Self-esteem – the Decisive Difference between Bullying and Assertiveness in Adolescence?

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Abstract:
The extensive literature and researches on bullying illustrate the connections between self-esteem and the bullying phenomenon, asserting that both faces, bullying, and being bullied are related to some degrees with low self-esteem. Considering the bullying behavior as a form of aggressivity and being bullied as an expression of passive behavior, this study introduces the third subject of inquiry: the assertive behavior. The study investigates the impact of self-esteem on assertiveness, passive vs. aggressive conduct, and positive interactions among high school students. While these aspects were usually investigated at an early age, this study approaches them in adolescence, involving 82 adolescent students from high schools from Timisoara, with diverse specializations. The need to fit, the need for acceptance, and the fear of social rejection increase in adolescence. At this age of dramatic changes, students are susceptible to verbal, physical, or emotional bullying, with an essential impact on their self-esteem, as they are very dependent on peers' approval, perceptions and reactions. Healthy self-esteem and assertiveness might be powerful tools to fight against bullying, but there is very little focus on teaching them in traditional education. This study shows the strong correlation between self-esteem and assertiveness, and the predisposition of students with low self-esteem to passive or aggressive types of interactions.
Keywords: self-esteem; asertiveness; bullying; adolescence.

Introduction

The relations between self-esteem and efficient integrations and functionality along lifespan is a frequently investigated topic. Adolescence represents a crucial period in human life and for personality development. The adolescent is very susceptible and influenced by his image, by his mastery and his rank in peers' group. His involvement in various life contexts and efficiency in activities reflect his self-perception and self-evaluation. Assertiveness is a social competence that supports social acceptance and inclusion, efficient self-assertion, and healthy, respectful relationships. This study investigates the impact of self-esteem on peers' relations and the levels of assertiveness attained during adolescence.

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Adolescence

Adolescence is a stage of human development marked by dramatic changes and challenges, a stage of intense self-reflection and self-identification. Adolescence is sometimes a period of frustrations, doubts, fears, and worries, a battle between the need for stabilizing the self-concept and the pressures for compliance, a struggle between originality and conformism. Adolescents might become irritable, restless, furious, oppositionist, and defiant, even aggressive, and, at the same time, anxious, depressed, withdrawn, passive, or passive-aggressive.

While WHO places adolescence between 10 and 19 years of life, Pickhardt (2018) stretches this period of human adolescence and affirms that adolescence begins around nine years of age and last till 23 years of age, consisting of four stages and three types of changes: personal changes, changes of parental responses, changes in adolescent-parent relations.

Stage one, marking the separation from childhood (ages 9 t0 13), is characterized by increased distractibility, disorganizations, negativity, and oppositionist attitudes towards authority figures. It might appear overt or cover resistance, moments of enhanced curiosity and experimentation, or boredom. At this stage, Pickhardt (2018) affirms that self-esteem could drop, due to the feelings of not being treated and appropriately respected, as a "no child anymore."

Stage two (ages 13 to 15) focused on forming a new sort of family, the family of friends. Fighting for more freedom and independence and conforming more to peers pressure (including social cruelty at school) are key features of this stage.

Between 15 and 18 years of age, adolescents become to behave more like a grown-up, adopting and involving in adult's activities (parties, substance use, sexual experimentation, romantic preoccupations), but, also, adult-like sadness or worries and anxieties.

Pickhardt (2018) considers that adolescence lasts until the end of the college years, around 23 years of age. In this final stage, the adolescent faces the inevitability of becoming independent and responsible for himself and his decisions. The second drop in self-esteem could manifest in this stage due to difficulties of coping with the demands and tasks of an uncertain future, insufficient self-confidence, or self-discipline.

It is important to stress that, during adolescence, there is a shift in the relevant sources of influence, from adults (parents, teachers) to peers. The peers' opinion becomes more important than parents, the need for approval and appreciation, for fitting and being accepted and included in peers' group increases. At this stage, peers' acceptance, opinions, and reactions towards us have great importance and impact powerfully on our self-esteem.

