

Background for Community-Level Work on Emotional Well-being in Adolescence: Reviewing the Literature on Contributing Factors

Executive Summary

By: Lisa J. Bridges, Nancy Geyelin Margie, and Jonathan F. Zaff

The term “emotional well-being” has been used in the empirical and theoretical literature on adolescent development to cover a wide range of more specific aspects of psychological functioning, such as coping, emotion regulation, self-regulation, self-esteem, perceived autonomy and control, social competence, depression, and substance use and abuse. The use of emotional well-being as an umbrella term recognizes the important roles that emotions play in all aspects of human behavior and development—including mental and physical health, education and skill development, social competence and the establishment of positive social relationships (e.g. Lazarus, 1991; Thompson, 1990). This paper focuses on a selected set of topics related to emotional well-being, including a) generalized mood/affective states, b) emotion regulation and coping, and c) feelings about self, including self-esteem, and feelings of self-efficacy. Following a brief overview of the state of the research literature and discussion of the methodology used for developing this review, definitions of the selected emotional well-being constructs are provided, along with some evidence from the research literature indicating the importance of each construct. Next, recent empirical work exploring the antecedents and correlates of emotional well-being in adolescence is summarized. Finally, implications of this literature for policies, programs, and interventions designed to promote adolescent well-being are discussed.

Definitions of the Components of Emotional Well-Being

Affect and Mood

Emotional well-being in adolescence is typified by a predominance of positive affect. This includes the experience as well as the expression of positive emotions, such as happiness, interest, and pride. The majority of research that has been conducted on adolescent emotion has focused on negative affect, however. A few studies have tapped a wider range of emotions, including both positive emotions such as happiness and interest, and more specific negative emotions such as anger and sadness.

Emotion Regulation and Coping

Emotion regulation involves a set of processes used by individuals to initiate, maintain, and modulate both the expression and the experience of positive and negative emotions (Bridges & Grolnick, 1995; Kopp, 1989). Emotion regulation is constantly ongoing and, when functioning optimally, allows individuals to maintain interaction with their social and physical environments (e.g., Thompson, 1990). Emotion regulation as a component of emotional well-being is characterized by the ability to experience genuine emotions without becoming overwhelmed by them, and the ability to express genuine emotions in ways that are socially appropriate and that do not unduly disrupt ongoing interactions within the social environment.

Coping, a construct that is highly related to emotion regulation, has received somewhat more attention in the literature on adolescent well-being. The primary distinction between coping and regulation is that coping involves the regulation of behavior and emotion in the face of specific challenges (e.g., Compas, Connor, Saltzman, Thomsen, & Wadsworth, 1999; Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Eisenberg et al., 1997).

Feelings about Self

There are a number of self-related constructs that have been examined in investigations of adolescent emotional well-being. Perhaps the most frequently-studied construct is global self-esteem or self-worth. Other highly-related constructs include specific self-esteem, self-efficacy, and perceived competence. A third set of self-related constructs that are theoretically linked to emotional well-being involve perceptions of control, or locus of control.

Self-esteem, or self-worth. Self-esteem, or self-worth, is an emotional component of self-evaluations of personal qualities and competencies—generally how good or bad individuals feel about themselves. The terms self-esteem and self-worth are most commonly used to describe a global view of self, without reference to specific competencies (Harter & Marold, 1994; Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995). Self-esteem has been included in numerous studies of adolescent well-being, although frequently the theoretical rationale for inclusion is minimal or lacking.

Specific self-esteem, perceived competence, and self-efficacy. Unlike global self-esteem, specific self-esteem (Rosenberg et al., 1995), perceived competence (Harter, 1983), and self-efficacy (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996) are terms used to describe individuals' beliefs that they are competent within specific domains, such as cognitive or academic domains, physical ability and attractiveness domains, peer and family social domains, and behavioral domains. Perceived competence or specific self-esteem is used less frequently in studies of adolescent emotional well-being than are measures of global self-worth. When perceived competence measures have been included in research with adolescent populations, these are most frequently studies that focus on school-related aspects of emotional well-being such as perceptions of control and autonomy within classrooms and emotional as well as behavioral engagement with schooling (e.g. Connell, Spencer, & Aber, 1994; Connell & Wellborn, 1991).

