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SELF-ESTEEM AND SOCIAL COMPETENCE AMONG ADOLESCENTS: A REVIEW OF THEIR RELATIONSHIP AND IMPLICATIONS FOR PSYCHOSOCIAL DEVELOPMENT

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ABSTRACT

Adolescence is a critical developmental period marked by substantial biological, cognitive, emotional, and social changes. During this stage, young people develop increasingly differentiated views of themselves while simultaneously becoming more sensitive to peer acceptance, interpersonal evaluation, belonging, and social status. Two constructs that are especially important in this developmental process are self-esteem and social competence. Self-esteem refers broadly to an individual's overall evaluation of personal worth and value, whereas social competence encompasses the skills, behaviours, perceptions, and adaptive capacities that enable an individual to establish and maintain effective interpersonal relationships.

The present paper reviews the relationship between self-esteem and social competence among adolescents. Particular attention is given to developmental changes during adolescence, peer relationships, family influences, social support, school environment, loneliness, ostracism, social anxiety, gender considerations, and psychological adjustment. Empirical research indicates that adolescents' social skills are associated with self-esteem and other indicators of psychosocial functioning, while self-esteem and perceived social competence may function as protective psychosocial resources. The paper further discusses theoretical perspectives, measurement approaches, educational implications, research gaps, and interventions that schools, parents, teachers, counsellors, and mental-health professionals may use to foster positive adolescent development.

KEYWORDS: ***self-esteem, social competence, adolescence, peer relationships, social skills, social support, psychosocial adjustment, loneliness***

INTRODUCTION

Adolescence represents a transitional period between childhood and adulthood in which individuals experience major changes in physical development, cognition, identity, emotional regulation, relationships, and social roles.

As adolescents become increasingly independent from parents, interactions with peers and broader social environments assume greater psychological importance. Acceptance, friendship, belonging, social comparison, and interpersonal evaluation can consequently contribute to adolescents' developing perceptions of themselves.

Within this context, self-esteem represents an important component of adolescent psychological functioning. It reflects a person's overall evaluation of the self and the extent to which the individual experiences a sense of personal worth. Social competence represents another important dimension of adolescent development. It includes the ability to interact effectively with others, understand social situations, communicate appropriately, establish friendships, resolve interpersonal problems, express needs, cooperate, and adapt behaviour according to social demands.

Self-esteem and social competence should not be considered completely independent. An adolescent's experiences with peers can shape self-evaluation, while perceptions of the self can influence how an adolescent approaches social interactions. Longitudinal research has demonstrated reciprocal links between self-esteem and social relationships, indicating that interpersonal experiences and self-evaluations can influence one another over time (Harris & Orth, 2020).

OBJECTIVES OF THE STUDY

The objectives of this paper are to examine the concept and development of self-esteem during adolescence; explain social competence and its major components; analyse the relationship between self-esteem and social competence; examine the influence of peer relationships, family relationships, social support, and school environment; discuss loneliness, ostracism, and social anxiety; review important empirical evidence; consider measurement approaches; and identify implications for parents, teachers, counsellors, and future researchers.

CONCEPTUAL UNDERSTANDING OF SELF-ESTEEM

Self-esteem can broadly be understood as an individual's overall positive or negative evaluation of the self. It involves feelings of worth, respect, acceptance, and personal value. Self-esteem is related to, but conceptually distinguishable from, self-concept. Self-concept incorporates perceptions of the self across multiple domains, whereas self-esteem refers more specifically to evaluative feelings regarding personal worth (Harter, 2012).

The Rosenberg Self-Esteem Scale is one of the most extensively used measures of global self-esteem (Rosenberg, 1965). Self-esteem during adolescence does not develop in isolation. Interactions with parents, siblings, teachers, classmates, friends, and the wider social environment provide direct and indirect information through praise, criticism, inclusion, exclusion, achievement, failure, friendship, and social comparison.

DEVELOPMENT OF SELF-ESTEEM DURING ADOLESCENCE

Adolescence involves substantial identity exploration. Young people increasingly ask questions concerning who they are, how others perceive them, what they can accomplish, and where they belong. Cognitive development allows adolescents to evaluate themselves in increasingly sophisticated ways, but it can also intensify social comparison.

An adolescent may compare academic achievement with classmates, physical appearance with peers, social popularity with friendship groups, or personal abilities with culturally valued standards. The school environment becomes particularly important because adolescents spend considerable time interacting with peers and adults outside the family. Self-esteem therefore develops through the interaction of personal characteristics and social experiences.