In conclusion, developing throughout childhood, self-esteem becomes more vulnerable in adolescence. The changing relations of adolescents with relevant adults and peers require changed, and efficient communication and negotiation strategies. Being

assertive might be one of the most helpful competence in this period (Fredriksen & Rhodes, 2004; Tarrant, MacKenzie, & Hewitt, 2006).

Self-esteem

The author of the best-known self-esteem scale, Morris Rosenberg (1965), defined self-esteem as one's attitude toward himself, a "*favorable or unfavorable attitude toward the self.*" Self-esteem is mainly the way we see and value ourselves.

Self-esteem seems to have a significant impact on people's well-being and their capacities to form and maintain positive and healthy relationships with others.

The self-esteem, formed alongside with all the others personal characteristics throughout the experiences we had in our childhood and adolescence, is influenced by different variables, such as genetic heritage, personality traits, life history and experiences, age, state of health, personal system of beliefs, specific social circumstances, and the other's reactions to us.

Self-esteem is not as stable as we might think, contextually, or personally. It is dependable on the events we are going through, it might fluctuate, but, eventually, every person develops a personal pattern of reactions, defining and illustrating a specific type of self-esteem. Self-esteem is a personality characteristic (trait self-esteem) with temporary, situational variations (state self-esteem). Also, self-esteem is measurable and malleable, and it can be improved.

There are some psychological concepts seemingly synonymous with self-esteem, but they are not, like self-image (McLeod, 2008), self-confidence (Burton, 2015), self-worth (Hibbert, 2013), self-efficacy (Neil, 2005), self-compassion or even self-concept (Neff, 2008, 2003).

Self-esteem has three levels: low, high, and inflated.

Using the stability criterion, Hornstein identifies five types of self-esteem: high and stable self-esteem, high and unstable self-esteem, stable and low self-esteem, unstable and low self-esteem, and inflated self-esteem.

Ross (2013) proposed another classification of self-esteem: collapsed or low self-esteem, vulnerable or regular self-esteem, and strong or high self-esteem.

People with inflated self-esteem tend to have an unrealistic, apparently undoubted, and inflated opinion about their self-importance. To maintain this opinion about themselves, they have to demonstrate continuously to others and, more importantly, to themselves, that they are better than anyone else, with the cost of underestimating everybody else, with the efforts of obtaining permanent and excessive attention and admiration. Inflated self-esteem is negative and fragile self-esteem that might generate problems in many areas of life (relationships, family, community, school, job).

The high self-esteem, considered positive self-esteem, is characterized by the acceptance and valuing oneself, without arrogance and without needing to feel better than anyone else, to diminish the others. This type of self-esteem nurtures self-confidence and offers the courage to face the problems, and keep the balance even under adverse

circumstances. Nevertheless, even persons with high self-esteem have difficulty consistently maintaining a reasonable opinion about themselves, especially in competitive contexts that can trigger and exacerbate personal insecurities.

Lack of self-valorization and confidence, insecurity, and fear of failure characterize low self-esteem. People with low self-esteem tend to have problems defending their opinions or making decisions due to their lack of self-confidence. We can differentiate between unstable low self-esteem (situational and quickly changes in the ways of self-perceiving) and stable low-self-esteem (mainly marked by indecision). People with unstable low self-esteem are sensitive and easily influenced, and their self-esteem fluctuates, from euphoria to despair, depending on the situational factors. In the case of stable low self-esteem, people manifest a quasi-permanent difficulty in making decisions, to get involved, due to their fear not to rise to the expectations (Emler, 2001).

Self-esteem has an impact on children's development and adjustment, on their psychological and somatic health and well-being (Tambelli, Laghi, Odorisio, & Notari, 2012; Neff, 2011), and even on their academic achievement (Darjan, Luştrea, & Predescu, 2016; Joshi, & Srivastava, 2009; Alves-Martins, Peixoto, Gouveia-Pereira, Amaral, & Pedro, 2002; Tremblay, Inman, & Willms, 2000).

