A psychological and Developmental Understanding of the AS Tracking Factor

Trust of Self

A psychological definition of the factor Trust of Self

The factor Trust of Self refers to the degree to which a person trusts or questions their own qualities, skills, ideas and opinions. It is an indication of their self-worth or self-esteem; the value they place upon themselves. In trusting our own qualities, skills, ideas and opinions we exhibit a more favourable self-evaluation; in questioning our qualities, skills, ideas and opinions, we exhibit a less favourable self-evaluation.

Rosenberg introduced the terms global or general self-esteem and specific self-esteem to discriminate between the value a person places upon themselves ‘as a whole’, and the specific evaluation a person may place upon themselves in a specific context or in a particular domain (Rosenberg 1979). Global/general self-esteem is a stable, organised self-evaluation which might be thought of as a ‘trait’. From this stable baseline, an individual’s specific self-esteem may fluctuate towards a more temporary, contextual ‘state’ when evaluating oneself within a specific context or particular skillset or domain (Harter 1999). The factor Trust of Self is aligned to global/general self-esteem rather than specific self-esteem, in that it relates to an individual’s generalised trust of their own qualities, skills, ideas, thoughts and opinions rather than their trust of a specific quality or skill.

It is important to note that an individual’s trust of self does not necessarily correlate with the specific trust of self they may have in a particular context or in a specific domain. For example, an individual may have a global bias towards lower trust of self, yet have high trust of self in certain specific contexts or domains. Conversely, an individual may have a general bias towards higher trust of self, yet have lower trust of self in certain specific contexts or domains.

An individual’s trust of self therefore is not static, but malleable – fluctuating in response to different contexts and events. Leary, in his Sociometre Theory (1995) suggests that self-esteem acts as an internal self-monitoring gauge which monitors how relationally acceptable we are to others. By monitoring interpersonal cues, an individual can adjust their social responses in order to maintain acceptance and minimize rejection. He hypothesized that individuals with higher self-esteem assume that they are acceptable to others, and are therefore more likely to dismiss or ignore social cues that cause them to adjust their social responses. Consequently, their trust of self is more stable, and less open to contextual fluctuation (Leary et al. 1998; Leary et al. 1995). Conversely, individuals with lower self-esteem assume that they are less acceptable to others, and are therefore more alert to the social cues which cause them to adjust their social responses. Consequently, their trust of self is more open to contextual fluctuation, increasing or diminishing in response to social feedback (Baumeister et al. 1989).

A developmental understanding of Trust of Self

Developmental psychologists suggest that the value we place upon ourselves is influenced by the value we feel others have placed upon us in our earliest years; a theory established by Cooley who introduced the term ‘the looking-glass self’ (Cooley, 1902). Infants who experience their earliest caregivers as appropriately responsive and supportive begin to internalise a view of themselves as valuable (Breckler et al. 2006). In internalising that they are of value, children inculcate self-esteem: a term that Baumeister defines as “literally defined by how much value people place upon themselves. It is the evaluative component of self-knowledge.” (Baumeister et al. 2003a). Infants who go on to experience a world in which family, friends, teachers and significant others notice, respect and value them and their contribution build a defined, robust and positive self-concept. From this experience they extrapolate that others will distinguish their qualities
and skills from those of others, and will respect and value their ideas, thoughts and opinions. As they move through childhood, their trust of self begins to shape how they engage in the world. For most children, the care they receive in their early years enable them to build a healthy level of trust of self which fluctuates appropriately in different contexts and domains. Indeed, a surprisingly small number of adolescents are adversely affected by highly negative self-evaluations; one study suggested only 7% (Alsaker, Olweus 1993, 1992). For those whose experience leads to an inflated or diminished trust of self, there are a number of associated risks which are discussed in the next section.

As a child moves from childhood towards adolescence, their trust of self is likely to show greater fluctuation than in earlier years (Alsaker, Olweus 1993). This is largely in response to the many biological and social transitions that an adolescent has to navigate. For example, puberty leads to different physical and hormonal changes which challenge an adolescent's self-perception, as well as changing the way others view and respond to them. Trying to integrate this new information can be particularly demanding, leading to significant fluctuations in self-esteem.

Furthermore, as children's cognition moves from a concrete, one dimensional view of self to a more abstract and multifaceted view of self, some adolescents can struggle to integrate these complexities. This can lead to confusion dissonance, and introspection, which can challenge their previously secure trust of self. Middle adolescents who are increasingly alert to cues such as social ranking or the perceptions of others are particularly vulnerable to this, leading to strong fluctuations, sometimes wild oscillations, in their trust of self.