CONCEPT AND DEVELOPMENT OF SOCIAL COMPETENCE

Social competence can be described as an individual's capacity to achieve appropriate and adaptive outcomes in interpersonal situations. It is broader than possessing isolated social skills. Social skills may include initiating conversation, listening, cooperating, expressing disagreement appropriately, offering support, recognising emotions, negotiating, and resolving conflict.

Social competence involves the effective use of these abilities within real social contexts. It can incorporate interpersonal communication, cooperation, empathy, perspective taking, emotional regulation, assertiveness, conflict resolution, friendship formation, social problem solving, responsiveness to social cues, and behavioural flexibility.

Adolescence creates increasingly complex social demands. Friendships become more intimate and psychologically meaningful. Adolescents must learn to communicate opinions without unnecessarily damaging relationships, resist inappropriate peer pressure, manage disagreements, recognise other people's perspectives, and establish appropriate interpersonal boundaries. Competence therefore combines behavioural, emotional, cognitive, and relational capacities.

RELATIONSHIP BETWEEN SELF-ESTEEM AND SOCIAL COMPETENCE

Self-esteem and social competence have a theoretically meaningful relationship. An adolescent who considers himself or herself socially capable may experience greater confidence and personal worth. Successful friendships and positive interpersonal experiences can reinforce these evaluations. Conversely, repeated experiences of rejection, interpersonal failure, or perceived social inadequacy may contribute to negative self-evaluation.

Research has demonstrated associations between social skills and psychosocial functioning during adolescence (Bijstra et al., 1994). The relationship should not be interpreted as a simple one-directional causal process. Self-esteem may influence how adolescents approach social situations, while social experiences can influence subsequent self-esteem. Harris and Orth (2020), in a meta-analysis of longitudinal studies, reported reciprocal prospective relationships between self-esteem and social relationships.

An adolescent who believes that he or she has little social value may hesitate to approach peers. Reduced interaction may limit opportunities to develop friendships and practise social skills. In contrast, successful interaction can create positive feedback: an adolescent initiates contact, receives a favourable response, experiences greater confidence, and becomes more willing to participate in subsequent interactions.

ROLE OF PEER RELATIONSHIPS

Peer relationships become increasingly significant during adolescence. Friendships provide companionship, emotional support, opportunities for self-disclosure, social learning, feedback, and a sense of belonging. Peers can provide information about socially acceptable behaviour and about how adolescents are perceived by others.

Positive peer relationships may contribute to self-esteem because acceptance communicates that an individual is valued. Friendship can provide emotional support during stressful experiences and opportunities to develop communication, empathy, cooperation, and conflict-resolution skills. Laible et al. (2004) found that parent and peer attachment, empathy, and social behaviours were relevant to pathways to self-esteem in late adolescence.

PEER REJECTION, LONELINESS, AND OSTRACISM

Not all adolescents experience successful peer relationships. Some experience rejection, bullying, ostracism, exclusion, or difficulty developing close friendships. These experiences may have important implications for perceived social competence and self-esteem.

Loneliness reflects the subjective experience that one's social relationships are insufficient in quantity or quality. An adolescent can therefore experience loneliness even when surrounded by classmates. Sletta et al. (1996) reported important relationships among peer relations, loneliness, and self-perceptions in school-aged young people.

Sakız et al. (2021) found that self-esteem and perceived social competence were important protective factors in relation to ostracism and loneliness among adolescent students. These findings suggest that persistent exclusion should not be regarded merely as an unpleasant temporary experience; it can be connected with the adolescent's broader evaluation of personal and social worth.

SOCIAL SUPPORT AND FAMILY ENVIRONMENT

Social support can originate from parents, friends, teachers, siblings, and other significant individuals. Support may be emotional, informational, practical, or companionship-based. Perceived support is particularly important because objective availability does not necessarily mean that an adolescent experiences relationships as supportive.

The family provides one of the earliest environments in which social behaviour and self-evaluation develop. Through interactions with caregivers, children learn communication, emotional expression, cooperation, boundaries, conflict resolution, and expectations concerning interpersonal relationships. Warm and supportive parenting can provide a secure foundation from which adolescents explore increasingly complex social environments.

Parental feedback can also influence self-evaluation. An environment characterised by reasonable expectations, respect, emotional availability, and encouragement may support healthy self-worth. Adolescents seek greater autonomy, but this does not mean that family relationships cease to matter.

