firm and clear sense of identity, the young adult can make plans about the future with a consistent sense of self and a belief in his or her personal skills and abilities. Nonetheless, it is important to note that the sense of self does not start during adolescence but has its first stage in infancy with the recognition that one is a separate individual. Even very young children develop conceptions of their personal qualities and have their own equivalent self-concept and a notion of self-esteem. In fact, there is a possibility for changes of the self-concept during middle or late adulthood that may drastically challenge and adjust beliefs about who one is.

The definition and development of the self implies both personal beliefs as well as social influences. It is a continuous procedure that starts in infancy and is

moderated and shaped throughout life in a dynamic fashion. Various events or experiences at any time may alter the concepts one has about the self. Developing self-esteem is a life-long process; it begins in childhood and evolves through adulthood. There are many people in your life that may contribute to the development of your self-esteem, such as: family, friends, teachers, co-workers, and acquaintances. These people are sending you messages and opinions (some are good and some are bad) but the decision to accept them or not is yours. Self-esteem is also formed through your successes and failures. Here too, you have a choice of how to react. You can accept failure and try harder next time or dwell on the fact that a mistake was made and give up.

Developing self-esteem is a continual process. Fortunately, there are ways you can increase your self-esteem. Starting with the thinking process, you must think positively, especially when trying to attain personal goals. When setting a goal, it is important for you to set goals that are high, but still attainable. It is important that you understand that no one is perfect and everyone makes mistakes. To increase your self-esteem, you must accept the mistake, learn from it, and strive harder in the future. Success in achieving a goal is a fabulous feat that should be rewarded; take the time to do something you really enjoy. Finally, it is important to remember that people will have their own opinions and ideas about you which may or may not always be true. Evaluate others opinions and choose whether to reject or accept them. The power is held within you. Self-esteem comes from within ourselves. Each of us holds the power to increase our self-esteem. Positive self-esteem is attainable. When achieved, it will allow you to feel good about yourself and have a high quality of life filled with successful relationships.

3.2. Need of Self-Esteem in the Human Species

Self-esteem is more than just a word to describe how you value yourself. Just as wisdom is knowledge put into practice. It is believed that self-esteem is the act of valuing yourself. If self-esteem is not demonstrated in your thoughts, words and actions, it really isn't there. So what is self-esteem, exactly? It's your overall experience of yourself as a human being, positive or negative. It's how capable you feel and how happy you are with yourself. It's your trust in your ability to think for yourself and take the right actions. It's your confidence in your ability to learn what needs to be learned and do what needs to be done to be effective in any situation you face. And most importantly, it is all these attitudes expressed through your thoughts, words and actions. Self-esteem helps you with the basics in life.

That's why the experts say it has 'survival' value. It helps you survive and thrive in the world. Wherever you go, your sense of self-worth goes too. Whether it is getting food, shelter, income, family, friends or finding a career or work that you love - it helps you do what needs to be done to get where you want to be. Or when you don't have any, it doesn't. People are motivated to pursue positive self-evaluations because self-esteem provides a buffer against the omnipresent potential for anxiety engendered by the uniquely human awareness of mortality. Empirical evidence relevant to the theory is reviewed showing that high levels of self-esteem reduce anxiety and anxiety-related defensive behavior, reminders of one's mortality increase self-esteem striving and defense of self-esteem against threats in a variety of domains, high levels of self-esteem eliminate the effect of reminders of mortality on both self-esteem striving and the accessibility of death-related thoughts, and convincing people of the existence of an afterlife eliminates the effect of mortality salience on self-esteem striving.

The way we view and feel about ourselves has a profound effect on how we live our lives. These opinions are shaped by experiences in the family, at school, from friendships and in wider society. Self-esteem involves our ability to think, to deal with life and to be happy. From infancy we look for encouragement and approval. Yet our culture does not readily give this. Parents can be tough taskmasters in seeking the best for their children. Young people have a tendency to be intolerant of differences and often mock their peers who are clever or hard working. The educational system with its emphasis on league tables implicitly demands more and more and leaves less scope for valuing improvement. There is a constant bombardment of messages telling us we should be young, slim, beautiful, fashionably dressed, have a lover and money to spend. Personal acknowledgement of ability and pride in oneself can be regarded as being arrogant, boastful, or conceited.

