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The relation between attachment styles and self-esteem in adolescents

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Abstract. Adolescence is a unique period in the life of an individual who goes through certain changes and acquires different experiences that help him on his way to adulthood. During this period, young people form their personality, behavior and have a different view of the things around them. There are also different concepts that influence their development and implicitly their maturation. In the present study the two concepts that we have chosen to analyze in this period of adolescence are self-esteem and attachment. Self-esteem that influences the opinions of young people in several aspects of their lives and attachment that is formed in the first year of life and that affects relationships and the way in which they attach themselves to people depending on the type of attachment prevailing. The motivation for choosing the subject started from the idea that a type of attachment that has a great influence in an individual's life on how they form relationships throughout their lives can also have an influence on self-esteem that spans several aspects of an individual's life. They have specific characteristics for each type of attachment and level of self-esteem. The purpose of the study is to see if there is a relationship between attachment type and self-esteem and if self-esteem is influenced during the teenage period by the attachment that young people hold.

Keywords. relationship, attachment, style, self-esteem, teenagers

1. Adolescence – general aspects

1.1. Definition of the teenage period

Adolescence is seen as the period of life that represents the transition from childhood to adulthood and adult life respectively. During this period, most of a person's biological, cognitive, psychological and social characteristics change in an interdependent manner from what is considered childish to what is considered an adult. (Lerner et al, 2010). Although it is said that adolescence is a period of great changes, there are several ways to characterize changes in adolescence. In one perspective, the developmental events of adolescence represent a "step" to adulthood. Hormonal levels, cognitive ability and social experiences change during adolescence from childhood to adult forms. Once transformed, these factors stabilize for much of adulthood. In

this view, adolescence is a portal to adulthood, and adjustment during this period represents adaptation to the change from child to adult that takes place (Rosenblum&Lewis, 2003).

The period of adolescence is a process in which physical, mental, emotional, social, cultural, moral, professional, self-esteem-related and identity-related developments occur (Yilmazer, 2013 apud Özdemir et al, 2016). The early vision of adolescence was that it is a moment of emotional turmoil through: conflicts with parents, mood and antisocial behavior. Hall considered adolescence to be a new birth because it was during this period that the higher and more completely human traits were born. Anna Freud believed that adolescence has a biological basis and stated that "To be normal during adolescence is in itself abnormal" (Hall, 1904, Freud, 1958, p. 267 apud Hardman et al, 2013). With adolescence comes puberty. It involves a series of biological events that lead to an adult body size and sexual maturity. Puberty is set in motion with the help of sex hormones, androgens and estrogens (Hardman et al, 2013). Although they are not exactly the same, adolescence and puberty can be used interchangeably. Adolescence involves the psychosocial development of children, while puberty involves their physical and sexual development (Özdemir et al, 2016).

From a developmental perspective, adolescence is both an interesting and a challenging process. On the physical level, the adolescents' bodies mature, in the cognitive plane they begin to think and see the world in new and different ways and on the social level, the change of relationships with family, colleagues and friends intervenes, and the latter have an important role in shaping their experiences. Regarding the developmental process of adolescence, a factor to be taken into account is the cultural one, so that a development that is considered normal and healthy in one culture can be viewed in another way through the prism of another culture. For example, a young Asian who begins to question the values of his parents may be viewed differently by Western cultures than by Eastern ones. Western culture may regard this movement as a healthy and normal emotional development, while Oriental culture may find it dangerous and pathological. The experience of adolescence, how long it lasts and its impact on further development and well-being are influenced by the way a particular society thinks about young people, by the demands and pressure it puts on them, and by what rights and opportunities it offers them as they make their journey into adulthood (Hazen et al 2008; Hardman et al, 2013). Although it was considered by some authors that adolescence is a very tumultuous and stressful period, Steinberg & Morris believed that most adolescents face the challenges of this period without developing social, emotional difficulties or serious behaviors (2001).

1.2. Puberty and physical development in adolescence

From a biological perspective, the beginning of adolescence is marked by the onset of puberty. Physical changes in puberty are triggered by increased sensitivity to various hormones that lead to increased release of androgens and estrogens. Hormonal changes cause a process of rapid physical changes in height, weight, body shape and genital development (Hazen et al 2008). Puberty is a dynamic and continuous process until the end of adolescence, this development is affected by various genetic and environmental factors such as: nutrition, living conditions, socio-economic conditions, geographical conditions, etc. (Okuyay & Ergin, 2012 apud Özdemir, 2016). Puberty is a period of extraordinary growth, usually it occurs from the age of 11 in girls and 13 years in boys, although there may be considerable individual variations (Gowers, 2005). This

includes the development of primary sexual characteristics: ovaries, testicles and the development of secondary sexual characteristics: pubic hair growth, genital and breast development. In general, the development of secondary sexual characteristics begins in girls with breast development followed by the development of pubic hair, while boys begin genital growth with an increase in testicular volume followed by the appearance of pubic hair. Girls tend to mature physically earlier than boys by about 18-24 months (Susman & Dorn, 2012). Around the age of 12-13, girls experience their first menstruation, they generally have discussions about menstruation with their mother or another confidant (Hardman et al, 2013; Gowers, 2005).

Puberty is experienced very differently between the sexes. Especially in girls, pubertal onset does not give them some social prestige so girls who develop earlier are not popular among their female peers and are more likely to mingle with older teenagers. In contrast, boys who develop earlier are perceived more positively by peers and develop a better self-image, those who develop later are less popular among peers and adults (Gowers, 2005). The changes of this period offer adolescents a new body, a new personality and a new identity. The way they go through during this period positively or negatively affects their outlook on life. Adolescence is a dynamic period in which physical, cognitive and social developments take place, but although adolescents appear as adults during this period they do not have the ability to think and behave like an adult (Özdemir et al, 2016).

1.3.Cognitive development in adolescence

The term "cognitive" is used to refer to those aspects of the mind related to the acquisition, modification and manipulation of knowledge in particular contexts (Bjorklund, 1999 apud Byrnes, 2003). As children enter adolescence and go through this period, they face many challenges and opportunities that can lead to improved social, emotional and intellectual skills, but if adolescents do not have access to important resources, little progress is made (Byrnes, 2003). Much of the modern thinking about cognitive development in adolescence has its roots in the work of Jean Piaget (1896-1980). According to Piaget, adolescence marks a transition from the concrete methods of solving problems during the concrete operational stage characteristic of younger children, to a greater capacity of abstraction and flexible solving of the problems that characterize the formal operations. In the formal operational stage, usually defined as from the age of 11, the adolescent develops the ability to think hypothetically and to generalize from empirical observations and to develop abstract concepts that serve to guide future decision-making (apud Hazen et al, 2008). Piaget helps psychologists understand the cognitive development of adolescents by focusing attention on what may or may not be understood during adolescence, namely, he argues that adolescents build their own cognitive worlds. They are affected by the physical development of their brain but are aware of the information they receive from the environment. The cognitive development of adolescents develops from feeling and observing in childhood, to the representation of the world with images, drawings or words between ages 2 – 7 years, to a period of being able to think concretely about phenomena between ages 7 to 11 years to the adolescents' ability to apply what they have acquired, to think logically and to interpret abstract concepts. In general, this last stage takes place between 11 and 15 years (Hardman et al, 2013). Adolescents' reasoning and decision-making skills are increasing, however, they are more likely to engage in risky behaviors, which calls into question their decision-making skills and how advanced they are. The image of

cognitive development in adolescents is mixed so that there are important advances but also certain limitations remaining (Wigfield et al, 2005).

