



A Study on Peer Attachment, Self-Esteem, and Well-being among Adolescents

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Abstract: The present study aimed to examine the relationship between peer attachment, self-esteem and well-being among adolescents. Adolescence is a transformational and challenging period in any individual's life. The quality of a person's relationship with their peers; belief in themselves and how well they can overcome challenges may all be interlinked in an adolescent's life. Supportive peer relationships can provide an adolescent with a significant outlet to express themselves freely. They may develop confidence in their ability to perform developmental tasks and have the will to cope with daily obstacles. During such a critical stage, if an adolescent has a poor network of friends, a lack of faith in their own abilities or if they frequently experience negative emotions then their mental health can be jeopardised. The current study examined adolescents between age 12 to 17 years. Standardised psychological measures were used to assess peer attachment, self-esteem and well-being. The data was analysed using appropriate statistical techniques. The results found out that peer attachment was significantly associated with self-esteem and well-being among adolescents. Self-esteem was also found to have a significant relationship with well-being, thus indicating that adolescents who have a more positive sense of self tended to report better well-being. Overall, the study sought to explore the association between peer attachment, self-esteem and well-being among adolescents. The role of schools is also essential in fostering healthy interactions between adolescents of the same age, inculcating confidence-building activities and providing emotional support and counselling. Family members, particularly parents, can also maintain a safe and nurturing environment for the child to grow, help encourage positive relationships and life experiences.

Keywords: *Peer Attachment, Self-Esteem, Well-being, Adolescents.*

1. Introduction

Adolescence is the most important developmental stage of an individual's life. The World Health Organization (WHO) defines an adolescent "as any individual who falls between the ages of 10 to 19 years". This stage is marked by great physical as well as mental, emotional and social changes. Adolescence is a transitional period between childhood and adulthood. According to the psychosocial theory of Erikson, an adolescent-between the ages of 12 to 18 years-explores different roles, interests, beliefs and relationships. If an adolescent can successfully pass through this stage, then it leads to the development of an identity, otherwise it may cause role confusion. During this transformational period, adolescents discover their strengths, while also learning how to convert these into skills which will shape his or her future. This further determines their view of themselves and their own capabilities, which is referred to as self-esteem.

Adopting a role or developing an identity is hugely influenced by the environment an adolescent grows up in, alongside his or her peers. Since at this age adolescents spend a majority of their time in the school setting with individuals of their own age, they are posed with the unique dilemma of wanting to stand out while also feeling the need to fit in with others. Due to the amount of time spent together, the academic, social and personal lives of adolescents become intertwined. Interaction with peers heavily influences the daily activities of the adolescent and governs his or her behaviour. If the quality of such friendships is not good, it can affect the adolescent's psychological, emotional and general functioning. However, if peers are supportive then the adolescent may feel free to share his or her feelings and experience a sense of belongingness. If adolescents do not receive acceptance from their peers, then they might end up feeling lonely, rejected and insecure. This can take a toll on their overall adjustment and self-worth.

Armsden and Greenberg (1987) examined individual differences in parent and peer attachment along with their relationship to psychological well-being. In the first study, 179 college students between the ages of 16-20 years were taken in developing the Inventory for Parent and Peer Attachment. In the second study, 86 adolescents responded. They examined the relationship between the quality of attachment and self-esteem, satisfaction with life and emotional status. Their hypothesis was met when the results showed that both parent and peer attachments had a significant relationship with psychological well-being.

Self-esteem refers to how an individual perceives his or her own worth and abilities. If individuals believe themselves to be competent in a task, they are more likely to participate in it and achieve success. Good quality of relations with peers and family can influence one's

belief in oneself. Ngo et al. (2020) conducted a study on 89 adolescents between the ages of 14 to 18 years. The results found out that low peer and family self-esteem were associated with higher internalising symptoms. Higher general self-esteem was a good predictor of better outcomes of treatments. Additionally, Naeem et al. (2023) conducted a study examining self-esteem among 539 school-going adolescents between the ages of 11 to 19 years in the slum areas of Karachi, Pakistan. Self-esteem was found to be significantly associated with parental education, strictness, BMI, and academic performance.

