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The Relationship of Low Self-Esteem and Somatic Complaint in Children

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Abstract

This research attempts to determine the relationship of low self-esteem and somatic complaint in children. It is hypothesized that subjects reporting low self-esteem will also report frequent psychosomatic symptoms. Replication of Rosenberg's (1965) study of adolescents was attempted using 69 children, ranging in age from 8 to 12 years, M = 9.6. Thirty-three females and 36 males completed Gutman's ten-item self-esteem scale and an eight-item, self-report somatic complaint inventory (Rosenberg, 1965). Fisher's exact probability test indicated a significant relationship between low self-esteem and frequency of somatic complaint, p<.001. This association has been found in earlier studies; however, the present research focused on this relationship in children at an earlier age than previously examined.

The decade of the 1970's produced an abundance of research on externalized disorders such as acting out, hyperactivity, and aggression among children and adolescents (Reynolds, 1990). However, through intensified attention to childhood disorders, current research has become more focused on internalized disorders such as somatic complaint and depression.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R, 3rd edition - revised, American Psychiatric Association, 1987) defines somatization as a chronic report of physiological complaint having no organic base with onset prior to age 30. Characterizations of inner-directed manifestations such as somatiform disorders are often closely linked with low self-esteem (Hirsch & DuBois, 1991; Reynolds, 1990). Somatization is more frequently found in pre-adolescents, generally decreases during adolescence, and further diminishes in adulthood (Carlson & Strober, 1983). Somatoform disorders make-up at least 10% of all medical services provided in this country at a cost of over 20 billion dollars annually (Ford, 1986).

There appears to be some agreement among researchers as to the etiology of somatic disorders. Apley, MacKeith, and Meadow (1978) had described recurrent pains in childhood as "expressions of reaction to emotional stress which is often part of a family pattern". Similarly, Siegel (1990) and Jaklewicz (1988) attributed a causal relationship between psychological factors such as stress (i.e. excessive tension and frustration) or a dysfunctionalized family structure and the appearance of somatic complaints. Carlson and Stober (1983) proposed and Reynolds (1990) further validated the idea that children may react to negative life events through internalization due to a lack of acquired verbal skills which inhibits their ability to adequately express emotion. Taken together, these researchers have suggested that children subjected to this type of environmental stress may repress or "internalize" appropriate emotional expression which results in manifestation of psychosomatic illness.

The association between somatization and low levels of self-esteem has also been established (Hirsch & Dubois, 1991; Reynolds, 1990; Rosenberg, 1965). Self esteem has been defined as "the measurement of overall psychological well being" (Hirsch and Dubois, 1991, p. 53) and as "the degree to which the individual accepts and values himself" (Brownfain, 1952, p. 596), thus, a person's affective response is a dynamic element of self-concept Wells & Marwell, (1976). Considering these definitions, the relationship of psychosomatic disorders to self-esteem becomes one of primary importance.

Rosenberg (1965) investigated the relationship of somatization to self-esteem using adolescents. His study revealed significant associations between psychosomatic symptoms and low levels of self-esteem and indicated that the lower the respondent's score on the self-esteem
SET F-ESTEEM AND SOMATIC COMPLAINT

scale, the greater the number of psychosomatic symptoms. The most frequently observed syndromes of psychosomatic disorders in children were headache, nervousness, stomachache, and insomnia (Rosenberg, 1965).

This study attempts to replicate Rosenberg's (1965) research on self-esteem and its relationship to non-organic based complaints but will investigate this phenomenon in children as opposed to adolescents.

Method

Subjects

Sixty-nine subjects (33 female, 36 male) from the third, fourth, and fifth grades of two local elementary schools were solicited to participate in this research. Subjects ranged from 8 to 12 years of age ($M = 9.6$). The group was primarily Caucasian subjects (50) with the second largest group being Black (14). Permission was obtained from each headmaster along with written consent from the parents of each subject.

Apparatus and Procedure

Children were administered Guttman's 10-item Self-Esteem Scale (reproducibility: 93%, scalability: 73%). Positive and negative sentences were alternately presented to reduce the response set effect. Respondents indicated their level of agreement or disagreement with each item on a four-point Likert Scale. Subjects were also administered an eight-item list of somatic complaints that have been most commonly associated with somatoform disorders (Rosenberg, 1965) and asked to indicate frequency of occurrence on any items pertaining to them. Frequencies were rated by number of occurrences as follows:

1) Every day: At least once per day,
2) Frequently: Two to four times per week, or
3) Occasionally: Once per week or less. If no occurrences were applicable, children were instructed not to reply to that item.

Subjects were seated in the cafeteria or the classrooms of their school and collectively given general instruction for completion of questionnaires. The children were informed their identity would not be revealed and that they were to answer as honestly as possible.