1.4. Emotional development in adolescence

During adolescence, young people experience for the first time the chemistry of the body, the knowledge and the physique of an adult. Changes in cognitive and bodily state first occur in adolescence then persist in adulthood. The novelty of these phenomena and the inexperience of adolescents when they appear for the first time make the adolescent experience unique and different from that of adults (Rosenblum & Lewis, 2003). Lewis and Brooks-Gunn have researched the emergence and development of emotions in childhood so that these previous developments have created the basis for emotional life as young people enter their teenage years. In the first year of life, infants develop and express the six main emotions: interest, joy, disgust, sadness, anger and fear. As children go through different stages, more complex emotions such as pride, embarrassment or shame appear (apud Rosenblum & Lewis, 2003). Emotional development during adolescence involves the feeling of realistic and coherent identity in the context of relating to others, coping with stress and managing emotions. Erikson (1968) believed that identity establishment was a primary process during adolescence and that they have the cognitive ability to consciously sort out who they are and what makes them unique. In time, however, it has been found that the formation of identity does not begin and does not end during adolescence. Identity includes two concepts: self-concept and self-esteem. The concept of self represents the set of beliefs that a teenager has about himself, it can include beliefs about one's attributes, for example: intelligent, short; roles and objectives, the career you want or interests, values and beliefs, religious or political. Self-esteem is the assessment of how one feels about the concept of self, how much we approve of the self perceived as a whole. It develops uniquely for every teenager and there are many different parts of self-esteem that may be possible throughout adolescence (apud American Psychological Association, 2002.)

Dr. Deborah Yurgelun-Todd compared magnetic resonance images of adults and adolescents to demonstrate how cognitive development does not occur simultaneously with emotional development in adolescents. Unlike the adult brain, where the limbic area of the brain, which is the center of emotion, as well as the prefrontal cortex, which is the center of judgment and reasoning, show changes when viewing images that express fear, in the adolescent's brain after seeing the same images, there were changes only in the limbic area of the brain and no change or activity in the area of the prefrontal cortex. This emotional-cognitive asynchrony can result in adolescents misinterpreting the feelings and emotions of others (apud Sanders, 2013). The emotional experiences that adolescents experience from one moment to another are limited during development, but the emotional abilities developed during adolescence are considered to be persistent until adulthood where they are a fundamental element for the proper emotional functioning of adults (Rosenblum & Lewis, 2003).

1.5. Psychosocial development in adolescence

The psychosocial development that takes place during this period can be characterized as developmental tasks that emphasize the development of autonomy, the establishment of identity and the future orientation. The first stage of adolescence development is the establishment of

autonomy and occurs when the adolescent strives to become emotionally and economically independent of his parents. It begins during early adolescence between the ages of 12 and 14 and is characterized by the formation of groups of people of the same sex, with little interest in family activities and parental advice. During this time, adolescents become concerned about how they appear for others and the group is becoming more and more important having a strong influence on the adolescent's development (Sanders, 2013). Groups can be both positive and negative influences, they have the role of satisfying adolescents' need for identity formation, belonging, self-esteem and information. Harry Sullivan is the one who researched and focused on the nature and importance of friendship for teenagers so that he believes that people need social acceptance, intimacy, tenderness and friendship teaches young people the skills to support them in a long-term commitment such as relationships. Sullivan says the need for intimacy and sharing private thoughts intensifies during adolescence, which makes young people look for close and trusted friends (apud Hardman et al, 2013).

In the second stage, the teenager begins to search for a new identity by involving the group. The new emotional connections with the group fill the psychological void left by the abandonment of childhood dependence on parents, adolescents participate in various group activities that strengthen the feeling of separation and facilitate emotional separation from parents. Adolescents can change their fashion style, hairstyle, behavior in order to integrate into the group of friends and to differentiate themselves from their parents and other adults (Koroluk, 2017). Identity development is a process that continues into adulthood and the teenager tries to decide who he is or wants to become, Erikson called this concept an "identity crisis" (apud Gowers, 2005). The last stage of psychosocial development of adolescents is the capacity of future orientation that usually occurs in late adolescence between the ages of 18 and 21. Young people have gained the cognitive maturity necessary to develop realistic goals related to their vocation or future career, have developed a sense of self-identity, are independent and expect to be treated as adults (Sanders, 2013).

2. Attachment theory

Attachment theory focuses on the notion that emotionally responsive care, including love and care from the primary caregiver, is essential for healthy and normal development. John Bowlby, the founder of attachment theory, used the term "attachment" to describe the emotional connection between the infant and the primary caregiver through the pattern of interaction that evolves over time. He was among the first to notice the negated effect of the lives of poor families and the lack of consistent care on the development of young children. As a result of his work with hospitalized and homeless children in the 1940s, he suggested that for a child to be able to develop normally and healthy, it is necessary for him to have a close, warm and consistent relationship with his mother or another permanent caregiver (apud Roth-Hanania & Davidov, 2004). The purpose of this theory is to explain the role that several close relationships throughout life play in promoting healthy development and adaptation. Mary Ainsworth, Bowlby's collaborator, laid the groundwork for attachment research, demonstrating how the child forms an attachment bond with the caregiver in the first 12 months of life. This bond is established by the age of 1 year and infants show its importance through sadness when separated from the caregiver and through joy at reunification (apud Kobak & Madsen, 2011). The main function of the attachment system during childhood is

to maximize the safety and protection of the developing infant. Infants are predisposed to emit behaviors that promote closeness to caregivers especially during periods of suffering, this in turn giving the infant protection and safety (Bowlby, 1969/1982 apud McElhaney et al, 2009). Over time, infants develop cognitive representations of their relationships with others based on their own experiences of attachment. These representations are known as "internal working patterns", they continue to develop and are modified by the experiences of other close relationships throughout childhood and adulthood. Bowlby and other theoreticians argue that the ways in which adult individuals form close and intimate bonds with other individuals are influenced by the patterns of relationships with primary caregivers established in childhood. This is the fundamental principle of attachment theory, namely that the security or lack thereof, experienced in the child-parent relationship, forms a template for the model of interpersonal relationships that the child experiences throughout life (Bowlby, 1977; Shneider et al., 2001 apud Wilkinson & Parry, 2004). Bowlby believes that the attachment bond becomes a "connected partnership of goals" and is essential to understanding how adolescents maintain and reengabit their attachment relationships. This phase of the attachment relationship begins in early childhood and continues through adolescence and adulthood. The transition to this phase is based on the child's growing cognitive and linguistic capabilities and fundamentally changes the way the child monitors access to his caregiver and the way in which the attachment relationship is maintained (Kobak & Madsen, 2011). Thus, the increase in cognitive, emotional and behavioral maturity during adolescence dictates that young people are less likely to experience conditions that activate their need for a caregiver (McElhaney et al, 2009). In adolescence, as young people gain autonomy, they are increasingly able to take risks and make decisions in contexts that are not supervised by their parents or other adults. The role of the parent as an attachment figure is based on his ability to monitor the whereabouts of the adolescent and to detect potential engagement in dangerous or problematic activities. Monitoring the activities, safety and well-being of the child becomes a primary aspect of the role of the caregiver during adolescence. In relationships that work well, communication is open and the parent rarely has to intervene directly in the adolescent's activities or decision-making (Kobak & Madsen, 2011).

Attachment relationships play an important role throughout the life cycle. Although the behavioral markers specific to attachment change, their function remains the same. During needs, infants, older children and adults seek comfort and support from significant others who are considered more able to cope with these situations. As individuals mature, new attachments are formed, but early attachment relationships remain important because they are believed to have an effect on subsequent behavior and close relationships (Roth-Hananiah & Davidov, 2004). As several researchers have analyzed, it is considered that adolescence is an important period from the perspective of attachment theory so that the capacities that develop in adolescence promote the progressive consolidation of the internal working patterns of attachment and their integration with concrete interpersonal experiences. The increasing interest and participation of adolescents in romantic relationships lay the foundations for the transformation in the attachment system, namely the transition from the unilateral search for security from parents to the mutual search and ensuring the security of romantic partners (Diamond & Fagundes, 2008).