Assertiveness

Assertiveness is a superior social ability that enables the person to act appropriately and efficiently in different social contexts and stand up for himself, for his rights, without violating the rights of another person (Petz, 1992, as cited by Vagos, &Pereira, 2010). Assertiveness is a complex construct, and its defining components are the following: (assertive) cognitions, (assertively expressed) affections and feelings, and (assertive) behaviors (Vagos, & Pereira, 2009, 2008).

Assertiveness, as a competence, if not a personal characteristic, could be taught and learned (Parray, Ahirwar, & Kumar, 2018; Whitson, 2017; Long, Long, & Whitson, 2011).

The most significant obstacles to becoming assertive are insecurity, fear, shyness, the desire to fit with peers, acceptance, the lack of self-direction, the lack of knowledge, and the inability to negotiate well.

The relations between self-esteem and assertiveness are complex. A healthy level of self-esteem boosts self-confidence and is an essential base for assertiveness. At the same time, being assertive, being able to speak for ownself, expressing and defending personal opinions and feelings, and being comfortable to say no, might build on and depend on self-esteem.

Bullying

Bullying is intentional, repetitive behavior, manifested in unbalanced power relations, to cause harm (Olweus, 1999).

On the continuum passiveness – aggressiveness, being bullied represents the passive acceptance of what is done to ownself, while bullying represents the aggressive way of

obtaining what is needed (Darjan, Predescu, & Tomita, 2017). Somewhere between passiveness and aggressiveness, there are balanced ways of dealing with others, solving arguments and conflicts, and attaining objectives: the assertive behavior. There are no very clear delimitations between those three ways of reactions, but there are some evident characteristics of them and, for sure, specific consequences. While passiveness and aggressiveness seem more inherited traits, clearly related to one's temperament, there is also much learning in them: cultural values and norms, societal principles, gender role expectations, family, and parenting styles.

To clarify the roles (active or passive) of the participants and the specific actions (bullying or being bullied) in a bullying situation, the term bullying perpetration describes the act of aggression against someone (Chen & Wei, 2011; Gendron, Williams, & Guerra, 2011), while the term *peer victimization* refers to the situation of being the subject of aggressive or abusive behavior. There are different types of bullying perpetration: physical, verbal or relational (Crick & Bigbee, 1998), either direct (overt) or indirect (covert) aggression (Drennan, Brown & Mort, 2011), or, more recently, online bullying, by using electronic means (cyberbullying, cyber harassment) (Hinduja & Patchin, 2009; Valkenburg, Peter, & Schouten, 2006).

The most frequent and common characteristic of the bullies/perpetrators seem to be the experience of growing up in hostile or rejecting family environments, the negative, self-denigrating beliefs, and negative attitudes and beliefs about the others. All these factors have the potential to impact negatively their ability to communicate efficiently with the surrounding environments (Cook, Williams & Guerra, 2010). Explanatory theories of bullying perpetration invoke either the insecure attachment (Monks, Smith, & Swettenham, 2005), learned aggressiveness (Aslan, 2011; Twemlow & Fonagy, 2005; Baldry, 2003), or weak social bonds (Chan & Chui, 2013).

In terms of gender differences (Silva, Pereira, Mendonça, Nunes, & de Oliveira, 2013; Hellström, & Beckman, 2020), boys tend to engage more in physical aggressions (Rosen, & Nofziger, 2019; Ploeg, Steglich, & Veenstra, 2020; Card, Stucky, Sawalani & Little, 2008; Hay, 2007; Archer, 2004). Also, girls engage more in relational aggression (Eriksen, & Lyng, 2018; Crick & Grotpeter, 1995), while verbal aggression is used equally by girls and boys (Fares, Ramirez, Cabrera, Lozano, & Salas, 2011). Regarding the age of manifesting these behaviors, the bullying perpetrations seem to increase during childhood, then they reach a peak in early adolescence, and tend to decline in late adolescence (Pickhardt, 2018; Nansel et al., 2001).