Whilst adolescence is a time in which an individual's trust of self is prone to potential fluctuation, such fluctuations are not always deleterious. For some adolescents, they develop greater trust of their own qualities, skills, ideas, thoughts and opinions – perhaps in response to significant attachments that emerge in friendships or with significant others outside the family home, or having acquired a degree of mastery in a particular domain which has an impact of their self-perception. There are some adolescents whose trust of self is adversely impacted during their adolescent years, perhaps in response to an adverse change in their family situation, victimisation of some kind, or indeed a confluence of small yet cumulative factors which diminish their trust of self. Should an individual be exposed to adverse experiences for a sustained period, the impact can result in a more fixed adverse pattern of behaviours which emanate from a diminished trust of self (Stern 1985; Markus, Wurf 1987). Conversely, should these adverse contextual strains decrease, there is a correlation with an increase in self-esteem. This suggests that self-esteem, or trust of self, remains open and malleable throughout adolescence.

As adolescents move through adolescence, they develop a more predictable, organised and stable level of self-esteem or trust of self, leading to more predictable, organised and stable patterns of behaviour. The degree to which they trust or question their qualities, skill, ideas, thoughts and opinions become less open to contextual influence, less malleable and more fixed. Indeed, some theorists suggest that individuals dismiss, ignore or distort feedback which does not sit with one’s self-concept; an idea purported in the ‘self-consistency motive’ (Blyth, Traegar 1983). In light of this, it is imperative that those children and adolescents who are developing increasingly fixed patterns of high or low trust of self are identified and supported to develop a more rounded, healthy trust of self.

**Self-regulation of Trust of Self**

The AS Tracking assessment measures pupils' bias towards trusting or questioning their qualities, skills, ideas, thoughts and opinions at a particular point of their development, and continues to track fluctuations over time. The assessment takes two measures. It measures pupils' generalised bias (how they regulate change when not in any particular context); secondly pupils' contextual bias (how they regulate change when in their particular school or school boarding house). To understand how the assessment elicits this bias, please read the paper ‘How the AS Tracking Assessment measures Steering Cognition’.
Most children and adolescents will have some degree of bias towards either trusting or questioning their own qualities, skills, ideas and opinions. However, this bias is not necessarily fixed. Pupils who self-regulate their trust of self purposefully adjust the degree to which they trust or question themselves in relation to the particular context they are in. They pay attention to the cues around them, as well as their own internal cues, and make a judgement about whether this is a time to lower or increase their trust of self. Knowing when to trust or question our qualities, skills, ideas, thoughts and opinions is critical if children and adolescents are to make wise, emotionally healthy, pro social choices as they engage in different tasks, interactions and social contexts.

Pupils with a polar low or high bias are those who at this point in their development strongly trust or question their qualities, skills, ideas and opinions. Their bias suggests that they are more likely to ignore or misread the cues which suggest that the need to increase or lower their trust of self in a particular context. Pupils who develop a polar, habitual bias towards high or low trust of self have an increased risk of developing future affective-social difficulties.

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The incipient risks associated with a polar bias towards low trust of self

Pupils with a polar bias towards low trust of self are those who at this point in their development strongly question their qualities, skills, ideas, thoughts and opinions. They are very likely to doubt that others will notice, value and respect them. Their sense of self is less robust and defined, which makes them more permeable, alert and sensitive to the feedback of others; consequently, they are easily influenced by what is going on around them. Research suggests that girls are more likely than boys to develop a bias towards low trust of self (Alsaker, Olweus 1992).

Drawing on Leary’s sociometry theory (Leary 2005), pupils with a polar low trust of self anticipate rejection from others, assuming an intrinsic personal fault or deficit. This bias may result in a set of behaviours to lower the risk of perceived rejection. These behaviours might be described as self-protective, or self-doubting. Pupils who develop self-protective behaviours are those who manage perceived rejection by defending their vulnerability and avoiding situations of heightened risk (Wood et al. 2009). They may misread social cues, perceiving rejection when it is not actually present.
(Koch, 2002), perhaps over reacting to banter or seeing deliberate slight in what was simply an oversight or accident. Peers may lose tolerance and begin to socially isolate the individual, again, reinforcing the internalised script held by the child of rejection. They may dismiss intimate and close friendships, or withdraw from friendships as soon as rejection is detected. They may be cynical or dismissive of positive feedback, suspicious of its intent and authenticity, which may come across as arrogance, coldness or cynicism; their reluctance to value the feedback may cause others to refrain from giving it. Over time, their defended, avoidant behaviours are likely to act as a self-fulfilling prophecy, resulting in greater social isolation and lower levels of relational trust, which sadly maintains their low level of self-esteem.