3. Self-esteem

3.1. Definition of the concept

The concept of self-esteem is pervasive in contemporary life, it is a general assessment of the dignity of the individual expressed through a positive or negative orientation towards him. Interest in self-esteem began to develop steadily in the 1970s because of research suggesting that low self-esteem is linked to various social problems such as unemployment, drug abuse, failure and violence. In 1980, the California Task Force conducted a "self-esteem movement" to promote self-esteem and personal and social responsibilities, which focused on California citizens in the hope that this would reduce the social problems affecting the state at the time (Jordan et al, 2015). Rosenberg (1965) is among the first researchers in this field to assert that self-esteem refers to a positive overall assessment of the self and that high self-esteem lies in the fact that an individual respects himself and considers himself worthy. Sedikides and Gress consider that self-esteem refers to the individual's perception or the underlying assessment of one's own self-worth, the feelings of self-esteem and self-confidence and the extent to which the individual holds positive or negative conceptions of oneself. Self-esteem is considered to be related to personal beliefs about skills, abilities and social relationships (apud Ahmed, 2016). Harter (1999) considered that self-esteem is the degree to which an individual evaluates positively or negatively, often including comparing oneself with others. Individuals can evaluate themselves differently in different areas and the influence that each field has on self-esteem depends on how important this area is for the individual. For example, while the individual positively evaluates their academic performance, they can negatively assess their physical appearance. Decreased self-esteem is considered to develop when an individual is considered unsuccessful or incompetent in a valuable area of life (apud Schreck & Conelea, 2018). William James (1890) suggests that global self-esteem reflects an average of specific self-assessments, moderated by their subjective importance to the individual, also self-assessments specific to different fields are influenced in turn by global self-esteem. Thus, individuals with a higher self-esteem see their specific attributes more positively, partly because of their own self-level. In turn, self-esteem is distinguished from the concept of self in that it is usually regarded as reflecting self-feelings and not self-knowledge that is represented by the concept of self (apud Jordan et al, 2015). Self-esteem theorists have suggested the idea that self-esteem is a dynamic and changing construct. William James (1983) regarded self-esteem as the ratio of one's own claims to successes so that in order to increase self-esteem, successes must increase or claims must decrease. Rosenberg asserted that self-esteem is a positive assessment of the self, thus, by combining the perspectives of the two theorists one can come to the idea that a positive assessment of the self results from being more successful than expected, while a negative evaluation comes from having fewer successes than one expected. The conclusion of this idea is that self-esteem is not constant over time, but is dynamic and changes according to one's successes and expectations. Thus, a person with a high self-esteem, who is successful in life but who can be suddenly dismissed from work will experience a decrease in self-esteem and will rehabilitate himself after finding a new job (apud Baldwin & Hoffmann, 2002). Self-esteem is associated with two of the traits of the Big Five, namely extraversion and neuroticism. Extraversion is defined by a higher degree of sociability, assertiveness and conversation, while neuroticism refers to the degree of emotional stability, impulse control and anxiety (Miller, 1991 apud Komarraju et al., 2011). Individuals with a high self-esteem tend to have low scores in neuroticism and high in extraversion as opposed to

those with low self-esteem. Individuals with low self-esteem are more sensitive to rejection, may have an anxious attachment, depression and social anxiety (Wood & et al., 2015 apud Wood & Forest, 2016). According to several opinions, it was believed that high self-esteem leads to success in life, while low self-esteem leads to juvenile delinquency, drug use, crime and low achievements. Baumeister and his collaborators (2003) analyzed self-esteem research and did not support this idea, concluding that self-esteem does not predict these results and the evidence they analyzed suggested that a low self-esteem is as likely to be successful academically and professionally as a high self-esteem. Also, individuals with low self-esteem are no more likely than those with high self-esteem to be criminals or drug users (apud Wood & Forest, 2016). Brown, Dutton and Cook (2001) observed three ways in which the term self-esteem is used, namely global self-esteem, self-assessment and feelings of self-worth (apud Ahmed, 2016).

The concept of self-esteem is most commonly used to refer to how people feel characteristically about themselves. Many psychologists call this form of self-esteem, global self-esteem, because it is relatively sustainable both in situations and in time (Brown et al, 2001). It refers to a positive or negative orientation towards oneself and an attitude of approval or disapproval. A high self-esteem is characterized by a strong generalized placher and self-esteem while a low self-esteem is characterized by feeling positive, mixed or ambivalent environments towards oneself, or in extreme cases, by antipathy towards oneself (Rosenberg, 1965 apud Brown, 2014). Certain researchers, including Coopersmith, 1965; Crocker & Park, 2004 adopted a cognitive approach and assumed that global self-esteem is a decision that people make about their value as a person. While Brown & Marshall, 2001, 2002 considered that emotional processes underlie self-esteem and define it as a sense of affection for oneself that is not derived from rational processes and judgment. Although each of the researchers of self-esteem has formed their own opinion about this concept, over time it has been proven that global self-esteem is stable throughout maturity having a genetic component related to temperament and neurotism (apud Brown& Marshall, 2006).

Self-assessment differs from overall self-esteem in many respects, they are less comprehensive than overall feelings of personal worth and tend to be more malleable and sensitive to variations in external circumstances (Brown, 2014). The second way in which self-esteem is used is about how people evaluate their various skills and attributes. For example, a person who doubts his or her ability at school may have an increased academic self-esteem and a person who thinks he is good at sports may have a high athletic self-esteem. This mode of self-esteem is referred to as self-assessment because it refers to the way in which people evaluate their abilities and personality characteristics or physical attributes. Thus, a person may have different levels of self-esteem in different areas (Brown& Marshall, 2006).

The third way in which self-esteem is used refers to temporary emotional statures, especially those that arise from a positive or negative outcome, people refer to these feelings when talking about things or experiences that strengthen them or threaten their self-esteem. William James (1890) defined these emotional states as feelings of self or self-worth, which follows that on the positive side we can be proud or satisfied with ourselves, while on the negative side we can feel ashamed or humiliated (apud Brown et al, 2001). The difference between global self-esteem and feelings of self-worth is that global self-esteem persists while feelings of self-worth are only momentary and temporary (Brown& Marshall, 2006).

3.2. Development of self-esteem in adolescents

Adolescence is a crucial and critical period in the development of the individual, it is the transition period between childhood and adulthood and the esteem plays an important role for development during this period (Minev et al, 2018). Harter (1999) stated that self-esteem in adolescence is multidimensional, complex and multifacet in its basic structure. DuBois believes that to describe self-esteem in adolescents it is not enough to know how a teenager feels about himself but if he is satisfied with himself and in other specific areas such as academic performance relationships, physical appearance etc. (apud DuBois, 2003). Santrock (1986) noted that during adolescence there is an increase in self-awareness that makes adolescents understand the concept of self much better, but this understanding is not fixed but changes as young people face different life experiences (apud Baldwin&Hoffmann, 2002). Self-esteem is a fundamental component of self-awareness and therefore occupies a key place in the structure of young adolescents because it is related to mental health and the definition of life objects. The processes related to the formation and development of self-esteem determine the connection of the relationship between the adolescent and the surrounding world, contribute to the development of their competence and the quality of the activities carried out (Minev et al, 2018). The formation of self-esteem involves a long process and is correlated with the formation of self-image and self-awareness. Its evolution also presents periods of fall especially in the transition from one stage to another, for example in adolescence due to psychosomatic changes or at a higher age when there is a change of responsibilities, status, tasks or even retirement. The affective model of the development of self-esteem implies the idea that self-esteem is formed at the beginning of life in response to relational and temperamental factors and once formed it gives people the ability to promote, protect and restore feelings of self-worth (Ahmed, 2016). For many adolescents, feelings of self-worth can come from the successes they have in school or at various extracurricular activities, as well as from age-appropriate models of conduct, which generate positive validation from parents, colleagues and other important people in their lives, for example teachers. To the extent that experiences in these areas become established as viable routes of self-esteem, adolescents may actively seek to continue them through additional efforts to demonstrate competence and maintain positive relationships with others (DuBois, 2003). Huang's view (2010) about global self-esteem was that it can change when people go through changes in their lives and that global self-esteem can increase when people manage to cope with the developmental challenges of maturation and environmental changes in adolescence. According to the theory of self-determination, global self-esteem develops as a result of meeting three fundamental needs, namely, autonomy, competence and relationship. The satisfaction of these needs depends on a supportive environment that provides the appropriate opportunities, so for adolescents the support offered by significant others can be high and stable during adolescence in order to meet those needs. However, some adolescents may not receive the support they need, thus preventing them from facing developmental challenges in an appropriate way (apud Birkeland et al, 2012). Also, Harter (2006) proposed the idea that self-esteem decreases when passing into adolescence due to pubertal changes and a stronger emphasis on social comparison, returning that in middle adolescence self-esteem to reach a normal level with the help of increasing personal autonomy, the sense of control and greater possibilities in choosing friends, peer groups and activities that match the adolescent's personality (apud Orth et al, 2018). It has been proven that high self-esteem is associated with better results in mental health, i.e. a better

