

Self-Esteem and Talkaholism: A Gender-Based Analysis of Correlation, Differences, and Moderation

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Abstract

Self-esteem plays a significant role in shaping the communication style of an individual, but very little. Limited research has examined its association with talkaholism and the perspective of gender influence on their relationship. Therefore, the present study aimed to explore the relationship between self-esteem and talkaholism, gender differences in talkaholism, and the moderating role of gender in the relationship between self-esteem and talkaholism. Data were collected from 304 participants (152 males and 152 females) aged 18–25 years, recruited through convenience sampling. Two self-reported scales were used, including the Rosenberg Self-Esteem Scale (RSES) and the Talkaholic Scale (TAS). Outcomes of Pearson correlation demonstrated a significant positive association between self-esteem and talkaholism ($r = .115$, $p < .05$). It suggests that individuals who have high self-esteem are more likely to engage in compulsive talking. Similarly, an independent-samples t-test revealed there is a significant difference among genders, where women reported higher scores on the talkaholism scale than men. Moreover, moderation analysis found that the relationship between self-esteem and talkaholism is moderated by gender ($R^2 = .035$, $F = 3.62$, $p = .013$), which means that the strength of the relationship between self-esteem and talkaholism differs across genders. The results from statistical analysis proved all our hypotheses and contribute well to the limited literature on talkaholism. It highlights the psychological role of self-esteem and the influence of gender on excessive verbal communication.

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Introduction

Self-esteem is a person's affective perception of their own self-worth, which is projected through an externally persuaded version of their self-perception. It is grounded in a person's belief in being perceived and valued by others (Birni & Eryılmaz 2024). Studies on self-esteem have proven a coherent relation of self-esteem with many psychological results such as satisfaction in life, mental health, and social lives (Orth & Robins 2022). As an example, according to Muris & Otgaar (2023). High self-esteem is linked with better psychological working, while lower self-esteem is linked with dysfunctional behaviors and interpersonal difficulties. One of the fundamental aspects of building and maintaining interpersonal connections is communication, especially verbal communication (Liang, 2022). Different factors such as the psychological state and cultural identity of an individual influence people's approaches to communicate with others (Heller & Brown-Schmidt, 2023). The

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basic factor of forming the interpersonal relationships among fellow human beings is communication, precisely 'verbal communication' (Abasenga, 2023), and components like psychological state or cultural identity, the pattern in which we selected for ourselves to communicate with others.

A phenomenon that lies under the domain of verbal communication is talk holism, which is defined as 'an irresistible drive to engage in undue talking beyond the limit of social appropriateness or social acceptance. 'For instance, a bad psychological state can bring hindrance in our communication, like anxiety; low self-esteem can make a person unusually silent or unable to express themselves verbally (Syed et al., 2025). Preceding studies support that individual personality features, including self-esteem and communication trepidations, significantly predict behaviors and social interaction patterns (Ghosh, 2024). Individuals that exhibit higher self-esteem communicate and take part in discussions more confidently, whereas those with lower self-esteem either resist talking at all (Samphthirao, 2016) or talk less. Similarly, other recent literature in this domain also suggests that individuals with higher self-esteem may engage more in verbal communication as a means of social signaling and self-assertion (Bostwick et al., 2024).

Research in gender dynamics often proposes the idea that societal expectations and gender roles may change the frequency and strength of communication in both genders. (Merchant, 2022). Gender acts as a boundary condition that decides the strength of the correlation between one's self-concept and their urge toward talkaholism. Research into interaction impacts indicates that the traditional gender roles often dictate the "acceptability" of a talkative attitude, which in turn influences how self-worth is expressed verbally (Leaper & Ayres, 2021). In some societies assertive communication is more socially acceptable for men than women; therefore, the association between self-esteem and communication behaviors also may differ across genders. Some researchers reveal that high self-esteem may be associated with verbal expression among males more than females because of differing social expectations (Raza, 2023). Conversely, more contemporary studies suggest that in a modern, egalitarian environment, the moderating effect of gender is declining as communication mannerisms have become more fluid (Thompson, 2023). Identifying whether gender significantly brings changes to this relationship is important for creating more such detailed psychological profiles and tailored communication interventions (Hassan, 2024). Moreover, studies show that men may have the tendency to dominate verbal space in task-oriented settings; women, on the other hand, might score higher in interpersonal-emotional communication contexts (Leaper & Ayres, 2021). Despite these observations, the question prevails whether these variations reach a level of statistical significance when measured through standardized alcoholism scales.