Pupils who develop self-doubting behaviours are those who manage perceived rejection by doubting themselves and seeking to adapt in order to become more relationally acceptable (Anthony et al. 2007). Their self-doubt coupled with the influence they allow others to have over them may leave them particularly vulnerable to the dangers of grooming or unhealthy, controlling relationships. Their drive for acceptance may cause them to develop behaviours which meet the needs of others which may unhealthily place burden and pressure upon them. Their need to belong may lead to increased social mimicry in which they may be easily drawn into unhealthy or damaging behaviours. Their mood may fluctuate significantly, buoyed up by positive events or feedback, but then easily depleted.

Research suggests that children with low self-esteem are more disposed to some discrete aspects of impaired mental health. There is evidence to suggest that low self-esteem is a risk factor in disordered eating, with particular regard to bulimia but only when accompanied by perfectionism and low self-efficacy (Vohs et al. 1999). A similar pattern emerges when identifying links between low self-esteem and depression; the most overt link was found between females with high perfectionism, high body dissatisfaction and low self-esteem. Other research suggests that children and young people with lower self-esteem experience more rejection-related emotions such as social anxiety, guilt, jealousy and rejection (Leary 2010; Wood et al. 2009; Leary, Tangney 2005). Experiencing these emotions on a regular basis is likely to increase incipient levels of cortisol, a stress chemical which if habituated in the body can have a considerable impact on aspects of healthy functioning such as sleep patterns, working memory and digestive problems (Kirschbaum et al. 1995).

**Emerging AS Tracking data trends amongst pupils with a polar low Trust of Self bias**

- There are a greater number of girls with polar low Trust of Self than boys, particularly in the older years of school. This correlates with wider research from other psychologists.
- When assessing pupils' Trust of Self in school, a greater number of girls become lower in their Trust of Self than boys, suggesting girls are more likely to be adversely influenced in a school setting than boys. This may suggest they are more alert to the social influences of school.
- Wider research suggests girls' Trust of Self is more fragile if they experience several concurrent transitions e.g. onset of puberty, school transition, and a change in friendship or family dynamics.
- There is a correlation between pupils whose generalised Trust of Self is polar high or low, and continued polar high or low Trust of Self in school. This suggests that a polar score indicates a more fixed, less fluctuating pattern of thinking.
- We are exploring an emerging correlation between pupils with additional educational needs such as Dyslexia and low Trust of Self.

**The incipient risks associated with a polar bias towards high trust of self**

Pupils with a polar bias towards high trust of self are those who at this point in their development strongly trust their qualities, skills, ideas, thoughts and opinions. They are very likely to assume that others will notice, value and respect them. Their sense of self is more robust and defined, which makes them more ambivalent or indifferent to the feedback of others; consequently, they are less influenced by what is going on around them. Research suggests that boys are more likely than girls to develop a bias towards high trust of self (Alsaker, Olweus 1992).

Returning to Leary's sociometre theory (Leary 2005), pupils with a polar high trust of self assume acceptance from others; they overlook or dismiss intrinsic personal fault or deficits. This bias may result in a set of behaviours which is ambivalent...
or indifferent to the risk of perceived rejection. These behaviours might be described as self-reliant, or self-referential. Pupils who develop self-referential behaviours are those whose polar high trust of self is coupled with a higher trust of others. This pattern of thinking raises a different set of associated risks. Their strong and robust sense of self is unconditional; that their assumption is that they are relationally acceptable, irrespective of success or achievement. These pupils may develop an inflated self regard leading to an inappropriate sense of entitlement or a naivity and unrealism about what is appropriate to expect for oneself. They may ignore or shrug off feedback or guidance from others, perhaps seeing themselves as invincible or impervious to the risks that face others. Such invincibility might leave these pupils particularly susceptible to increased risk taking or experimentation. Their unconditional self-regard may lead to diminished personal responsibility, complacency and problem solving skills, assuming that someone else will sort it out, and even if they don’t … it won’t matter.