SCHOOL ENVIRONMENT

Schools represent major developmental environments during adolescence. Students spend substantial amounts of time interacting with classmates, teachers, administrators, and other adults. Schools provide opportunities to practise cooperation, leadership, communication, competition, negotiation, and conflict resolution.

A psychologically supportive school environment may promote belonging and positive interpersonal development. Teachers can contribute by treating students respectfully, discouraging humiliation, addressing bullying, encouraging cooperative learning, and providing constructive rather than degrading feedback. School-based social-emotional programmes can explicitly teach interpersonal and emotional competencies.

SOCIAL ANXIETY AND SOCIAL COMPETENCE

Social anxiety can complicate adolescent interpersonal development. Adolescents experiencing high social anxiety may fear embarrassment, criticism, negative evaluation, or rejection and may consequently avoid social situations. Avoidance can temporarily reduce anxiety but may also limit opportunities to practise social skills and establish relationships.

This can create a cycle in which fear of negative evaluation leads to social avoidance, fewer positive interpersonal experiences, lower perceived social competence, and greater anxiety. Self-esteem can become involved when adolescents interpret social difficulties as evidence of personal inadequacy. McCarroll et al. (2009) identified self-esteem and social anxiety as relevant variables in understanding peer relationships during early adolescence.

GENDER AND INDIVIDUAL DIFFERENCES

Self-esteem and social competence should not be understood solely through broad comparisons between boys and girls. Adolescent development is shaped by interactions among temperament, personality, culture, family environment, peer relationships, physical development, socioeconomic circumstances, school climate, and individual experiences.

Gender-related social expectations can nevertheless influence how social competence is expressed. Particular cultures or peer groups may reinforce different expectations concerning assertiveness, emotional expression, independence, appearance, or relationship behaviour. Researchers should therefore avoid assuming that one developmental pattern applies uniformly to all adolescents.

ACADEMIC CONTEXT AND PSYCHOLOGICAL ADJUSTMENT

Although self-esteem should not be reduced to academic achievement, school performance can contribute to adolescents' self-evaluations. Repeated academic success may strengthen feelings of competence, whereas persistent failure may challenge them, particularly when academic achievement is highly valued by the adolescent, family, or school.

Healthy self-esteem and social competence can contribute to broader psychosocial adjustment. An adolescent with appropriate social competence may find it easier to obtain social support during stressful periods. The capacity to communicate needs, seek assistance, and maintain friendships can provide important psychological resources. Self-esteem may similarly help adolescents interpret temporary failures without globally devaluing themselves.

This does not mean that high self-esteem automatically prevents psychological problems or that low self-esteem is their sole cause. Adolescent adjustment is multidimensional. Nevertheless, evidence supports meaningful associations among self-esteem, social competence, social relationships, loneliness, and other psychosocial outcomes.

THEORETICAL PERSPECTIVES

The sociometer perspective conceptualises self-esteem partly as an internal indicator of perceived social inclusion and relational value (Leary & Baumeister, 2000). From this perspective, experiences suggesting acceptance may contribute to positive self-evaluation, whereas rejection can threaten self-esteem. This framework is particularly relevant during adolescence because belonging and peer evaluation become highly salient.

From a social learning perspective, social competence can develop through observation, reinforcement, feedback, and practice. Adolescents observe parents, peers, teachers, media figures, and other social models. Behaviours followed by successful interpersonal outcomes are more likely to be repeated.

An ecological perspective emphasises that adolescent development occurs within interconnected social environments. Family, school, peer group, community, culture, and broader social conditions all influence development. Therefore, low social competence should not automatically be interpreted as an individual deficit; environmental opportunities and social contexts must also be examined.

ASSESSMENT OF SELF-ESTEEM AND SOCIAL COMPETENCE

The Rosenberg Self-Esteem Scale (RSES) is among the most frequently used instruments for assessing global self-esteem (Rosenberg, 1965). It contains statements assessing positive and negative evaluations of the self. Researchers should consider language, cultural adaptation, age appropriateness, reliability, and validity before using any psychological scale.

Social competence can be measured using self-report measures, parent and teacher ratings, peer nominations or ratings, and direct behavioural observations. Each method has strengths and limitations. An adolescent may perceive himself or herself as socially incompetent even when peers evaluate the individual relatively positively, while another adolescent may overestimate interpersonal effectiveness.

Using multiple informants can therefore provide a more comprehensive understanding. The distinction between actual social behaviour and perceived social competence is especially important when examining relationships with self-esteem.