Well-being refers to the overall emotional and psychological state of an individual. It involves aspects such as satisfaction with life, ability to overcome daily challenges and experiencing positive emotions. It does not just imply the absence of problems but also involves having a purpose in life, good relations with others, independence, etc. Davison et al. (2022) conducted a study on 1,618 adolescents between the ages of 13 to 14 years and 1,558 adolescents between 15 to 16 years in Northern Ireland. The results found out that mental well-being was higher in adolescents who reported less time spent using the screen, increased physical activity and consuming more fruits and vegetables. Another study was conducted by Pepe and Farina (2023) on 229 Italian high-school adolescents, who had a mean age of 16.64 years during the COVID-19 pandemic. The results found out that higher levels of well-being were linked to strategies of connectedness and lower levels of well-being were related to individualistic strategies, with regard to health emergencies.

2. Review of Literature

2.1 Peer Attachment

According to Armsden and Greenberg (1987), creators of the original Inventory of Parent and Peer Attachment, “the affective/cognitive dimension of the attachment relationship” includes “positive and negative affective/cognitive experiences” associated with attachment figures, particularly “the degree of mutual trust, the quality of communication, and the extent of anger and alienation.” Additionally, according to Nickerson and Nagle (2005), peer attachment refers to the “enduring emotional bonds with peers outside the family.”

A study by Shuai-Lei et al. (2016) aimed to assess the effect of peer attachment of adolescents on depression and the mediating role of the social support of friends along with self-esteem. The sample consisted of 668 middle and high school students. The results showed that the relationships between peer attachment, social support and self-esteem were positive and they were negatively correlated with depression. Peer attachment impacted adolescent depression through the mediating role of self-esteem. Adolescents who had positive peer

attachment had greater social support as well as higher self-esteem and subsequently lower levels of depression.

Further, a study by McMohan et al. (2020) aimed to assess the quality of peer and parent relationships to explain the association between stressful life events and psychological well-being indices in adolescents. The sample consisted of 7,525 thirteen-year-old Irish adolescents. The results showed that the quality of both peer and parent relationships played a mediating role in this association. Among girls specifically, it was found that greater number of stressful life events were linked to poor quality of peer and parent relationships. This further implied lower psychological well-being.

Additionally, a study by Mota and Matos (2013) aimed to assess the role of peer attachment in estimating coping and self-esteem. The sample consisted of 109 institutionalised adolescents. It also examined the mediating role of social skills. The results showed that social skills mediated between the quality of peer attachment and the development of active coping. Institutionalised adolescents with a greater perceived quality of peer relations show the development of active coping skills. The quality of peer relations also showed an increase in the self-esteem of adolescents.

2.2. Self-esteem

Rosenberg (1965) defined self-esteem as a “positive or negative attitude toward the self.” A study by Aziz et al. (2021) aimed to assess the impact of styles of parenting and peer attachment on life satisfaction among adolescents along with the mediating role of self-esteem. The sample consisted of 500 adolescents, including 412 functional responses. The results showed that peer attachment had a significant impact on self-esteem. Self-esteem positively impacted life satisfaction. Self-esteem partially mediated the association between peer attachment, parenting styles, and life satisfaction.

Further, a study by Carlén et al. (2023) aimed to assess the link between self-esteem and perceived mental well-being of adolescents aged 12-13 to 17 years in Sweden, based on four years of follow up. Self-esteem appeared to be stable from 12-13 to 17 years, indicating that good self-esteem in earlier adolescence increased the likelihood of development of self-esteem later and also increased the probability of increased perceived mental well-being. Self-esteem indicated 18 per cent of the variation of mental well-being, particularly more when it came to girls. Normal self-esteem as opposed to high at the ages of 12 and 13 predicted later mental well-being.