For many years there has been a widely held view amongst many that low self-esteem is a causal factor of a number of affective-social difficulties, and that boosting self-esteem will act as a protective factor for children and adolescents. Whilst there may be a correlation between low self-esteem and a number of specific risks, as seen above, low self-esteem is not necessarily a cause. In fact, there is a growing body of research which suggests a correlation between high self-esteem and a number of associated risks (Twenge, Campbell 2010, c2009; Baumeister et al. 2003b; Harrison 2013).

Some may assume that a high trust of self protects teenagers from the influence of harmful experimentation. This is true to some extent; it may enable them to say no to something that is offered them, or embolden them to refuse to participate in a behaviour or event, even if it means social isolation. However, research suggests that individuals with high self-esteem tend to minimize their own vulnerability and elevate an inflated sense of indomitability, distancing themselves from the harmful consequences of risky behaviour (Gerrard et al 2000). Other studies suggest that girls with higher self-esteem at age 11 were more, not less likely to engage in under age sex (Paul et al. 2000). Additional research suggests that individuals with high self-esteem are less sexually inhibited and more likely to disregard the risks associated with early sexualised behaviour.

Some may assume that boosting pupils’ trust of self leads to socially competent behaviours which may make pupils more popular amongst their peers. Whilst pupils with a high trust of self may self-report that they are very popular, influential and socially skilled, this is not confirmed by the feedback of their peers or teachers. Those with elevated self-perceptions views often exhibit socially undesirable interpersonal behaviours such as interrupting and talking over others (Colvin et al. 1995). They can alienate others who see them as haughty, conceited or snobbish (Leary, M. R., Bednarski, R., Hammon, D., & Duncan, T. 1997); they are also more likely to be seen to dominate, influence and exploit others (Emmons 1987). In extreme cases, narcissism is more correlated with crime and violence than low self-esteem (Baumeister, Lipsitt 2003).

The area in which children with a higher trust of self may exhibit greater social skill is in the area of initiating relationships (Buhrmester 1990), extricating themselves from a limiting or damaging situation or relationship (Rusbult, Buunk 1993) and speaking out to criticise an action or group. Whilst they trust themselves to influence and direct relationships, this influence is not necessarily well-directed. Research identifies children with high trust of self to be both more likely and less likely to engage in bullying behaviours; they may exert their perceived power and influence to subjugate others, yet they may also use their power and influence to stand up for those who are subjugated (Salmivalli, Nieminen 2002). The same is true of cheating; they are more likely to trust themselves to find a quick, if dishonest, way to play the system; yet they are also more likely to refuse to engage in cheating and stand apart from those who are doing so (Lobel, Levanon 1988).
Some have assumed that poor academic performance is the consequence of low self-esteem. They have erroneously believed that boosting pupils’ self-esteem would lead to improved school performance, yet no causal link has been found: it is now more widely regarded that self-esteem is the result of school achievement (Seligman et al. 1995). Interventions to boost self-esteem have not resulted in sustained academic improvement and may even be counterproductive, resulting in a decrease in effort and an increase in complacency, learned helplessness and a fixed mindset (Hyland, Hyland 2001; Kamins, Dweck 1999).

Emerging AS Tracking data trends amongst pupils with a polar high Trust of Self bias

- Wider research suggests that boys tend to have a higher Trust of Self, particularly related to academic achievement. Girls, though highly achieving may not have a high Trust of Self.
- A higher proportion of younger pupils have polar high Trust of Self than in older year groups, indicating that healthy self-questioning is a feature of increasing maturity.
- Most pupils with polar high Trust of Self tend to become slightly more moderated in school, suggesting that the school influence promotes healthy self-questioning.
- There is a correlation between pupils whose generalised Trust of Self is polar high or low, and continued polar high or low Trust of Self in school. This suggests that a polar score indicates a more fixed, less fluctuating pattern of thinking.
- On occasion, pupils with generalised polar high Trust of Self can exhibit polar low Trust of Self in school. This may illustrate the ‘conditional’ or ‘threatened’ ego which can be fractured if the school context does not provide the expected affirmation or success that is assumed to be the norm.
- There may be a correlation between pupils with Autism and higher Trust of Self, though more data would be needed across schools to verify this.
- We are exploring a correlation between high Trust of Self and particular ethnic groups where high Trust of Self may be modelled as a cultural norm.

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Publication bibliography