The present research explores the relationship between self-esteem and talkaholism. At first it determines the correlation between the person's perceptions of self-worth and their levels of compulsive talking. It also investigates the significant difference between males and females in talkaholism levels and the moderating role of gender in the relationship between self-esteem and talkaholism, specifically exploring whether the strength or direction of this relationship varies across genders. This study helps us better understand the gender differences and role of self-esteem in people talking excessively. It looks at whether talkaholism stems from high confidence or from a place to hide insecurities. Understanding this phenomenon can help teachers, psychologists, individuals, and parents to create better and effective ways to help people improve their communication by looking at the gender differences and influencing deeper psychological

constructs like self-esteem. The study also focuses on how gender affects this behavior, which helps challenge common stereotypes and provide a clearer picture of how self-esteem influences the way people interact in today's society.

Rationale of the Study

Communication has been a widely researched topic in psychology, but there has been very little emphasis on examining talkaholism, specifically talkaholism's association with self-esteem. Whereas confidence and interpersonal behavior are highly influenced by self-esteem, it remains unclear whether excessive verbal communication reflects healthy self-confidence or not. This gap emphasizes the need to investigate the relationship between self-esteem and talkaholism. Furthermore, previous research on gender has also reported differences in communication patterns among males and females, yet limited evidence has been reported on the impact of gender on the relationship between self-esteem and talkaholism. Therefore, exploring the moderating role of gender can provide in-depth knowledge of how genders differ in excessive communication. Research on talk holism is also very limited in the context of Pakistan. Therefore, the present study addresses this gap by exploring the self-esteem and talkaholism association, gender differences in talkaholism, and the moderating role of gender. The findings will contribute to the literature and provide practical implications for psychologists, educators, and counselors by classifying the root of compulsive talking instead of diagnosing it as a person's hidden insecurity.

Objectives:

- 1: To investigate the relationship between self-esteem and talkaholism among individuals.
- 2: To examine the differences in talkaholism scores between male and female participants.
- 3: To evaluate whether gender significantly moderates the relationship between self-esteem and talkaholism.

Hypothesis:

- H1: There is a positive correlation between self-esteem and talkaholism.
- H2: There is a significant difference between male and female talkaholism scores.
- H3: Gender moderates the relationship between self-esteem and talkaholism.

Methodology

Sample:

The sample included 304 respondents, with an equal distribution of males (50%) and females (50%). The age of participants include 18 to 25 years (42.1% = 18–21 and 57.9% = 22–25). The majority of participants belonged to a middle socioeconomic background (79.9%), followed by lower (15.8%) and upper class (4.3%). Educational levels varied, most of the participants were college and university students.

Rationale:

Instruments:

The Talkaholic Scale (TAS)

The Talkaholic Scale (TAS) was developed by Virginia P. Richmond and James C. McCroskey in 1993 (McCroskey & Richmond, 1993). It is used to measure talkaholism, defined as a compulsive tendency toward excessive and uncontrollable verbal communication. It is a 16-item self-report scale, of which 10 items are scored, rated on a 5-point Likert scale. The TAS demonstrates strong reliability, including high internal consistency ($\alpha \approx .80-.90$) and good test-retest reliability, along with strong validity, including construct, predictive, and concurrent validity (McCroskey & Richmond, 1995).

The Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale, RSES was developed by Morris Rosenberg in 1965 (Rosenberg, 1965). It is used to measure global self-esteem. It is a 10-item scale with both positively and negatively worded statements, rated on a 4-point Likert scale. The RSES is widely used across different populations and demonstrates strong reliability, including high internal consistency ($\alpha \approx .88$) and test-retest reliability ($r \approx .82-.88$), along with good validity, including convergent and construct validity (Franck et al., 2008).