Rejection or loss at any age is likely to undermine self-esteem. Events like parents separating, a boy or girlfriend being unfaithful, being ostracized by friends or picked on by peers, dealing with an unsuccessful application, having an accident, a burglary, or coping with a death are likely to provoke feelings of loss and threat. For some this is temporary, while for others the effects are long-lasting.

Conversely, success is a great ego booster, and academic achievement can be an obvious signal of success. However, the wealth of talent and competitive environment of today's educational institutions can easily lead to self-doubt and insecurity. There is a lot of pressure on students to do well for the sake of family, college, and the university. You may even feel that other people over-estimate your ability and this burden of expectation can lead to a sense of failure and

impossibility. However, what we feel about ourselves is not based solely on what we do. It usually involves our relationships with others and whether we feel worthwhile as people. We have a basic human need to be wanted, noticed, and included. We want to contribute, to be of value, and make a difference or in other words to matter.

Our self-esteem will continually fluctuate and is affected by events and encounters with other people. We are also constantly judging and evaluating ourselves, often in comparison with others. Observing ourselves in relation to other people can be a helpful source of learning and feedback. Yet all too often comparison slips into competition and others become a yardstick by which we evaluate ourselves as good or bad, competent or inadequate. The reality is we are all different. Each of us has strengths and limitations which we need to learn about and learn to live with. There are aspects of our behavior and appearance we may seek to change or develop, but a sense of self is also based on self-awareness and self-acceptance.

3.3. Attachment Theory

Attachment theory describes the dynamics of long-term relationships between humans. Its most important tenet is that an infant needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally. Attachment theory explains how much the parents' relationship with the child influences development. Attachment theory is an interdisciplinary study encompassing the fields of psychological, evolutionary, and ethological theory. Immediately after World War II, homeless and orphaned children presented many difficulties, and psychiatrist and psychoanalyst John Bowlby was asked by the UN to write a pamphlet on the issue which he entitled *Maternal Deprivation*. Attachment theory grew out of his subsequent work on the issues raised.

In the early days of the theory, academic psychologists criticized Bowlby, and the psychoanalytic community ostracized him for his departure from psychoanalytical tenets. However, attachment theory has since become the dominant approach to understanding early social development, and has given rise to a great surge of empirical research into the formation of children's close relationships. Later criticisms of attachment theory relate to temperament, the complexity of social relationships, and the limitations of discrete patterns for classifications. Attachment theory has been significantly modified as a result of empirical research, but the concepts have become generally accepted. Attachment theory has formed the basis

of new therapies and informed existing ones, and its concepts have been used in the formulation of social and childcare policies to support the early attachment relationships of children.

Infants become attached to individuals who are sensitive and responsive in social interactions with them, and who remain as consistent caregivers for some months during the period from about six months to two years of age; this is known as sensitive responsiveness. When the infant begins to crawl and walk they begin to use attachment figures (familiar people) as a secure base to explore from and return to. Caregivers' responses lead to the development of patterns of attachment. These, in turn, lead to internal working models which will guide the individual's perceptions, emotions, thoughts and expectations in later relationships. Separation anxiety or grief following the loss of an attachment figure is considered to be a normal and adaptive response for an attached infant. These behaviors may have evolved because they increase the probability of survival of the child.

Research by developmental psychologist Mary Ainsworth in the 1960s and 1970s reinforced the basic concepts, introduced the concept of the "secure base" and developed a theory of a number of attachment patterns in infants: secure attachment, avoidant attachment and anxious attachment. A fourth pattern, disorganized attachment, was identified later. In the 1980s, the theory was extended to attachment in adults. Other interactions may be construed as including components of attachment behavior; these include peer relationships at all ages, romantic and sexual attraction, and responses to the care needs of infants or the sick and elderly. It is believed that those who don't experience secure attachment may develop a sensitivity to rejection in later relationships.