Locus of control, perceived control, and perceived autonomy. A wide-ranging body of theoretical and empirical research is developing indicating that individuals who believe that they can exert control over their own behaviors as well as over the outcomes that they experience (i.e., who have highly internal perceptions of control, or an internal locus of control) are less susceptible to negative affect and depression, exhibit more positive coping skills and self-regulation, and have higher levels of self-esteem and perceived competence when compared with individuals whose perceptions of control are more external (e.g., Connell & Wellborn, 1991; Deci & Ryan, 1985; Dweck & Leggett, 1988; Seligman, Kamen, & Nolen-Hoeksema, 1988; Skinner & Wellborn, 1997; Skinner et al., 1998; Weiner, 1985). Further, perceptions of control have been linked to other aspects of well-being, including health outcomes in adults (Rodin, 1986) and academic performance in children and adolescents (Connell & Wellborn, 1991; Skinner et al., 1998).

Antecedents of Emotional Well-Being in Adolescence

Individual Characteristics

Longitudinal studies have found consistency in elements of emotional well-being across time in childhood and adolescence (e.g., Block, Gjerde, & Block, 1991; Caspi & Silva, 1995; Ge & Conger, 1999; Keefe & Berndt, 1996), and both longitudinal and cross-sectional studies have found expected associations among the various elements (Griffith, Dubow, & Ippolito, 2000; Rosenberg, Schooler, & Schoenbach, 1989; Rosenberg et al., 1995). For example, longitudinal research has been conducted on the individual characteristics that predict subsequent individual differences in negative and positive affectivity, self-esteem, and perceived competence. Longitudinal studies including measures of perceived competence or specific self-esteem within academic, physical attractiveness, and social domains have reported positive concurrent associations between perceived competence measures and global self-esteem, and that perceived competence also predicts positive versus negative changes in self-esteem across time (e.g., Lord, Eccles, & McCarthy, 1994). Low levels of perceived competence have also been found to be associated with negative affect across time (Roeser, Eccles, & Sameroff, 1998). In one longitudinal study, adolescent negative affect at the beginning of the study was associated with decreased perceived competence in the academic domain, but not the social domain, while initial low levels of social perceived competence predicted increases in negative feelings over time, suggesting that the direction of effects from one indicator of emotional well-being to the other differed in the academic versus the social domain (Cole, Peeke, Dolezal, Murray, & Canzoniero, 1999). Additional research will be necessary before firm conclusions about the antecedents of individual differences in self-esteem and perceived competence can be made, however. In addition, little longitudinal research has been conducted at this time addressing longitudinal predictors of individual differences in coping styles or strategy use.

Parent and Family Characteristics

Parenting practices and parental emotional well-being have been found to be associated with adolescent emotional well-being (Jackson, Bijstra, Oostra, & Bosman, 1998; Juang & Silbereisen, 1999). Adolescents who perceive their parents as autonomy supportive have been found to self-report higher levels of self-esteem than do adolescents who feel more controlled by their parents (Bush, 2000), while adolescent perceptions of parents as being controlling have been found to be associated with lower levels of self-esteem and higher levels of depressed affect (Kerr & Stattin, 2000). However, this positive association between autonomy support and emotional well-being may be evident primarily among adolescents in relatively low-risk settings (McElhaney & Allen, 2001). More research is necessary before more definitive conclusions are made.

Measures of adolescent emotional well-being have also been found to be associated with other characteristics of parents and families, including interparental conflict (Rogers & Holmbeck, 1997) and economic stress (Mayhew & Lempers, 1998). Such family characteristics affect parental emotional well-being and increase the possibility of negative parenting practices which have been found to be correlated subsequently with adolescent self-esteem.

Peer Characteristics

Researchers are beginning to focus on the role that relationships with peers have in adolescent emotional well-being. Studies with younger children have demonstrated the potentially devastating effects of peer rejection and social isolation on emotional well-being, as well as the potentially buffering effects of having a friend on the well-being of peer-rejected children. Research on the impacts of adolescent-peer relationships on emotional well-being is relatively scarce, however. Some recent work has found that positive peer relationships are associated with emotional well-being (Keefe & Berndt, 1996). Most of this work also suggests that peer relationships have a relatively weaker influence on well-being than do relationships with parents, although positive peer relationships can in some cases moderate the negative effects of poor relationships with parents (e.g. Call & Mortimer, 2001; Gauze, Bukowski, Aquan-Assee, & Sippola, 1996). Other studies suggest that characteristics of peer relationships may be more strongly associated with measures of problem behaviors than with measures of emotional well-being (Eccles, Early, Frasier, Belansky, & McCarthy, 1997). Thus, results to date do not present a strong case for characteristics of peer relationships as antecedents of adolescent emotional well-being.