Many researchers studied the relations between self-esteem and bullying, suggesting the existence of negative correlations between low self-esteem and peer-victimization (Fredstrom, Adams & Gilman, 2011; Boulton, Smith & Cowie, 2010; Grills & Ollendick, 2002; Hodges and Perry, 1999).

The opinions regarding the self-esteem of the bullying perpetrators are mixed. Some studies suggest that bullying perpetrators do not have low self-esteem (Pearce and Thompson, 1998]. Other studies suggest that only perpetrators who are girls have low

self-esteem (Rigby and Cox, 1996; Slee, 1995]. However, it seems that bullying perpetrators usually have lower self-esteem than kids without behavioral problems (O'Moore & Kirkham, 2001; O'Moore, 1997; O'Moore & Hillery, 1991).

Method

Research questions and objectives

This study investigates the levels of self-esteem and assertiveness of a group of high school adolescents and aims to identify the types of peer interactions they experience the most in school: bullying, victimization, or positive interactions. We assume that the level of self-esteem influences the assertive behavior, and the relations with the peers. The main objectives of this study are the following:

• To determine the level of self-esteem and assertiveness of the participants.

• Identify the most frequent types of interactions with peers in school and the possible experiences of bullying and victimization.

• To investigate the relations between self-esteem, asertiveness, and peers' interactions.

To attain these objectives, we will answer the following research questions:

RQ1. What is the level of self-esteem of adolescent students?

RQ2. What is the level of assertiveness of adolescent students?

RQ3. What type of peers' interactions is more frequent in school?

RQ4. Are there significant correlations between self-esteem and assertiveness?

RQ5. Is low self-esteem related to bullying and victimization?

RQ6. Are there gender differences in terms of self-esteem, asertiveness, or peers' interactions in school?

Participants and procedure

Data were collected by online administration of the instruments via google forms, during March and April 2020. Participation in the study was voluntary, with the protection of subjects' confidentiality.

Table 1: Descriptive summary of the participants

Category		Frequency	%	Cumulative %
Gender	masculine	24	29.3	29.3
	feminine	58	70.7	100.0
	Total	82	100.0	
Grades	9	17	20.7	20.7
	10	53	64.6	85.4
	11	5	6.1	91.5
	12	7	8.5	100.0
	Total	82	100.0	
Specialization	Naturalistic sciences	22	26.8	26.8
	Mathematics and informatics	16	19.5	46.3
	Philology	8	9.8	56.1
	Social sciences	5	6.1	62.2
	Vocational	11	13.4	75.6
	Technologic	20	24.4	100.0
	Total	82	100.0	

The study included a total of 82 adolescent students, from 9th to 12th grade, attending high schools of various specializations (naturalistic sciences, mathematics-informatic, philology, social sciences, vocational and technologic) from Timisoara (Tab. 1). There were both boys (24, 29.3%) and girls (58, 70.7%), age ranging between 15 to 19 (m = 16.23).

Instruments

We used a battery test to assess the level of self-esteem, the level of assertiveness, and the personal experiences with the peers, ranging from bullying, being bullied or having positive interactions.

We assessed self-esteem using the Rosenberg self-esteem scale (RSES). The scale contains ten items and uses a 4 points Likert answering scale (ranging from strongly disagree to strongly agree). The final score obtained by totaling the 4 point items (after revers scoring negatively worded items - 2, 5, 6, 8, 9) could range from 10 to 40. A score of 16 or less indicates low self-esteem. Conventionally, scores between 10 to 16 correspond to low self-esteem, 17 to 33 points to medium self-esteem, and 34 to 40 points - high self-esteem.