A study by Jemtå et al. (2009) aimed to assess the dimension-specific and global self-esteem of children and adolescents with mobility impairments. It also aimed to examine the

relationship between self-esteem, demographic data and disability characteristics. Another goal of the study was to explore the impact of five self-esteem dimensions on well-being and coping strategies. The sample consisted of 138 children and adolescents between the ages of 7 to 18 years. Most of them reported relatively high self-esteem, except lower self-esteem was associated with certain demographic and disability-related factors. Higher self-esteem in physical characteristics, psychological well-being, and relationships with others was associated with better overall well-being.

2.3. *Well-being*

According to the Michaelson (2012), “Wellbeing can be understood as how people feel and how they function both on a personal and social level, and how they evaluate their lives as a whole”. Additionally, Ross et al. (2020) proposed a definition for adolescent well-being. According to them it is when “adolescents thrive and are able to achieve their full potential”. The expanded definition states that “adolescents have the support, confidence, and resources to thrive in contexts of secure and healthy relationships, realizing their full potential and rights”. According to Diener et al. (2001), subjective wellbeing is defined as “a person’s cognitive and affective evaluations of his or her life”.

A study by Luijten et al. (2023) aimed to assess the quality of friendship and overtime development of well-being among adolescents along with the explanatory role of self-esteem. The sample consisted of 1,298 Dutch adolescents between the ages of 11 to 17 years. The findings showed that higher quality of friendships directly influenced the global self-esteem and well-being among boys. For girls, higher quality of friendships impacted well-being in an indirect but positive way, through the improvement of their global self-esteem.

A study by Balluerka et al. (2016) was aimed to assess whether age, gender, peer attachment and class level emotional intelligence was able to indicate adolescent’s psychological well-being through a multi-level approach. The sample consisted of 2,182 adolescents between the ages of 12 to 18 years. According to the result, there was an overall decrease in well-being as adolescents grew older. However, an increase in well-being was associated with higher peer attachment.

3. Purpose

The purpose is to study the relationship between peer-attachment, self-esteem, and well-being among adolescents.

4. Hypothesis

H₁: There will be a significant relationship between peer attachment and self-esteem among adolescents.

H₂: There will be a significant relationship between peer attachment and well-being among adolescents.

5. Method

5.1. Sample

A total sample of N = 123 in the adolescent age group of 12-17 years was collected from Chandigarh.

5.2. Measures

Peer Attachment Scale: The Inventory of Parents and Peer Attachment-Revised as developed by Gullone and Robinson (2005) was used to measure the adolescent's quality of attachment to their parents and peers. In the present study, only the peer attachment sub-scale was administered. The scale consisted of 25 items, including three dimensions of peer attachment: trust, communication, and alienation. It included response rate as Almost Never or Never True (1), Not Very Often True (2), Sometimes True (3), Often True (4) and Almost Always or Always True (5).

Self-Esteem Scale: The Rosenberg Self-Esteem Scale as developed by Rosenberg (1979) was used to measure the self-esteem of high school students. The scale consisted of 10 items and included response rate as Strongly agree (3), Agree (2), Disagree (1) and strongly disagree (0).

Well-being Scale: The Adolescent Well-Being Scale as developed by Birlson (1981) was used to measure depressive symptoms and well-being of children and adolescents. The scale consisted of 18 items and included response rate as Most of the time, Sometimes and Never. The responses to each question were scored as 0, 1 or 2. 0 meant the response indicated no concern, 1 indicated possible concern, and 2 indicated unhappiness and low self-esteem regarding that item.

5.3.Procedure

The participants were informed that their participation was voluntary and that their responses would be kept confidential. The questionnaires were filled using Google forms. Standardized psychological tests were administered to the participants. The responses were scored according to the procedure provided in the manual for each measure. Pearson's product moment correlation was used to examine the relationship between the variables.