School-Level Characteristics

Of the non-familial influences on child and adolescent outcomes, schools have been the most widely investigated. Although the majority of this work has focused on academic outcomes, including academic performance and motivation, there are findings within the literature relevant to emotional well-being as well. Such studies are consistent in finding that students' perceptions of schools and classrooms as emphasizing ability or performance goals that stress success in competition with other students are negatively associated with emotional well-being (e.g., lower self-efficacy beliefs, increased anger, anxiety, and depressive affect in school), while task mastery goals that place more emphasis on the process of learning and mastery of the materials and skills to be learned without reference to other students' accomplishments promote self-efficacy beliefs, less negative affect, and other indicators of emotional well-being (e.g. Dweck, 1991; Dweck & Leggett, 1988; Midgley, Feldlaufer, & Eccles, 1989; Roeser, Midgley, & Urdan, 1996; Ryan, Stiller, & Lynch, 1994). Other school-related factors that have been found to be associated with adolescents' emotional well-being within the school setting include perceptions of negative treatment in school due to gender and due to race or ethnicity, and perceptions of the quality of teacher-student relationships (Roeser, et al., 1998).

Neighborhood and Community Influences

There is little research that directly assesses the relationship of neighborhood and community influences with adolescents' emotional well-being. Some studies have suggested that negative neighborhood characteristics such as high unemployment levels, poverty, crime and lack of resources are associated with low levels of self-esteem and increased psychological distress among adolescents (Taylor, 2000). Other studies looking at the effects of being employed have found negative effects on self-esteem (Patton & Noller, 1984), although other studies have not found associations between employment and self-esteem (Patterson, 1997). There is also some work suggesting that positive relationships with adult supervisors in work settings may have a

positive effect on adolescents with more troubled relationships with parents (Call & Mortimer, 2001). Much work remains to be done in this area, however.

Interventions to Enhance Emotional Well-Being

Emotional well-being is not a frequent central focus of prevention and intervention programs, although some interventions target improving emotion understanding as an important precursor to increasing social competence and violence prevention (e.g. Zins, 2001; Zins, Travis, & Freppon, 1997). Measures of aspects of emotional well-being, such as self-esteem and depression, are sometimes included in program evaluations, but often in a rather atheoretical manner. Coping, however, has been specifically targeted by a few interventions. Evaluations of these interventions suggest that teaching stress management techniques to adolescents can improve adolescent coping strategies (Compas, 1993; Compas et al., 1991).

Early findings from school reform initiatives designed to increase students' perceptions of autonomy and perceptions of support from teachers and other adults within the school setting are also beginning to indicate that such changes can increase adolescent emotional well-being, including maintenance of self-esteem during transitional periods (such as the transition from middle school to high school) during which students' self-esteem tends to decrease (Felner & Adan, 1988).

Summary

Before discussing the conclusions that can be drawn from the numerous studies in this report, it is important to remember that the research, overall, has several methodological limitations. Most use a correlational design and only some used data collected over time. Therefore, all implications should be read with caution. Noting these limitations, studies of emotional well-being in adolescence have found:

- Measures of emotional well-being tend to be correlated with each other, suggesting that interventions targeted at improving one aspect of emotional well-being (e.g., global self-esteem, domain-specific perceived competence, positive and negative affectivity, coping) may have additional positive effects as well.
- Adolescent emotional well-being is associated with characteristics of adolescents' environments, including parent and family characteristics, school characteristics, and neighborhood and community characteristics. Associations have been found consistently between adolescents' emotional well-being and positive environments (including family and school environments) that are emotionally positive and warm, and that provide support for adolescent autonomy. Some work has suggested that positive experiences in one social domain (i.e., family, peers, school, work) may partly ameliorate the negative effect of negative relationships within other domains.
- Positive changes in emotional well-being can be promoted by changes in the environment—particularly changes that enhance adolescents' perceptions of emotional acceptance and autonomy support. More speculatively, interventions designed to improve functioning in one

social domain may positively affect emotional well-being even when other domains remain relatively unchanged.