The Rathus Assertiveness Schedule (RAS) was developed in 1973 by Spencer Rathus, based on Wolpe and Lazarus's situations, items from the Allport and Guilford, and Zimmerman scales, and diaries kept by college juniors and seniors. (Rathus, 1973). The 30 items scale measures a person's level of assertiveness, which might range from *very non-assertive* (-90 to -20 points) to *probably aggressive* (+40 to +90 points). This instrument is also frequently used to assess the efficacy of different assertive behavior training (Stevens et al., 2000).

The Romanian version of Students' Self-Report Questionnaire (SSRQ) (Stevens, de Bourdeaudhuij, Van Oost, 2000, as cited by Beldean-Galea & Jurcau, 2010) was used to identify the types of interactions experienced at school. The instrument combines items from Olweus Self-Report Bullying Inventory (Olweus, 1989, as cited by Stevens, de Bourdeaudhuij & Van Oost, 2000) and Life in School Checklist (Arora 1994, as cited by Stevens et al., 2000). The scale has three subscales that measure bullying (items 3, 6, 8, 10, 11, 16, 20, and 21), victimization (items 1, 2, 4, 9, 13, 15, 17 and 22), and positive interactions (items 5, 7, 12, 14, 18 and 19).

Results

All the responses were analyzed using the SPSS program.

Regarding RQ1, we assessed the answers to the Rosenberg Self-Esteem Scale (SES). The internal consistency of the scale was .91 (Cronbach's Alpha), which indicates a good internal consistency, similar to that reported by the author (Cronbach's Alpha = .89). While the scores could range between 10 and 40, our subjects obtained a medium score

of 26.81 (std. dev. = 9.88, minimum = 12, maximum = 40, median = 27). These results indicate a rather high score of self-esteem.

Recoding into categories (10 to 16 – low self-esteem, 17 to 33 – medium self-esteem, 34 to 40 – high self-esteem), 7.3% from subjects scored for low self-esteem, 73.2% reported medium self-esteem and 19.5% high self-esteem (Tab. 2).

Table 2: Levels of self-esteem

	Frequency	%	Valid %	Cumulative %
Low self-esteem	6	7.3	7.3	7.3
Medium self-esteem	60	73.2	73.2	80.5
High self-esteem	16	19.5	19.5	100.0
Total	82	100.0	100.0	

Answering to RQ1, we may conclude that a significant majority (92.7%) of our subject has healthy self-esteem (Fig. 1).
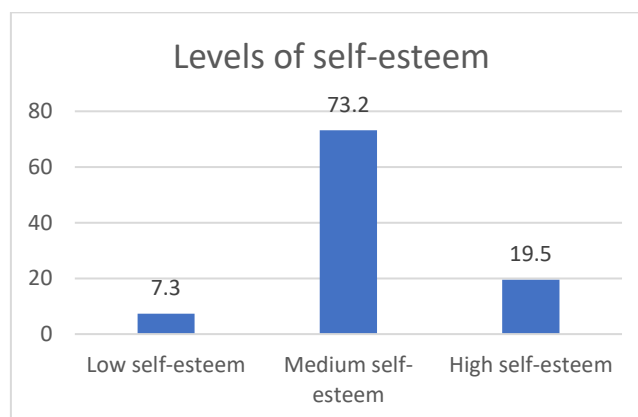

Figure 1: Levels of self-esteem

For te Rathus Assertiveness Schedule (RAS), the internal consistency was .75, similar with internal consistency reported in 1992 by Gustalfson (Cronbach's Alpha = .77). The results revealed a very low levels of assertiveness among our subject (mean = -3.70, std. dev. = 22.13, minimum = -51, maximum = +68, median = -1.50).

Grouping the raw scores into categories (-90 to -20 - very non-assertive, -20 to 0 - situationally non-assertive, 0 to +20 somewhat assertive, +20 to +40 assertive, +40 to +90 probably aggressive), 51.2% were mainly non-assertive and 37.8% were somewhat assertive. Only 8.5% were assertive, while a percent of 2.4 scored for probably aggressive (Tab.3).

The Students' Self-Report Questionnaire (SSRQ) offered information about three types of interactions with peers in school: bullying, bullying, peer victimization, and positive interactions.