ability of the individual to cope with obstacles also has a lower incidence of depression in both adolescents and adults (Shamir, 1986; Kaplan et al 1983 apud Birndorf et al, 2005). Adolescents have different levels of self-esteem and can be influenced by factors such as gender, ethnicity and social class, just as they may have different levels of self-esteem in different areas. Research that has addressed gender differences in self-esteem suggests that male adolescents have a higher esteem than the female sex, since in adolescence a great emphasis is placed on the physical attractiveness of which many teenage girls consider that they lack. Boys' self-esteem can be affected by conflicting social messages. In terms of ethnicity, the available evidence suggests that black people have a much higher esteem during adolescence and young age, and from a social point of view middle and upper class adolescents have a higher esteem than working-class adolescents. The explanation for this is due to the fact that young people with higher socio-economic status have greater resources and can have advantages in more fields than the less wealthy (Act for Youth Center of Excellence, 2003; Erol&Orth, 2011). Another area where it was considered that the self-esteem of adolescents influences is the school performance, since it was believed that a high self-esteem determines the adolescents to do well at school. Although there were several good reasons for this, such as that high self-esteem causes adolescents to take on and learn from school experiences rather than avoiding them and after a failure to be more motivated to improve their performance, research that has measured self-esteem and school performance in adolescents over longer periods of time has concluded that it has very little impact, or not at all on school performance. Thus, a high self-esteem tends to be a result than a determining factor of a good performance and what influences adolescents to have good results are the positive opinions about themselves, for example a teenager who thinks that he is good at a subject, will have good results in that matter (Thomaes et al, 2011).

As for the levels of self-esteem, high self-esteem refers to an extremely favorable overall assessment of the self, to a correct, justified and balanced appreciation of one's worth and of one's own successes, but a high self-esteem also has a negative side that can refer to an arrogant feeling, grandiose, unjustified of superiority over others (Baumeister et al, 2003). Adolescents with a high self-esteem approach new situations positively, have a high level of tolerance for frustration and stress, manage to have good self-control and communicate positive feelings about themselves (Lavoie, 2012 apud Ahmed, 2016). Various researches have suggested that self-esteem is correlated with each of the Big Five traits so that people with a high self-esteem tend to be emotionally stable, extroverted, conscientious and open to experience. They also tend to be more sociable, receive more social support and experience less stress (Robins et al, 2001; Potter&Gosling, 2001; Watson et al 2002 apud Orth et al, 2018). Baumeister, Smart and Boden (1996) stated that in addition to the positive sides of self-esteem there is also a negative side, calling it the dark side of self-esteem. They suggest that people with high levels of self-esteem may be conceited, arrogant or occasionally narcissistic. Some authors consider narcissism to be an extreme form of self-esteem, so narcissists see themselves as the center of the universe that only talks about what has to do with them (apud Ahmed, 2016). Also, narcissists do not have the desire to establish deep and intimate connections with others, rather, their goal is to overcome others, dominate them and use them to achieve their own goal. When they receive the desired admiration and respect, they feel at the top of the world and when they do not, the feelings of shame externalize them through aggression. Individuals with high self-esteem and not taken to the extreme do not want to overcome others or use them for their

own good but want to establish deep and intimate connections with others (Brummelman et al, 2016).

In terms of low self-esteem, it has been associated with a number of psychological, physical and social consequences that can negatively influence the adolescent's development and its transition to adulthood including depression, anxiety, suicide, violent behaviors and substance and alcohol use (McClure et al, 2010). People with low self-esteem suffer from feelings of worthlessness, inferiority and emotional instability leading to dissatisfaction with life. They also have a negative vision and attitude towards many things, including individuals and personal circumstances (Ha, 2006 apud Ahmed, 2016). Those with a low self-esteem feel insignificant to others and the lack of affection and attention from others amplifies this feeling. They consider themselves incompetent in different areas or fields and perceive others as being much stronger and capable than them, thus resulting in ineffective communications and social conflicts that lead to a decrease in self-esteem. To cushion emotional discomfort and escape into a world that allows them temporary release from suffering and problems, people with low self-esteem often tend to resort to social networks in an effort to show a different picture of themselves (Echeburúa, 2013). The decrease in self-esteem is frequently correlated with psychiatric disorders, a low self-esteem is considered to be an etiological factor in many psychiatric conditions but also in suicidal individuals. Silverstone and Salsali (2003) with 957 psychiatric patients found that they all suffer from a certain degree of decrease in self-esteem, and the lowest self-esteem was found in patients with major depressive disorders, eating disorders and substance abuse (apud Ahmed, 2016).

4. Research methodology

4.1. Objectives

The main objective of this research is to identify if there is a relationship between the types of attachment and self-esteem in young adolescents aged 15-19 years, high school students.

The second objective is to identify the relationship between self-esteem and the traits of the Big Five personality.

Identifying the relationship between self-esteem and the type of anxious attachment.

Identify the relationship between self-esteem and the type of secure attachment.

Identifying the relationship between self-esteem and the type of avoidant attachment.

Identifying the relationship between self-esteem and emotional stability.

Identifying the relationship between self-esteem and autonomy.

4.2. Assumptions

1. It is presumed that there is a negative correlation between the type of anxious attachment and self-esteem.

2. It is presumed that there is a positive correlation between the type of secure attachment and self-esteem.

3. It is presumed that there is a negative correlation between the type of avoidant attachment and self-esteem.

4. It is presumed that there is a positive correlation between adolescents' self-esteem and emotional stability.

5. It is presumed that there is a positive correlation between self-esteem and autonomy of adolescents.

4.3. Study participants

The sample was composed of 68 subjects, students in grades IX-XII aged between 15 and 19 years. The participants come from the urban area from two high schools in Constanta County. They were divided into two groups, namely, 30 subjects being students of the Theoretical High School "Decebal" Constanta with the real profile and 38 subjects, students of the Theoretical High School "George Călinescu" Constanta with the human profile. Each participant volunteered to complete the questionnaires.

4.4. Instruments used

The tools we used were:

- Collins&Read Questionnaire (1990) for attachment detection (AAS, Adult Attachment Scale)
- The Unconditional Self Acceptance Questionnaire (USAQ) for measuring the esteem of
- Five-Factor Personality Inventory (FFPI) for big five personality traits

5. Research results

Assumption 1. It is presumed that there is a negative correlation between the type of anxious attachment and self-esteem.

Table 5.2. Calculation of the normality test

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic al	Df	Sig.	Statistic al	Df	Sig.
Self-esteem	,125	68	,010	,958	68	,021
Anxious attachment	,093	68	,200*	,983	68	,491

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

It is found that the self esteem variable has a non-normal distribution, sig. < 0.05 which leads us to the application of a nonparametric method of hypothesis verification.

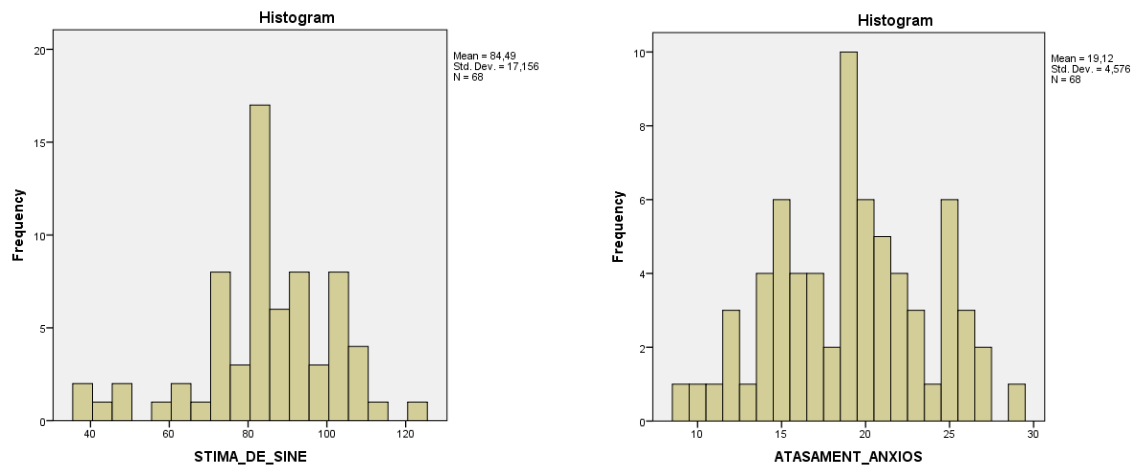


Figure 1. Histogram of self-esteem Figure 2. Histogram of anxious attachment

Table 1. Calculation of the correlation between self-esteem and anxious attachment

		Self-esteem	Anxious attachment
Spearman's rho	Self-esteem	1,000	-,539**
	Correlation Coefficient	.	,000
	Sig. (2-tailed)	68	68
Anxious attachment	Correlation Coefficient	-,539**	1,000
	Sig. (2-tailed)	,000	.
	N	68	68

** . Correlation is significant at the 0.01 level (2-tailed).

From the analysis of the correlation table results the existence of a correlation coefficient $r = -0.539$ statistically significant at a materiality threshold $p = 0.000$ which shows us that the hypothesis is confirmed.