IMPLICATIONS FOR PARENTS, TEACHERS, AND SCHOOLS

Parents can support adolescent self-esteem and social competence by providing warmth, respect, guidance, and opportunities for increasing autonomy. Constructive feedback should focus on specific behaviour rather than

attacking personal worth. Parents can also model healthy communication, apology, listening, emotional expression, and conflict resolution.

Schools can contribute through cooperative learning, peer mentoring, anti-bullying programmes, counselling services, social-emotional learning, extracurricular participation, and opportunities for leadership. Teachers should avoid public humiliation and unnecessary comparison among students. Constructive feedback should communicate that mistakes and difficulties are opportunities for learning.

School counsellors can identify adolescents experiencing persistent social anxiety, isolation, low self-worth, or peer victimisation and provide appropriate support or referral. Because peer relationships play an important role in development, intervention should sometimes focus on classroom and school climate rather than exclusively on changing the individual student.

STRATEGIES FOR ENHANCING SELF-ESTEEM AND SOCIAL COMPETENCE

Programmes designed to promote adolescent development should avoid simply telling young people to feel good about themselves. Healthy self-esteem is more effectively supported by genuine competence, meaningful relationships, realistic self-acceptance, and opportunities for mastery.

Social competence can be strengthened through structured practice in communication, emotional awareness, empathy, problem solving, assertiveness, and conflict resolution. Group activities can provide opportunities to practise these abilities. Participation in sports, arts, clubs, volunteering, academic groups, and community activities can provide additional contexts for competence and belonging when those environments are supportive.

Interventions should also address bullying and exclusion because strengthening an adolescent's social skills alone cannot compensate for an unsafe or hostile environment.

RESEARCH GAPS AND FUTURE DIRECTIONS

More longitudinal studies are necessary to clarify the direction and mechanisms of influence between self-esteem and social competence. Cross-sectional correlations cannot establish whether low self-esteem leads to social difficulty, social difficulty reduces self-esteem, or both are influenced by additional variables.

Research should incorporate multiple measures of social competence, including self-reports, peer reports, teacher ratings, and behavioural observations. Cultural diversity requires greater attention because standards for socially competent behaviour differ among societies and communities.

Digital communication and social media also deserve continuing investigation. Contemporary adolescents maintain relationships both offline and online, and social evaluation can occur continuously through digital platforms. Future research should additionally examine protective factors that enable some adolescents to maintain positive self-esteem despite rejection or social difficulty.

DISCUSSION

The reviewed evidence demonstrates that self-esteem and social competence are interconnected components of adolescent development. The relationship appears to operate through multiple pathways rather than a single mechanism. Socially successful adolescents may receive positive feedback, acceptance, and support that strengthen their sense of worth. Adolescents with healthier self-evaluations may in turn approach social interactions with greater confidence.

Peer relationships are particularly important. Longitudinal research indicates reciprocal associations between self-esteem and social relationships (Harris & Orth, 2020). Social competence also interacts with experiences such as loneliness and ostracism, and self-esteem and perceived social competence may function as protective resources (Sakız et al., 2021).

The school represents a particularly important context because it combines academic demands, social comparison, friendship, authority relationships, and identity development. Interventions should consequently avoid treating adolescent self-esteem solely as an internal psychological characteristic. Family support, positive peer relationships, inclusive school environments, opportunities for meaningful participation, and effective social-emotional skills collectively contribute to healthier development.

CONCLUSION

Self-esteem and social competence are central aspects of adolescent psychosocial development. Self-esteem concerns the individual's overall evaluation of personal worth, whereas social competence involves the capacities required to navigate interpersonal relationships effectively. During adolescence, these constructs become particularly important because peer relationships, social comparison, identity exploration, and increasing independence create new developmental demands.

Research demonstrates meaningful associations between social relationships, social skills, social competence, and self-esteem. Positive peer experiences can contribute to self-evaluation, while loneliness, rejection, and adverse social experiences are associated with poorer self-perceptions. The relationship is dynamic and contextual, with family communication, peer support, school climate, social anxiety, personality, culture, and other factors contributing to individual differences.

Effective interventions should therefore operate at multiple levels. Adolescents can be taught communication, emotional regulation, empathy, assertiveness, and problem-solving skills, while families and schools simultaneously provide environments characterised by respect, inclusion, support, and opportunities for meaningful participation. Promoting healthy self-esteem together with genuine social competence can contribute to adolescents' ability to establish meaningful relationships, manage developmental challenges, and move toward adulthood with stronger psychosocial resources.

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