Table 3: Levels of assertiveness

		Frequency	%	Valid %	Cumulative %
Valid	Very Non-Assertive	19	23.2	23.2	23.2
	Situationally Non-Assertive	23	28.0	28.0	51.2
	Somewhat Assertive	31	37.8	37.8	89.0
	Assertive	7	8.5	8.5	97.6
	Probably Aggressive	2	2.4	2.4	100.0
	Total	82	100.0	100.0	

Answering to RQ2, we could conclude that our subjects have low levels of assertiveness (Fig. 2).
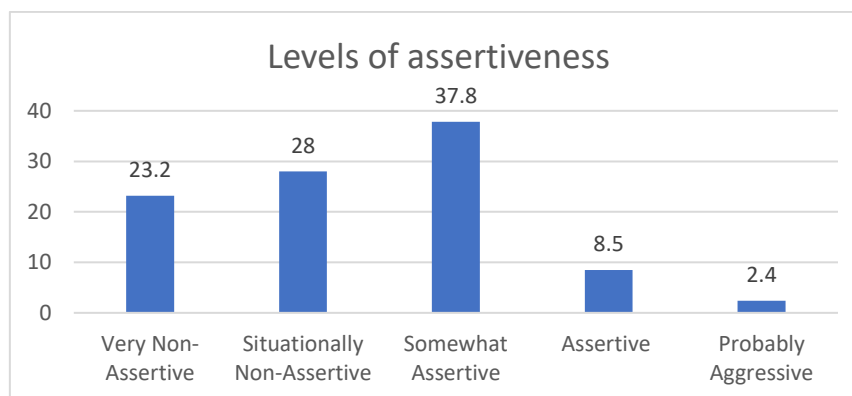

Figure 2: Levels of assertiveness

The internal consistency for *the bully subscale* was .80, consisted with previous reported Cronbach's Alpha (.82, in Stevens et al., 2000; .81, Beldean-Galea & Jurcau, 2010), for *the victim subscale* was .84 (.81, in Stevens et al., 2000; .63, Beldean-Galea & Jurcau, 2010), and for *the positive interactions* was .74 (.68, in Stevens et al., 2000; .72, Beldean-Galea & Jurcau, 2010) (Fig. 3).
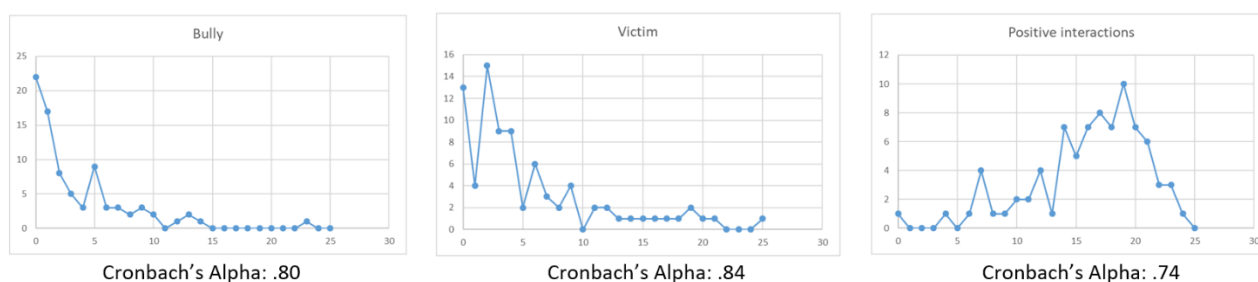

Figure 3: The Cronbach's Alpha for the subscales of the SSRQ

The more frequent type of interactions reported were the positive ones (mean = 16.10), followed by the experiences of being victimized (m = 5.60) and then the bullying perpetrations (m= 3.44) (Tab. 4).