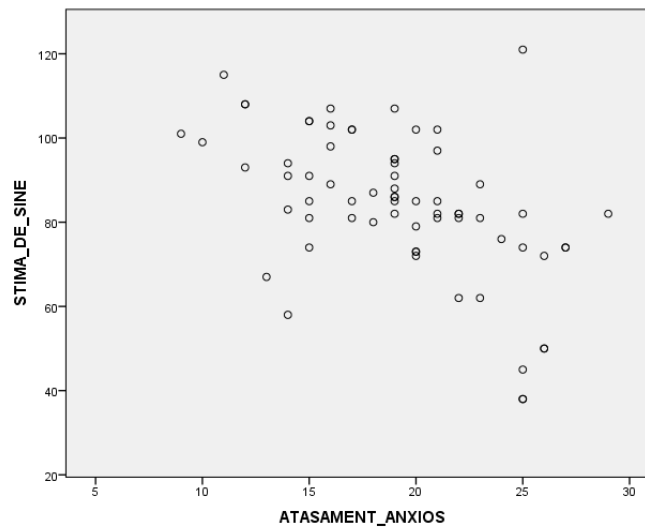


Figure 3. The point cloud of the correlation between self-esteem and anxious attachment

Dan, Bar Ilan and Kurman (2013) conducted a study researching the link between self-esteem and attachment during adolescence. It was conducted on a sample of 94 girls and 64 boys high school students in the tenth and eleventh grades aged between 15-17 years. The tools used were the Experience in the Inventory of Close Relationships (ECR, Brennan et al., 1998) for attachment and for self-esteem was used The Rosenberg Scale with 10 items (Rosenberg, 1965). The results of the study indicated that there is a negative correlation relationship between self-esteem and the type of anxious attachment and that it is associated with a low level of self-esteem (apud Dan, Bar Ilan & Kurman, 2013).

In the present study, following the analysis of statistical data, the link between the type of anxious attachment and the self-esteem indicates a negative correlation that results in the confirmation of the hypothesis and which means that when the self-esteem scores increase, the scores of the anxious attachment decrease. Attachment is the emotional connection between an infant and the primary caregiver. Once the type of attachment is formed, it persists over time and can also affect the influence of future relationships and other aspects of life. Self-esteem, on the other hand, is the assessment of an individual on one's own person, but this is a dynamic construct that spans several areas, for example, an individual may be satisfied with his academic performance but not with his physical appearance, or vice versa. The level of self-esteem can positively or negatively affect an individual's quality of life depending on whether it is high or low. In the present study, the adolescents who obtained high scores on the self-esteem variable, obtained low scores on the anxious type of attachment. Adolescents with an increased self-esteem have a positive opinion about themselves, communicate much better with close people and tend to be more sociable than people with a low self-esteem who are more withdrawn and do not have very well developed social skills. Also, adolescents with a high self-esteem tend to have healthy relationships and leave much faster when they do not feel valued.

As for the adolescents with an anxious type attachment, which belongs to the non-exhaustive category of attachment, they are predisposed to engage in risky behaviors, to present

behavioral problems and difficulties in emotional regulation. Adolescents with such an attachment consider that they are not worthy of being loved and do not have a good opinion about them, which directly leads to having a low self-esteem in certain aspects of their lives because they cannot see themselves in a positive image. At the same time, they have a constant fear that they will be abandoned by close people and remain in unhealthy relationships because of the negative opinion they have of them. Adolescents with anxious attachment are people who have a low level of self-esteem because they have a negative attitude towards themselves, end up depending on others and can be easily influenced. Thus, the adolescents in the present study who obtained high scores on the self-esteem variable have positive characteristics about themselves, including about the world around them because their relationships are much more satisfying and they are more likely to have a style of attachment from the secure category than an anxious attachment from the non-consecutive category. Therefore, as a result of the above and the statistical analysis, it results that the hypothesis is confirmed and between the anxious attachment and the self-esteem there is a negative correlation relationship.

Assumption 2. It is presumed that there is a positive correlation between the type of secure attachment and self-esteem.

Table 2. Calculation of the normality test

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic al	Df	Sig.	Statistic al	Df	Sig.
Self-esteem	,125	68	,010	,958	68	,021
Secure attachment	,144	68	,001	,961	68	,032

a. Lilliefors Significance Correction

It is found that the two variables have a non-normal distribution, which leads us to the application of a nonparametric method of hypothesis verification.

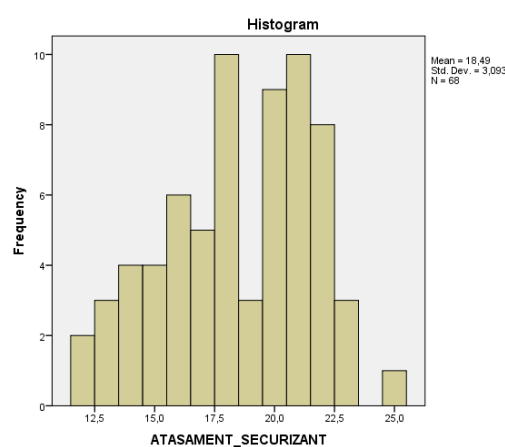
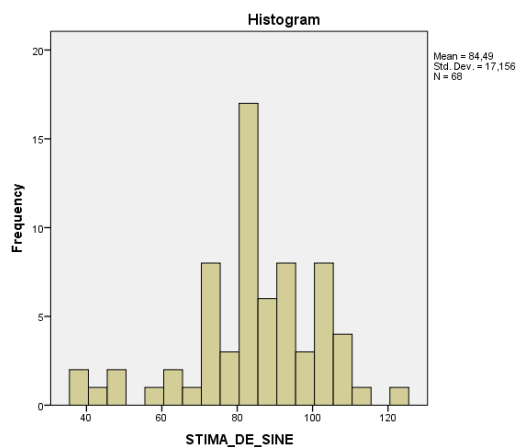


Figure 4. Histogram of self-esteem Figure 5. Histogram of the secure attachment

table 3. calculation of the correlation between self-esteem and secure attachment

		Self-esteem	Secure attachment
Self-esteem	correlation coefficient	1,000	,461 **
	sig. (2-tailed)	.	,000
	n	68	68
Secure Attachment	correlation coefficient	,461 **	1,000
	sig. (2-tailed)	,000	.
	n	68	68

** . correlation is significant at the 0.01 level (2-tailed).

From the analysis of the correlation table results the existence of a correlation coefficient $r = 0.461$ statistically significant at a materiality threshold $p = 0.000$ which shows us that the hypothesis is confirmed.

