A Psychological and Developmental Understanding of the AS Tracking Factor
Trust of Self

A psychological definition of the factor *Trust of Self*

We trust our own qualities, skills, ideas and opinions when we place value upon who we are. We recognise ourselves as distinct, and expect others to notice, value and respect our contribution in the world. In trusting our qualities, skills, ideas and opinions, we exhibit a favourable evaluation of ourselves. In questioning our qualities, skills, ideas and opinions, we exhibit a less favourable evaluation of ourselves; we see ourselves as less distinct, and are less expectant of others noticing, valuing and respecting our contribution in the world.

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. Infants who experience their earliest caregivers as *appropriately* responsive and supportive begin to internalise a view of themselves as valuable (Breckler et al. 2006). Someone notices when they cry; they are fed when they are hungry; someone comforts them when they are hurt. As toddlers, they experience others as interested, available and affirming; they realise that 'when mummy says no, it is because she wants to keep you safe'; they experience being held and supported when they are emotionally overwhelmed. As they move through the school years and towards adolescence, the extent to which they experience belonging, acceptance and validation from significant others outside the family unit continues to influence the value they place upon themselves. Do others notice when they walk in to the room? Do people appropriately notice and affirm their qualities and skills? Do friends ask for their opinions and value their ideas? Do people care if they are hurt or upset? Are they trusted by others? Are others supportive in times of struggle? Do they experience success? Do people continue to value them, even when they make mistakes? Do others encourage them to have a go and new things and give them the support they need to take the risk? Do they experience what it is to be valued? In internalising that they are of value, children inculcate self-esteem: *"literally defined by how much value people place upon themselves. It is the evaluative component of self-knowledge."* (Baumeister et al. 2003 p2).

High self-esteem may be informed by a child's accurate understanding of one's qualities, skills, ideas and opinions, yet it can also be informed by an inflated, superior view of self, which regards their qualities, skills, ideas and opinions as superior to those of others. In the same way, a child's low self-esteem may be influenced by an inaccurate perception of their qualities, skills, ideas and opinions which distorts and diminishes their value, viewing them as inferior to those of others. As such, self-esteem refers to perception, and not necessarily reality. However, it is perception of self-esteem which shapes a child's engagement in the world.

Leary (1995) posits that self-esteem acts as an internal gauge which monitors how relationally acceptable we are to others. By monitoring interpersonal cues, an individual has the opportunity to adjust their behaviour in order to maintain acceptance and minimize rejection. Feedback, therefore, becomes an opportunity for a child to reflect on an action, a choice, or a belief; what varies however is the openness a child has to acknowledge and act on that feedback.

 Children with higher self-esteem have an implicit assumption that they are relationally acceptable to others, and that others are unlikely to reject them. When faced with critical feedback, these children are more likely to dismiss or rebuff it– an advantageous response if the feedback is destructive or diminishing, but disadvantageous if the feedback was constructive and formative. These children are less open to the cues which may cause them to adjust their behaviour in response to the situation; they may miss the cues that cause them to ameliorate, temper or limit their actions or actions. As a result, their trust of self is less open to contextual fluctuation (Leary et al. 1998; Leary et al. 1995) and is more likely to find a fixed level, irrespective of the context.

Children with lower self-esteem have an implicit assumption that they are less relationally acceptable; that others are likely to overlook, dismiss, or reject them or what they bring in some way. When faced with critical feedback, these children are more likely to assume some deficit on their part – advantageous if the feedback was constructive, but disadvantageous if the feedback was destructive or diminishing. These children are more open to the cues which may cause them to adjust their behaviour; they may be particularly sensitive to the cues that cause them to ameliorate, temper or limit their actions or responses. As a result their trust of self is considerable more open to contextual fluctuation, and is more likely to vary in response to the immediate feedback they receive (Baumeister et al. 1989). There may be times when their trust of self is significantly increased after positive feedback; yet this is not necessarily sustained, and is easily dissipated by less favourable feedback.

Self-regulation of *Trust of Self*

Knowing when to trust our qualities, skills, ideas, thoughts and opinions, and when to question them 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. They will need to 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 trust themselves, or whether it is a time to question themselves.

In being attentive to those cues, they will need to consider the social context: *is this a situation where I can be confident about who I am and what I bring, or is it a time where I need to question myself and exude less self-assurance?* They will need to consider who they are with*: is this a person who I can assume will notice, value and respect me, or is it more appropriate not to assume that?* They will need to consider the task: *is this a task where it is appropriate to feel confident and assured, or do I need to be open to improvement?* They will need to consider what is going on around them: *is this a time to be influenced by what is going on around me, or do I need to choose not to be influenced?*

Whilst most children and adolescents will have an instinctive bias towards either trusting or questioning their own qualities, skills, ideas and opinions, they are able to adjust that instinctive bias when necessary. Pupils who habitually trust or question their qualities, skills, ideas and opinions are less likely to purposefully adjust their response when the situation requires it. They are may ignore or misread the cues which suggest that in this particular situation they need to adjust their habitual response by either trusting or questioning themselves. Pupils who develop a polar, habitual bias towards high or low trust of self have an increased risk of developing future affective-social difficulties.

I habitually question my qualities, skills, ideas and opinions	• I am more questioning of my qualities, skills, ideas and opinions • I am more likely to doubt that others will notice, value and respect my qualities, skills, ideas and opinions • I am more likely to notice and be influenced by what is going on around me • I am more likely to internalise the feedback of others	I habitually self-monitor my trust of self	• I am more trusting of my qualities, skills, ideas and opinions • I am more likely to assume that others will notice, value and respect my qualities, skills, ideas and opinions • I am less likely to notice or be influenced by what is going on around me • I am more likely to dismiss the feedback of others	I habitually trust my qualities, skills, ideas and opinions

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

Leary suggests that children with lower self-esteem are more open to fluctuations in their relational value. They are more likely to internalise failure or negative feedback as an intrinsic fault or deficit; this may culminate in a bias towards instinctively questioning their qualities, skills, ideas and opinions.