Results

The significance of difference was analyzed by Fisher's exact probability test. Subjects were placed into groups according to number of frequently reported somatic complaints per week ("one to four" and "five or more" complaints) and according to levels of self-esteem (high or low). As predicted, there was a significant association between low self-esteem and frequency of somatic complaint, $p < .001$.

Fifty-two children indicating high self-esteem and 11 children indicating low self-esteem reported one to four somatic complaints. Conversely, one subject with high self-esteem and six subjects with low self-esteem reported five or more somatic complaints.

This pattern can also be seen when observing the number of frequently reported complaints indicated by children at the extreme ends of the self-esteem scale (highest and lowest scorers). For this observation, subjects were divided according to their exact score (scores ranged from 0 to 6+ on Guttman's scale for this group) and number of somatic complaints per week ("one or less", "two to four", and "five or more") for those children who reported frequent somatic complaints (either "two to four times per week" or "at least once per day"; those reporting somatic complaints "occasionally"--once per week or less--were not included). Of the respondents reporting the highest level of self-esteem, 58% indicated "one or less" frequently occurring somatic complaints per week while none of the subjects scoring the lowest level of self-esteem indicated this low number of complaints. At the other extreme, of the subjects reporting the lowest levels of self-esteem, 43% indicated "five or more" frequently occurring somatic complaints per week while none of the subjects with the highest level of self-esteem indicated this high number of
complaints (see Table 1).

Table 1

<table>
<thead>
<tr>
<th>Number of Psychosomatic Symptoms</th>
<th>Self-Esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High  Low</td>
</tr>
<tr>
<td>0</td>
<td>58% 72% 33% 50% 0% 29% 0%</td>
</tr>
<tr>
<td>1 or less</td>
<td>72% 53% 50% 50% 57% 57% 33%</td>
</tr>
<tr>
<td>2 to 4</td>
<td>47% 47% 50% 50% 50% 57% 33%</td>
</tr>
<tr>
<td>5 or more</td>
<td>0% 0% 0% 0% 14% 4% 4%</td>
</tr>
<tr>
<td>Total % (Number)</td>
<td>100 100 100 100 100 100 100</td>
</tr>
</tbody>
</table>

These results indicated that as self-esteem decreased, the proportion of subjects with many psychosomatic symptoms increased.

Discussion

Acknowledging the close relationship between continuous somatic complaint and low self-esteem, consideration should be given to intervention and behavior modification at the earliest presentation of non-organic based and persistent somatic symptom complaint. One important factor in each study examined on somatic disorders was the overwhelming agreement between the medical and psychological communities regarding the need to work very closely in the early diagnosis and treatment of recurring and unexplained complaint in children. Without detection and treatment such conditions could lead to severe emotional and behavioral disorders (Reynolds, 1991). Unfortunately, as Reynolds (1990, 1991) has emphasized, the indicators of somatic disorders are relatively covert and are often difficult to recognize and diagnose by mental health professionals. It is further suggested (Reynolds, 1990) that symptoms such as excessive complaint should be viewed as an overt indicator of possible psychological stress. Further, the discovery of physiological symptoms being expressed within an individual while not encompassing their interactional system (that is, having no organic cause), provides a significant indication for the mind-body relationship to be examined (Griffith, Griffith, & Slovik, 1989).

Future research establishing the notion of self-esteem stability from childhood to adolescence could further validate the need for early recognition. Empirical evidence already exists for the stability of self-esteem levels for children in early adolescence which, although viewed as a normative life event, has historically been considered a stressful time encompassing multi-dimensional changes. Such changes, at least theoretically, can produce short term self-esteem fluctuations.

However, Hirsch & DuBois (1991) have revealed in a two year study with adolescents that global self-esteem maintains high consistency even during stressful normative life events. While their study contained no data on subjects' self-esteem prior to the sixth grade, the stability/instability pattern suggests the possibility that the same results could be obtained up to two years prior.

Thus, if self-esteem indeed proves to be consistent from early childhood, the opportunity arises for potential behavioral difficulties to be predicted and mediated. In this way, recognition and treatment of low self-esteem in young children could prove beneficial as the child progresses into adolescence. An effort to build self-esteem prior to the onset of the natural life-stressors experienced by puberty and subsequent movement into adolescence may be warranted.

Limitations of this research include unavailability of medical records which could have defined additional complaints not expressed by this self-report method. Such records might also have revealed organic based diseases capable of influencing the number and frequency of symptoms expressed. Additionally, the self-report method of research is not without its criticisms. As Rosenberg (1965, p. 272) states, “the problems of validating something so quintessentially phenomenological is difficult in the extreme”. Finally, a larger sample size representing a variety of private and public
schools could provide added validity to the study.

References