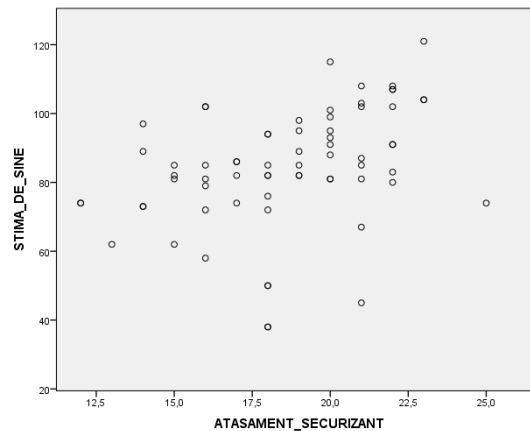


Figure 6. The points cloud of the correlation between self-esteem and secure attachment

Following the processing and interpretation of the statistical data, it turned out that the hypothesis with the number 2 is also confirmed that, between the self-esteem and the type of secure attachment, there is a positive correlation. Foster, Kernis and Goldman conducted in 2007 a study related to self-esteem and attachment types on a sample of 97 young people aged 18 years. They used the Rosenberg Scale with 10 items (SEI, Rosenberg, 1965) to measure self-esteem and the Relationship Scales Questionnaire to measure attachment (RSQ, Griffin & Bartholomew, 1994). One of the results of the study was focused on self-esteem in correlation with secure attachment which indicated that a high level of self-esteem was associated with attachment of this type. In support of the study, Mikulincer and Shaver (2005) affirm the idea that secure attachment is an important factor for a high and stable self-esteem, as self-esteem levels have positively correlated

with the characteristics of secure attachment. Thus, a high level of self-esteem is related to representations of secure attachment (apud Foster, Kernis&Goldman, 2007).

Both high-level self-esteem and secure attachment, the only one that falls into the safe category of attachment, have positive and similar characteristics on several aspects of life. Thus, the adolescents who had a healthy development and a caregiver receptive and attentive to their needs in the first year of life developed this secure attachment style. They are also more likely to have an increased level of self-esteem and a more positive self-image. Adolescents with a secure attachment are more open and communicate more effectively with close people, they are described as warm and loving, they trust themselves and the people around them and they do not think that they are not loved or that they can be abandoned. They also have more satisfying relationships than those with nonsecure attachments and resolve their conflicts much faster. At the same time, a high self-esteem has positive characteristics on several aspects of life just like the secure attachment, adolescents are much more sociable, make friends much easier and communicate more openly with the people around them. The secure attachment style helps to develop a high level of self-esteem because the characteristics of the two variables resemble each other and both attachment and self-esteem have positive characteristics that help the individual in certain aspects of life.

Thus, the adolescents in whom the secure type attachment predominates and who have obtained a high score at the self-esteem variable have a positive image of themselves, have a more positive vision of the problematic situations and throughout life they develop healthy and satisfying relationships with those around them. Hypothesis number 2 is confirmed resulting in the fact that between the secure attachment and the self-esteem there is a positive correlation and both variables have high scores.

Hypothesis 3. It is presumed that there is a negative correlation between the type of avoidant attachment and self-esteem.

Table 4. Calculation of the normality test

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic al	Df	Sig.	Statistic al	Df	Sig.
Self-esteem	,125	68	,010	,958	68	,021
Avoidant attachment	,116	68	,023	,972	68	,135

a. Lilliefors Significance Correction

The two variables have a sig. < 0.05 which shows that the distribution is non-normal and we will have to apply a nonparametric method of hypothesis verification.

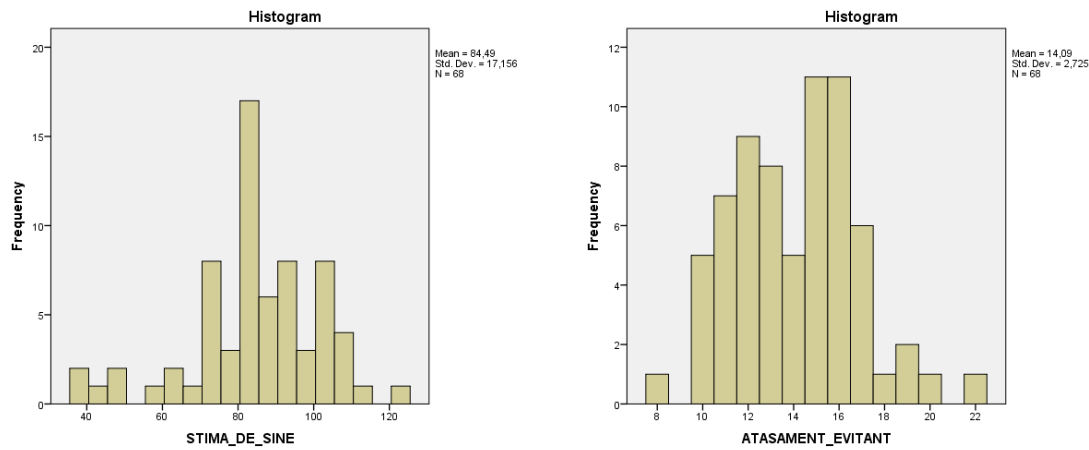


Figure 7. Histogram of self-esteem Figure 8. Histogram of avoidant attachment

Table 5. Calculation of the correlation between self-esteem and avoidant attachment

		Self-esteem	Avoidant attachment
spearman's rho	Self-esteem	1,000	,552**
	correlation coefficient	.	,000
	sig. (2-tailed)	68	68
	n	,552**	1,000
	Avoidant attachment	,000	.
	sig. (2-tailed)	68	68

** . Correlation is significant at the 0.01 level (2-tailed).

The analysis of the correlation table results in the existence of a correlation coefficient $r=0.552$, at a materiality threshold $p=0.000$, which results that the hypothesis is confirmed.

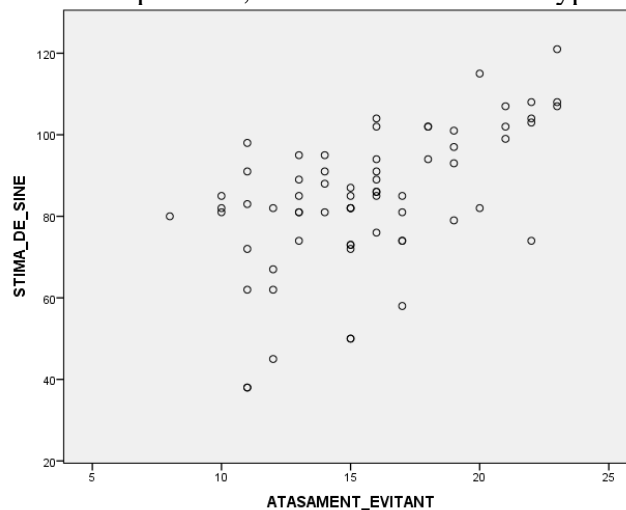


Figure 9. The points cloud of the correlation between self-esteem and avoidant attachment

Although there are not very many studies that specifically research the link between self-esteem and avoidant attachment in adolescents, Dan and collaborators in their study of adolescents on nonsecurisive attachments and self-esteem, state that an insecure attachment is related to a low level of self-esteem (Dan, Bar Ilan & Kurman, 2013).

In the present case, avoidant attachment falls into the category of non-consecutive attachment and presents a negative correlation with self-esteem, which means that once the level of self-esteem is increased, the level of avoidant attachment is low. Adolescents with such an attachment do not have a positive image about the world around them, they find it difficult to trust people and they always tend to be alone not to have connections with close people, which is why they leave the family environment much faster for various reasons. They do not seek stable relationships and do not want to emotionally approach other people because they prefer isolation and loneliness and consider that they do not need to feel age-specific emotions, so they avoid such connections. The friendship or intimate relationships they make during adolescence are superficial and only for their different objectives. Also, adolescents with avoidant attachment tend to focus only on themselves and their own needs without showing interest in others.

Regarding the levels of self-esteem, adolescents with a low self-esteem are pessimistic people, who see the things around them in a negative way, they are dissatisfied with different aspects of their lives but also with their own person. They also find it difficult to trust the people around them and they are always on the alert, which is why they isolate themselves from others and prefer as few social contacts as possible. In many cases they do not have beneficial relationships with those around them and not because they do not want to but because they do not feel comfortable, so they prefer solitude and avoid engaging in different relationships. There are these similarities between the avoidant attachment style and the low level of self-esteem, it is more likely that adolescents will obtain a low level of self-esteem to this prevailing style of attachment. On the other hand, adolescents with high self-esteem have positive characteristics, are described as optimistic, sociable, lively and are not afraid to come into contact with the people around them because they trust them and prefer to have healthy and deep relationships. Taking into account these aspects of the avoidant attachment style but also of the high level of self-esteem, these two variables cannot be in a positive connection because their characteristics differ and adolescents with the avoidant attachment who prefer solitude and avoid social situations cannot have a high self-esteem characterized by positivity and a better communication of feelings. As a result, avoidant attachment style is more associated with low levels of self-esteem.