6. Analysis of Data

6.1. Results

Table 1: *N, Mean and Standard deviation*

	Peer Attachment	Trust	Communication	Alienation	Self-esteem	Well-being
N	123	123	123	123	123	123
Mean	84.0	33.6	28.7	21.7	16.8	13.8
St. dev	15.8	8.61	7.83	4.74	3.98	5.05

Table 2: *Correlation between peer attachment, trust, communication, alienation, self-esteem and well-being*

	Peer Attachment	Trust	Communication	Alienation	Self-esteem	Well-being
Peer Attachment	—					
Trust	0.005	—				
Communication	0.080	0.813***	—			
Alienation	-0.074	-0.078	-0.170	—		
Self-esteem	0.219*	0.026	0.133	0.008	—	
Well-being	-0.367***	0.146	0.049	-0.116	-0.509***	—

6.2. Discussion of results

The purpose of this study was to gain a better understanding of the relationship between peer attachment, self-esteem and well-being among adolescents. The results found out that there is a positive significant relationship between self-esteem and peer attachment ($r = .21$, $p < .05$). This indicated that greater peer attachment was associated with higher self-esteem.

The results found out that there is a negative significant relationship between well-being and peer attachment ($r = -.36$, $p < .001$). Since the Adolescent Well-Being Scale is scored such that higher scores indicate greater psychological difficulties or lower well-being, the negative correlation indicates that greater peer attachment is associated with better well-being.

The results indicated that there is a negative significant relationship between well-being and self-esteem ($r = -.50$, $p < .001$). Since the scoring of the Adolescent Well-being Scale is such that high scores indicate lower well-being, this correlation shows that higher self-esteem is associated with better well-being. For the subdimensions, the results indicated that there is positive significant relationship between communication and trust dimensions of peer attachment ($r = .81$, $p < .001$).

The stated results are consistent with the study by Sarkova et al. (2014) which was aimed to assess the psychological well-being and self-esteem of adolescents within the setting of relationships at school, such as between peers and with teachers. It included the context of bullying. The sample consisted of 3,694 students from elementary schools. Rosenberg's Self-Esteem Scale was used to assess self-esteem. Better relationships at school indicated more positive and less negative self-esteem. Overall, positive peer relationships acted as consistent predictors of better psychological well-being and self-esteem.

Another cross-sectional study by Lucktong et al. (2017) was aimed to study the impact of peer, parent and school attachment and self-esteem on the psychological well-being of adolescents. Psychological well-being included psychological difficulties, externalising and internalising problems, prosocial behaviours and life satisfaction. The sample consisted of 1,360 adolescents aged between 12 to 15 years from a district in Central Thailand. Peer and parent attachment was negatively associated with psychological difficulties, externalising and internalising problems. Self-esteem played a mediating role between attachment and all the domains of psychological well-being apart from prosocial behaviours.

7. Conclusion

The present study aimed to examine the relationship between peer attachment, self-esteem and well-being among adolescents between the ages of 12 to 17 years. Standardised scales were used to measure the variables of the study. The results found out that peer attachment was significantly associated with self-esteem and well-being. As peer attachment increases, self-esteem and well-being also tended to increase, considering the scoring of the Adolescent Well-being Scale in which lower scores indicated greater well-being. Thus, those adolescents who reported supportive peer relationships also tended to report higher self-esteem and well-being in this sample. Similarly, the results also indicated a significant relationship between self-esteem and well-being. This suggested that adolescents who reported having a positive view of themselves also tended to experience better well-being, as opposed to psychological distress.

7.1. Suggestions

Further research may be conducted on a larger sample size of adolescents than this study which included 123 adolescents. Other factors such as parent attachment, academic stress and social media use can be used to understand adolescent well-being. Comparison can also be done for these variables based on gender.

Since adolescents of the same age group interact primarily in the school environment, schools could make efforts to encourage a greater number of interactions between peers through shared activities. They must ensure that such interactions are positive rather than being detrimental to the self-esteem and well-being of the child. There should be frequent opportunities for group activities that could help adolescents know and support one another. In classes, adolescents can be given opportunities to speak regularly to foster confidence without fear of being judged. Counselling services may be provided in schools to help adolescents gain quick and easy access to mental health care whenever they feel the need to speak about issues. These issues could be regarding arguments with peers, feeling distressed or having a negative view of self. Families, most especially parents, may help to encourage open communication and a safe environment where the child can also address such problems with them.

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