Table 4: Descriptive statistics for the subscales of SSRQ

	N	Minimum	Maximum	Mean	Std. Deviation
Bully	82	.00	23.00	3.4390	4.20199
Victim	82	.00	25.00	5.5976	5.83912
Positive interactions	82	.00	24.00	16.0976	4.80640
Valid N (listwise)	82				

Answering to RQ3, we can conclude that our students experience mainly positive interactions in schools, and the bullying and the victimization experiences have lower frequencies (Fig. 4).
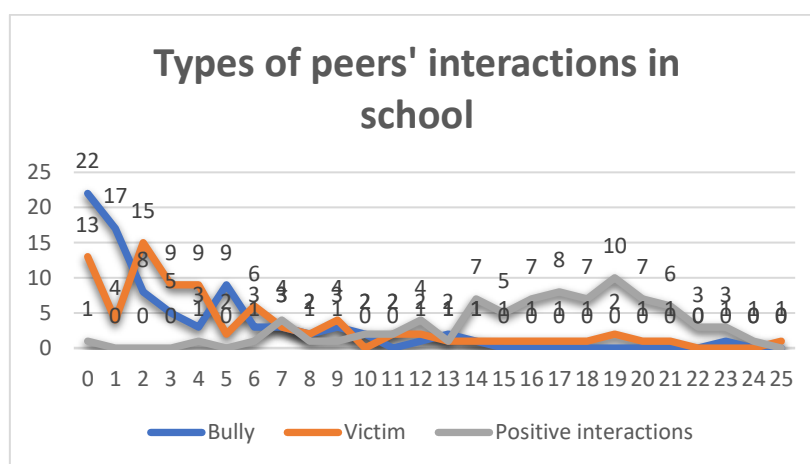

Figure 4: Frequency distributions of the subscales of SSRQ

More importantly, the differences between these types of interactions are statistically significant (Tab. 5).

Table 5: Differences between subscale's means

	t	df	Sig. (2-tailed)	Mean Difference
Bully	7.411	81	.000	3.43902
Victim	8.681	81	.000	5.59756
Positive interactions	30.328	81	.000	16.09756

We found a strong positive correlation (RQ4) between self-esteem and assertiveness (r=.70, at sig.=.000) (Tab.6).

Regarding the RQ5, self-esteem correlates positively with the positive interaction subscale (r=.24, at sig.=.030), and negatively with the victim subscale (r=-27, at sig.=.016).

We also found positive correlations between the bully subscale and the victim subscale (r=.55, at sig.=.000), and the bully subscale and the positive interaction subscale (r=.23, at sig.=.036).

Table 6: Correlations between self-esteem, assertiveness and peers' types of interactions

		SE	Assertiveness	Bully	Victim	Positive interactions
SE	Pearson Correlation	1	**.696****	.061	**-.266***	**.240***
	Sig. (2-tailed)		**.000**	.586	**.016**	**.030**
	N	82	82	82	82	82
Assertiveness	Pearson Correlation		1	.120	-.067	.140
	Sig. (2-tailed)			.284	.551	.211
	N		82	82	82	82
Bully	Pearson Correlation			1	**.546****	**.232***
	Sig. (2-tailed)				**.000**	**.036**
	N			82	82	82
Victim	Pearson Correlation				1	.172
	Sig. (2-tailed)					.123
	N				82	82
Positive interactions	Pearson Correlation					1
	Sig. (2-tailed)					
	N					82

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

Differences depending on gender (RQ6) were found only in assertiveness (t=2.16, at sig.=.034).

Discussions

The study group scored high on self-esteem. These results might be explained by subjects' age, school grades, and, probably, their highschool institutions. The mean age of the students is 16.23, which places them in the middle of adolescence period.

Self-esteem tends to drop in early adolescence (ages 9-13) and at the end of adolescence (ages 18-23) (Pickhardt, 2010). In the middle of adolescence, if not adverse or stressful events encountered, self-esteem is relatively standard, although vulnerable.