In the present study, we have hypothesized with the number 3 that between the avoidant attachment style and the self-esteem there is a negative correlation, following the analysis of the data and the interpretation being confirmed. Therefore, the adolescents of the present study who obtained an avoidant attachment implicitly obtained low scores on the self-esteem variable.

Assumption 4. It is presumed that there is a positive correlation between adolescents' self-esteem and emotional stability.

Table 6. Calculation of the normality test

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic al	Df	Sig.	Statistic al	Df	Sig.
Self-esteem	,156	37	,023	,946	37	,073
Emotional stability	,233	37	,000	,917	37	,009

a. Lilliefors Significance Correction

The normality test shows that we have a non-normal distribution which leads us to apply a nonparametric method of testing.

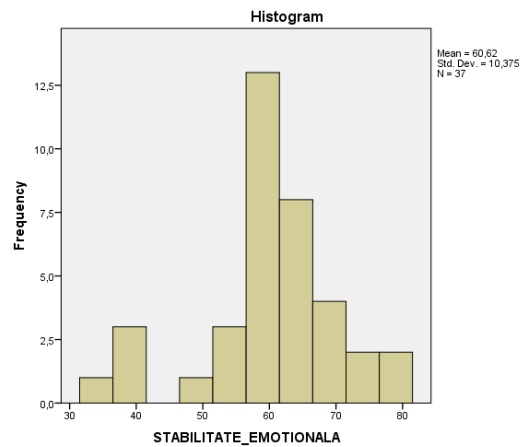
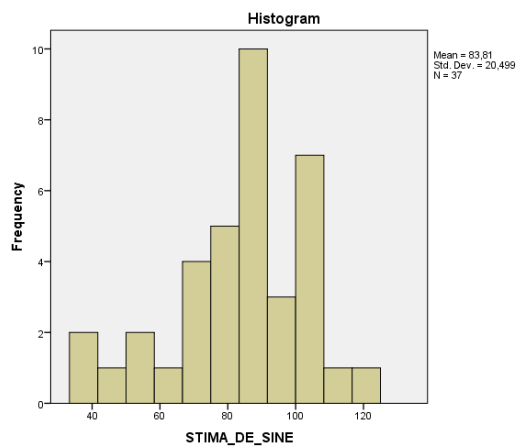


Figure 10. Histogram of self-esteem Figure 11. Histogram of emotional stability

table 7. calculation of the correlation between self-esteem and emotional stability

		Self-esteem	Emotional Stability
Self-esteem	correlation coefficient	1,000	,370*
	sig. (2-tailed)	.	,024
	n	37	37
Emotional stability	correlation coefficient	,370*	1,000
	sig. (2-tailed)	,024	.
	n	37	37

*. correlation is significant at the 0.05 level (2-tailed).

The analysis of the correlation table indicates a coefficient $r=0.370$ statistically significant at a materiality threshold $p=0.024$ which shows us that the hypothesis is confirmed.

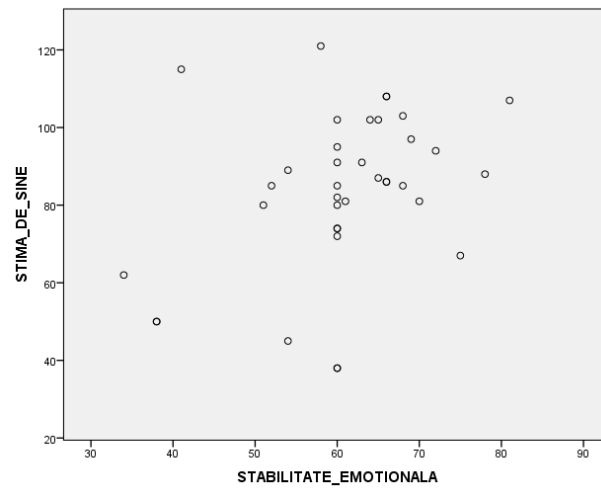


Figure 12. Point cloud of correlation between self-esteem and emotional stability

Robins and collaborators conducted a study that examined self-esteem and big five personality dimensions, including emotional stability. The data were collected on the Internet from a large heterogeneous sample of individuals that ranged from 9 to 90 years and was divided into age groups including 14-18 years. The tools used to measure self-esteem were using the single-item self-esteem scale (SISE) (Robins, Hendin&Trzesniewski, 2001) and personality dimensions were evaluated using the Big Five Inventory with 44 items (BFI) (John&Srivastava, 1999). In general, the findings suggest that individuals with high self-esteem possess different traits. In the study presented, the results of the researchers indicated that there is a correlation between self-esteem and emotional stability resulting in the idea that individuals with a high self-esteem, respectively those in the group of 14-18 years tend to have a higher emotional stability than those with a low self-esteem (Robins et al, 2001). Other researches, including Petter&Gosling, 2001; Watson et al., 2002, states that self-esteem is directly related to personality traits, thus, a person with a high self-esteem tends to be much more emotionally stable, more sociable and more extroverted (apud Orth et al, 2018).

Hypothesis number 4 supports the fact that between self-esteem and emotional stability there is a relationship of positive correlation, which is confirmed by statistical interpretations and which represents the fact that people with a high level of self-esteem are more emotionally stable than those with a low level of self-esteem. Emotional stability is a person's ability to maintain their emotional balance in various stressful situations that adapt much better without being nervous, tense or stressed. They are calmer, react much better and have a more positive view in the face of troublesome things. Self-esteem being a dynamic construct and stretching over several areas is directly related to the personality trait, namely emotional stability because for a person to be emotionally stable, to cope with certain situations he must be an optimistic person, to have confidence in his own forces and not to be afraid of failure, which results that this person has a high level of self-esteem. In contrast, a person who is emotionally unstable is always anxious, restless, cannot cope with stressful situations and implicitly has a low self-esteem. In the present study, the adolescents who obtained high scores on the self-esteem variable had high scores and on the variable of emotional stability, thus, adolescents with a high level of self-esteem are not tense in

the face of the different difficult situations they encounter and can adapt much better, they are more positive and more open to trying new things in the strange fear of failure, which results in being emotionally stable and between self-esteem and emotional stability, personality trait, there is a positive correlation relationship.

Assumption 5. It is presumed that there is a positive correlation between self-esteem and autonomy of adolescents.

Table 8. Calculation of the normality test

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic al	Df	Sig.	Statistic al	Df	Sig.
Self-esteem	,156	37	,023	,946	37	,073
Autonomy	,137	37	,077	,962	37	,236

a. Lilliefors Significance Correction

The Kolmogorov-Smirnov normality table indicates that we have a non-normal distribution which will make us use a nonparametric method of testing.

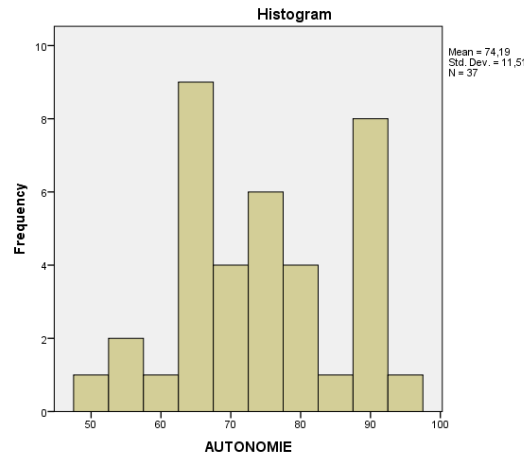
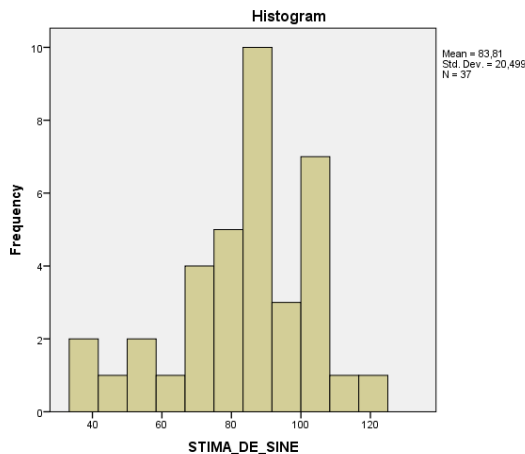


Figure 13. Histogram of self-esteem Figure 14. Histogram of autonomy

table 9. calculation of the correlation between self-esteem and autonomy

		Self-esteem	autonomy
spearman's rho	Self-esteem	1,000	,609**
			,000
	n	37	37
	Autonomy	,609**	1,000

	sig. (2-tailed)	,000	.
	n	37	37

** . correlation is significant at the 0.01 level (2-tailed).

The result in the table indicates a correlation coefficient $r=0.609$ which results that between self-esteem and autonomy there is a positive correlation relationship representing thus the validation of the hypothesis with the number 5.