Procedure:

The data were mostly collected from young adults by convenience sampling through online Google Forms which were sent via WhatsApp and email. Informed consent was given before collecting data and information related to the purpose of the study; confidentiality and anonymity were clearly mentioned at the top of the questionnaire. All participants were involved voluntarily and had the right to withdraw anytime. The time required to complete the questionnaires ranged from 10–15 minutes. The data collected were transferred from Google Forms to IBM SPSS Statistics Version 26 for analysis. Demographic characteristics and study variables were summarised by descriptive statistics. The relationship between self-esteem and talkaholism was examined by Pearson correlation, followed by an independent-samples *t-test*, which was conducted to examine gender differences in talkaholism scores. Furthermore, moderation analysis using linear regression was performed to determine whether gender is a moderator between self-esteem and talkaholism.

RESULTS;

Table 1

Sample Demographic Characteristics

Sample Characteristics	Frequency (n=304)	Percentage (%)
Gender		
Male		
Female		

21	
15	
Qualification	
F.Sc	
B.sc	
M.sc	
Socio Economic Class	
Lower Class	48
Middle Class	243
Upper Class	13

Table 1 shows the demographics of 304 respondents: 50% male and 50% female. Age: 42% are 18-21, 58% are 22-25. Individuals having F.a/Fsc qualification are 22%, BS/Bsc qualification are 57% whereas M.a/Msc are 24%. Socioeconomic status: 16% lower class, 79% middle class, 4% upper class.

Table 2

Psychometric Properties for Scales

Scales	Number of items	Coefficient α
RSES	10	0.59
TAS	10	0.71

Note: RSES = Rosenberg Self Esteem Scale, TAS = Talkaholic Scale

Table 2 shows that The RSES has Coefficient alpha of 0.59 which shows a modest reliability.

Whereas TAS has reliability of ($\alpha = 0.71$) which is satisfactory.

Table 3

Pearson Correlation between Rosenberg Self Esteem scale and Talkaholic scale

RSES	TAS
0.65	0.68

1.	RSES	1	.115**
2.	TAS	.115**	1

Note. $p = 0.05$ (2-tailed). RSES = Rosenberg Self Esteem Scale; TAS = Talkaholic Scale.

Table 3 shows the Pearson correlation between the Rosenberg Self Esteem Scale (RSES) and the Talkaholic Scale (TAS). The results indicate a significant positive relationship between self-esteem and compulsive talking ($r = .115$, $p < .05$), suggesting that higher level of compulsive talking is associated with higher levels self-esteem among participants. Thus our hypothesis is accepted.

Table 4

T-value Showing Significant Differences Between Males and Females on Talkaholic Scale

Variable	Males	Females	t(304)	Cohen's d
Talkaholic Scale			-2.233	0.33

Table 4 indicates a comparison between males and females on Talkaholic Scale ensure by Levenson self-Report Psychopathy Scale ($t(304) = -2.233$, $p < 0.05$). Females showed significantly higher scores on Talkaholic Scale than males ($F = 22.5 > M = 28.1$). Thus, the research hypothesis is accepted which states that there will be a significant difference in Talkaholism scores between males and females. The Cohen's d value is 0.33 which indicates small to medium effect size. Thus hypothesis is accepted.

Table 5

Moderator Regression Analysis Predicting Talkaholism

Variable		CI [LL, UL]
Constant	3	[-1.20, 20.25]
Rosenberg Self-Esteem (RSES)		[-0.15, 0.481]
Gender		[-0.15, 0.809]
R ² × Gender		[0.005, 0.574]

Note. $N = 304$. RSES = Rosenberg Self-Esteem Scale. Gender is dummy coded as 0 = Male, 1 = Female. $R^2 = .035$, $F(3,300) = 3.62$, $p = .013$.