At the same time, the majority of our students are in the middle of the high school period (70.7% in 10th and 11th grades). They faced and, most probably, succeeded at important exams (National Exams from the end of 8th grade) 2 or 3 years prior, which might have boosted their self-esteem. Also, only a small percent of our subjects (8.5%) is in 12th grade, and have to face other crucial challenges soon: the baccalaureate exams and college admission. In these circumstances, self-esteem is not yet under the pressure of fear, worries, and doubt.

The majority of our subjects studied valued specializations (62.2%), at prestigious, high-ranked highschool institutions from downtown Timisoara. This association, per se, might have a positive impact on one's self-esteem.

Studying at these famous high schools from Timisoara might also explain the distribution of reported types of interactions with peers. The frequency of conflicts in these contexts is usually lower, and the students, most of them, come from non-problematic family or community backgrounds. Also, data suggest that the prevalence of

bullying tends to decrease with age, dropping at the lowest levels around the age of 15 (WHO, 2020, 2016). Thus, our findings are consistent with previous studies.

As expected, self-esteem correlates positively with positive interactions, negatively with victimization, and has no significant correlation with bullying. Adolescents with healthy self-esteem report frequent positive interactions, while adolescents with low self-esteem are prone to experience victimization. Adolescents who involve in bullying perpetrating might have lower self-esteem than those who do not.

The positive correlation between bullying and victimization suggests the possible both instances which these adolescents experience: perpetrator and victim. Thus, bullying behaviors could be learned and perpetuated in different circumstances. The victim becomes the perpetrator (Ploeg et al., 2020; Predescu, 2012).

Bullying perpetrators also report positive interactions with peers. In many cases, bullying behaviors offer a special status: a popular, influential, or persuasive member of the groups, which guarantees good, rewarding relationships. (Rosen & Nofziger, 2019).

Of course, some of the results at RSSQ might be explained by the bias due to socially-accepted answers.

This study identified gender-based differences only in terms of levels of assertiveness. The reduced size of the sample might be partly responsible for this. The different level of assertiveness between boys (m=4.33) and girls (m=-7.01) most probably reflects interiorized and assumed gender-roles behaviors and gender-based expectations. Unfortunately, social competences, such as assertiveness, are not yet the primary focus of our educational system.

Conclusions

Romanian schools' bullying phenomenon might be ignored or misinterpreted by the students and teachers due to unrevised, outdated traditional opinions and beliefs about students, teachers-students relations, and classroom management. Although Romania has reported high rates of bullying behaviors in school (46% in 2011-2013, 57% in 2016-2017 according to Grădinaru Stănculeanu & Manole, 2016), ranking on third place in Europe in 2019 (WHO, 2020), the Anti-Bullying Law (221/2019) was adopted only in 2019.

The positive correlations between self-esteem and assertiveness, on the one hand, and self-esteem and positive interactions, on the other hand, demonstrate the importance of self-esteem in developing healthy and efficient ways of communication, self-assertion, and conflict management. Also, low self-esteem is a predisposing factor for victimization.

This study demonstrates the relations between self-esteem, assertiveness, and the ways adolescents interact. We consider that the responsible adults, parents, teachers, and counselors play a decisive role in nurturing healthy self-esteem and educating relevant, useful social skills in children and adolescents (Darjan, Predescu, & Tomita, 2017; Long, Long, & Whitson, 2017; Tomita, Predescu, & Darjan, 2017; Whitson, 2011).

Healthy self-esteem represents an essential asset in developing assertiveness and in avoiding aggressive, hurtful, or humiliating strategies of interaction, conflict resolution, or attaining personal objectives in life.

Limits and further directions

One of the main limitations of this study is the small number of subjects. Also, the study subjects are from a relatively rich urban area and some top-class higher schools. So we do not have students from low social and economic backgrounds or from struggling educational institutions. In further studies, we intend to expand the number and the diversity of subjects, to inspect a broader range of educational, familial, and socio-cultural contexts. Also, future studies will balance the male: female ratio.

Authorship statement:

The authors of this paper take public responsibility for the content and have had equal contributions in concept development, design, analysis, writing, or revision of the manuscript.

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