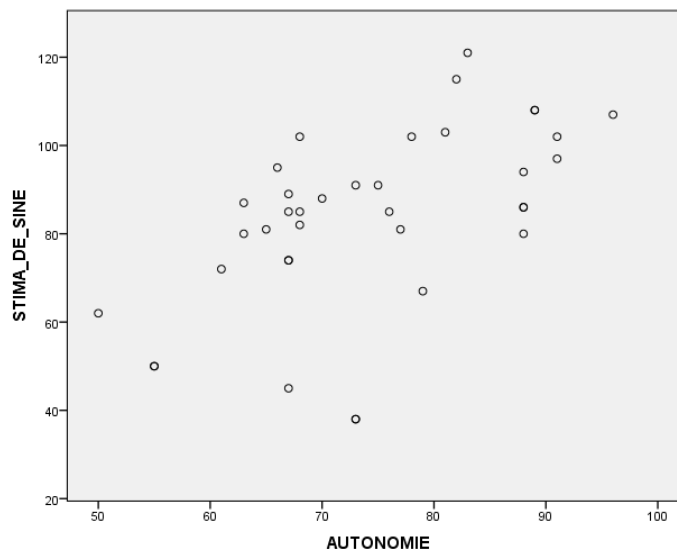


Figure 15. The points cloud of the correlation between self-esteem and autonomy

In 2013, Stuyck and Gonzáles conducted a case study in terms of emotional autonomy, behavioral autonomy and self-esteem, with different meanings depending on gender and age, on a sample of 567 adolescents aged 12-18 years. The tools they used were: PADM Behavioral Autonomy (Bosma, 1996), Emotional Autonomy (Steinberg, 1986) and Self-Esteem (Rosenberg, 1963). The results of the study regarding the relationship between emotional autonomy and self-esteem showed that girls emotionally have low levels of self-esteem while in boys no significant differences were seen. As for behavioral autonomy with self-esteem, it is not associated with the level of self-esteem of the adolescent (Stuyck&González, 2013). Although in the study of the two emotional autonomy was associated with a low level of self-esteem and behavioral autonomy was not associated with its level.

In the present study, following the processing and interpretation of statistical data, it has emerged that between self-esteem and autonomy there is a positive correlation relationship, which represents that adolescents with a high level of self-esteem also have a high level of autonomy. One explanation why Stuyck and Gonzáles' study does not support the present study is that they have separately analyzed two of the three types of autonomy, namely the emotional one, which refers to the way in which an individual relates to the people around him and the behavioral one, which refers to behaviors and the decisions an individual makes. While in the Five Factor Personality

Inventory (FFPI) questionnaire autonomy is seen as a personality trait and represents how an individual acts, it is not easily manipulated or influenced by other people and is independent with all his beliefs. A person who achieves a high score of autonomy means that he is close to what he thinks and what he does, does not allow himself to be influenced by the people around him and supports his own opinions, is creative and acts differently than others, while a person with a low level of autonomy does not trust his own opinions or does not have his own opinions, she is afraid to expose her ideas and accepts to do what others tell her and is easily influenced in what she does and/or thinks.

In terms of self-esteem, people with a high level are more optimistic, sociable, have a better opinion about themselves, have self-confidence and have much more beneficial relationships with those around them while people with a low level of self-esteem do not have a positive opinion about them, they think they are inferior, have a negative attitude towards many things and in many cases low self-esteem is associated with psychopathology. Thus, taking into account the hypothesis 5 that has been validated, adolescents with a high level of self-esteem have a high score of autonomy because the characteristics of the two are similar and a teenager with high scores at both variables is more independent, has confidence in himself and in the decisions he makes and is not influenced by the opinions of others on different aspects of life.

Conclusions

The purpose of this study was to see if there is a relationship between the type of attachment and self-esteem in adolescents. The data we have presented in the current study are results from the analysis of the responses to the questionnaires applied on the target sample. These were the Adult Attachment Scale (AAS), the Unconditional Acceptance Questionnaire of One's Own Person (USAQ) and the FFPI applied to a group of 68 students in grades IX-XII aged between 15-19 years from two high schools in Constanta. The hypotheses we have issued concern the links between self-esteem and types of attachment and self-esteem and Big Five personality traits.

Starting from the first hypothesis, that there would be a negative correlation between self-esteem and the type of anxious attachment, following the statistical analysis of the first hypothesis, we found that the hypothesis with the number 1 is confirmed by identifying a negative correlation between the self-esteem and the type of anxious attachment on the group of participants on which the research was carried out, respectively the students from the two high schools in Constanta, which means that the adolescents with the type of anxious attachment have a low self-esteem.

Following the second hypothesis I sought to identify the relationship between self-esteem and secure attachment and I assumed that there is a statistically significant positive correlation between the two variables. The results we obtained showed that the second hypothesis is confirmed and between self-esteem and secure attachment there is a positive correlation relationship. As a result, adolescents with this type of attachment, respectively the secure one, have a high level of self-esteem towards adolescents with another type of predominant attachment.

Next I assumed that there is a negative correlation between self-esteem and the third type of attachment, namely the avoidant one. The statistical analysis and their interpretation have shown that this hypothesis is also confirmed and the correlation relationship between the secure attachment and the self-esteem is negative, which means that the adolescents with this type of

attachment had low scores on the questionnaire of unconditional acceptance of themselves, i.e. a low level of self-esteem.

Moving on to the following hypotheses, namely hypotheses 3 and 4, they aim to identify the relationships between self-esteem and personality traits, namely emotional stability and autonomy. So we assumed that in both hypotheses we would have a significant positive statistic correlation. The results we obtained from the statistical analyses confirmed the hypotheses resulting in the fact that between self-esteem and emotional stability, respectively autonomy, there is a positive correlation relationship. This means that adolescents who have a high self-esteem are much more emotionally stable and much more independent than those with low levels of self-esteem. Therefore, the five hypotheses of the present study have been confirmed and validated following statistical analyses and interpretations. Thus, depending on the type of attachment, anxious, secure or avoidant, and the specific characteristics of each one, self-esteem can be influenced and adolescents may have a high or low level of self-esteem. We have also found that self-esteem is also related to personality traits as a result of relationships with emotional stability and autonomy.

Regarding the limits of the research, although all the hypotheses were validated following the processing and interpretation of the statistical data, these are the relatively small number of participants who responded to the applied questionnaires, respectively 68 to the questionnaires for identifying the type of attachment and the level of self-esteem and only 37 adolescents who responded to the questionnaire with the personality traits, FFPI. It can then be considered a limit to research and the method of testing participants as the questionnaires were distributed online and many participants could drop out of the study for various reasons.

Therefore, we can conclude that the initial purpose of this study, namely to see if there is a relationship between the two analyzed variables, namely the type of attachment and self-esteem, is confirmed. The predominant type of attachment is related to the characteristics of the level of self-esteem that adolescents have. Moreover, self-esteem can be influenced by the type of attachment taking into account its influence on the life of a teenager, but this statement is the limit of the small number of participants in the research. We have also identified that adolescents who are more emotionally stable and autonomous have a higher level of self-esteem.

For future research on the relationship between attachment and self-esteem, the formation of a group of participants from a larger number than in the present study may be considered, which may favor the analysis of the relationship between them with meanings according to sex, age, residence environment, region, etc., and a testing method that facilitates the completion of questionnaires and the number of participants.

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