Table 5 shows the moderation analysis predicting Talkaholism, where self-esteem (RSES) is the predictor and gender serves as the moderator. The results indicate that approximately 3.5% of the variability in Talkaholism was predicted by the combined variables, with $R^2 = .035$, $F(3,300) = 3.62$, and $p = .013$. The overall model was statistically significant ($p < .05$). Looking at the interaction effect, the term was statistically significant ($B = .315$, $t = 2.39$, $p = .017$), which demonstrates that gender significantly changes the relationship between self-esteem and talkaholism. Specifically, this positive link becomes stronger and is enhanced for female participants compared to males. Therefore, our third hypothesis is accepted.

Discussion:

The present study assessed the relationship between self-esteem and talkaholism, gender differences in talkaholism, and the moderating role of gender in this relationship. Results supported the proposed hypotheses and provide an insight into the psychological mechanisms underlying excessive verbal communication.

For the first hypothesis, that is, there is a positive correlation between self-esteem and talkaholism, Pearson correlation revealed a significant positive association, which means that individuals with high self-esteem tend to engage more in excessive communication. The findings are supported by the earlier research, which suggests that individuals who are inclined towards self-expression openly have high self-esteem (Bostwick et al., 2024). Moreover, Hwang (2023) also predicts that higher self-esteem is associated with increased communication frequency and expressive behavior. An individual with high self-esteem shows more assertiveness, which often contributes to expression of opinions and to more talkativeness in social settings (Verma, 2022). This signifies that a personality that comprises healthy self-esteem will have more of a tendency to express through excessive verbal communication.

The result of the second hypothesis indicated a significant difference between males and females in talkaholism. The female population reported higher levels of compulsive talking than the male population, which highlights the difference among different genders in shaping communication behavior. Findings align best with the prior literature on gender differences in communication; for instance, females tend to engage in verbal communication more than men (Leaper & Ayres 2021). Similarly, according to Ahmad & Khan (2024), women are more open in the expression of thought and emotions, due to which they score higher on the talkativeness scale. Furthermore, cultural norms often shape gendered communication behaviors, leading to variations in verbal output between males and females (Zhu, 2024); for example, Merchant (2022) highlighted that in some cultures gender socialization advocates females to be more verbally expressive than men.

Lastly, moderation analysis shows that gender moderates the relationship between self-esteem and talkaholism. This demonstrates the effectiveness of the association between self-esteem and talkativeness, which differs based on gender. The outcomes are supported by the recent studies, which report that gender plays an important role in the relationship between self-esteem and communication competence. This highlights that self-esteem may control verbal behavior differently among two genders (Haase et al., 2025). Individuals with high self-esteem have more confidence and certainty, which contributes to more verbal expression in social interactions. (Kardash et al., 2021). Furthermore, it is reported that females are usually more open and

expressive in communication styles in social settings, while males may exhibit different styles of assertiveness, which also depends on cultural expectations (Wu et al., 2026).

Limitations:

The research used a cross-sectional research design, which restricts the ability to predict causal relationships between self-esteem and talkaholism. The significant association was identified, but whether self-esteem leads to increased talkaholism or whether excessive verbal behavior influences self-esteem over time cannot be conclusively determined. Secondly, the sample of the study was composed of young adults, mostly university-going students within a limited age range (18–25 years) and predominantly from a middle socioeconomic background. This limits the findings to applying to the broader population, including different age groups, cultural contexts, and socioeconomic categories. Thirdly, the data of this study were taken only from participants in Pakistan. Different cultures, socialization, and roles of gender or religion may influence verbal expression, and the strength of their connection may not be limited to gender only. Future research should study other cultures and cross-cultural comparisons, which may provide deeper understanding of the role of self-esteem in communication and the role of gender in their relationship.

Conclusion:

The findings of this study revealed a positive correlation between self-esteem and talkaholism, which indicates that individuals who engage in more verbal talk possess high self-esteem. This study also demonstrated a clear gender difference, as women reported higher on the talkoholism scale than men and the moderating role of gender, which influences the strength of the association between self-esteem and talkoholism. These findings of the present research highlighted the importance of self-esteem in talkativeness as well as the role of gender in strengthening this relationship. This study bridges the gap between personality traits such as self-esteem and behavioral outcomes by identifying self-esteem as an important factor of talkativeness. It also studies the variables through a gender perspective and proves that the same psychological trait, such as self-esteem, can manifest differently among males and females.

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