These children's assumption that they are less relationally acceptable, and more likely to experience relational rejection is likely to manifest in a set of defensive behaviours which manage the perceived threat of rejection (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.

The assumption that they are less relationally acceptable, and more likely to experience relational rejection may manifest in a different defence strategy, that of adaptation. Children who anticipate rejection, may adapt their behaviour in order to increase relational acceptance. Their decision making will be strongly influenced by the acceptance it will yield from their peer group (Anthony et al. 2007) and may vary according to who they are with at any one time. As such, they might offer different social performances to different audiences. There are of course advantages in noting the social cues and adjusting our behaviour in order to meet the needs and expectations of the audience (Walker, Simon, P. 2007, 2009; Goffman 1969); it enables children to say the right thing at the right time, or be aware of the socially appropriate behaviour to adopt in a particular situation. However, there are considerable dangers associated with adaptive social behaviours. Children may be so eager to fit in with the social behaviour of a group, that they supress their own moral compass and engage in behaviours which are antisocial or damaging to self. They may be particularly drawn to unhealthy relationships which involve dependency or control, or defer their own needs in order to meet those of others.

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 (Vohs et al. 1999) but only when accompanied by perfectionism and low self-efficacy. 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, jealously 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).

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

 One might assume that children with a higher trust of self are advantaged over those who question themselves. Indeed, for some time, this was an assumption widely accepted by the psychological community: "*Many if not almost all of the major problems plaguing society are rooted in the low self-esteem of many of the people who make up society."* (Mecca et al. 1989). This led to a widely held belief that the enhancement or boosting of self-esteem would lead to enhanced emotional, social and academic outcomes. However, research has not proved this assumption to be true, or its ensuing interventions to be effective. There seems to be little evidence that modern Western societies are suffering from low self-esteem, to the contrary, indeed research suggests an epidemic culture of self-worth, regardless of gender, race or socio economic status. In fact, it is interesting to note that a study in the US shows that as self-esteem rose, academic performance declined (Twenge, Campbell 2001).

The expectation that children should experience unconditional self-regard (Rogers, Koch 1959) has led many parents and teachers to adopt a purposively boosting self-esteem approach; an approach which offers gratuitous praise, protects children from failure, avoids giving criticism and inflates what children can expect to have, experience or achieve. Research shows that this approach is preventing children from developing the self-regulation skills which are so closely associated with positive emotional, social and academic outcomes; skills such as accurate self-knowledge, self-awareness, self-control and self-efficacy (Baumeister, Lipsitt 2003).

Many 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. Interventions to boost self-esteem have not shown 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). Indeed Walker (2013) evidenced that pupils in the lowest academic sets exhibited higher contextual trust of self; in contrast, those in the top sets exhibited lower contextual trust of self. In questioning their current qualities, skills, ideas and opinions, pupils in the top sets choose to question themselves as learners, whilst those in the lowest sets exhibit a complacency ' *I know all I need to know*', or a defiance ' *I know all I want to know'.* A more effective strategy would be to equip children with the learning strategies which would accelerate their achievement, so that they can experience the self-esteem that comes from challenging themselves to achieve something they have set out to do.

We may assume that a high trust of self will protect 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, a high trust of self may not protect them as we might hope. Evidence shows that a high trust of self may actually foster high experimentation. Research by Gerrard et al. (2000) suggested that individuals with a high trust of self tend to minimize their own vulnerability and elevate an inflated sense of indomitability, distancing themselves from the harmful consequences of risky behaviour. There is also surprising longitudinal research to 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) a view supported by additional research which suggests that individuals with high self-esteem are less sexually inhibited and more likely to disregard the risks associated with early sexualised behaviour. As educators, the task is to educate pupils to consider the risks of experimentation, and develop the self-control to choose to say no, rather than assuming a high trust of self to be a protective factor.

We may assume that boosting pupils' trust of self leads to socially competent behaviours which may make pupils more popular amongst their peers. Whilst self-reporting suggests that pupils with higher trust of self believe themselves to be more popular, influential and socially skilled than peers with a lower trust of self, this is not confirmed by the feedback of their peers. In fact, objective evidence often points in the opposite direction; people with elevated views of themselves 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, evidence now shows a greater causal link between narcissistic self-beliefs and crime and violence than low self-esteem (Baumeister, Lipsitt 2003). Far from boosting self-esteem, we need to inculcate within our young people an 'otherness' which enables them to consider the impact they leave on others, and to develop a wider range of social strategies from which they can wisely select the most appropriate in response to the situation, or person before them.

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) speaking out to criticise an action or group; they clearly trust themselves to exert affect over a situation. However, whilst these children trust themselves to exert influence, to what extent is their influence morally 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).

It appears that to have a high trust of self is to intensify prosocial and antisocial tendencies (Baumeister, Lipsitt 2003). If children with a high trust of self can exert such social influence, we need to equip them with the self-regulatory skills to use their social influence and power not to dominate, but to protect and enable those who do not have such influence. The assumption that higher self-esteem would lead to better emotional, social and academic outcomes for the individual, and more prosocial behaviours in society has been seen to be evidentially flawed. Arguably, the risk of nurturing a generation of young people who adopt a bias towards trusting their qualities, skills, ideas and opinions may bring some short term benefits to the individual, but is likely to leave a damaging footprint on society and accrue considerable costs to others.

The goal of parents and educators is not necessarily to increase self-esteem, but to equip our young people with an accurate and appropriate view of their relational value which is linked to legitimate achievement and contribution to society.

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