Self-Esteem

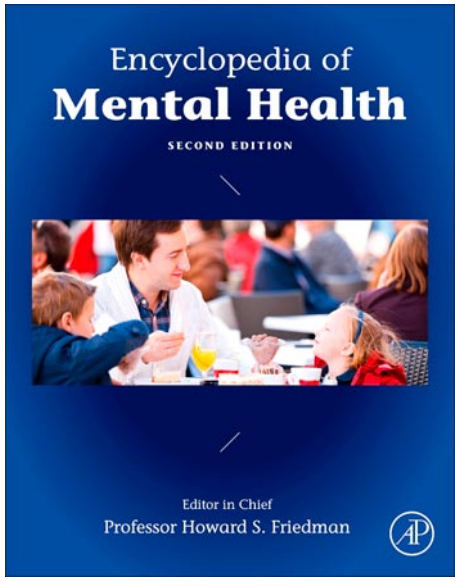
Article · December 2016

DOI: 10.1016/B978-0-12-397045-9.00076-8

1 author:

Erica Hepper
University of Surrey
59 PUBLICATIONS **2,060** CITATIONS

SEE PROFILE



Hepper E.G., Self-Esteem. In: Howard S. Friedman (Editor in Chief), Encyclopedia of Mental Health, 2nd edition, Vol 4, Waltham, MA: Academic Press, 2016, pp. 80-91.

Self-Esteem

EG Hepper, University of Surrey, Guildford, UK

Glossary

Agency/Agentic A focus on the individual self and being separate from others, which motivates power, control, and success. Traditionally thought of as a 'masculine' trait.

Attachment style An individual's pattern of thoughts, feelings, and behavior within close relationships (e.g., with parents, close friends, and romantic partners), which is underlain by mental representations of the self and other people. Individual differences form two dimensions comprising different types of insecurity: attachment avoidance (i.e., avoidance of intimacy and interdependence) and attachment anxiety (i.e., fear of abandonment and clinginess). People who are low on both dimensions are known as 'secure.'

Attributions The reasons that one comes up with for positive and negative events happening. Self-serving attributions – often seen in self-enhancement – comprise attributing positive events to internal (i.e., caused by oneself), stable (i.e., likely to happen again), and global (i.e., relevant to all aspects of life) causes, and negative events to external, unstable, and specific causes. They may also involve taking personal credit for a cooperative success or blaming others for a cooperative failure. Negative attributions – often seen in depression – comprise the opposite pattern.

Communion/Communal A focus on other people and forming connections with others, which motivates warmth, empathy, and prosocial behavior. Traditionally thought of as a 'feminine' trait.

Regulatory focus The relative motivation to attain positive outcomes (i.e., promotion focus) or avoid negative outcomes (i.e., prevention focus) in life.

Self-concept Cognitive representation of one's own attributes (e.g., traits, abilities, and preferences), which does not necessarily contain evaluations of worth.

Self-control The capacity to change one's responses and behavior (usually consciously) in order to meet standards or pursue long-term goals.

Introduction and Historical Context

We all have an innate sense of who we are: our self. Not only do we possess a highly elaborated cognitive self-concept, but we also hold a highly accessible affective sense of how skilled, lovable, and worthy we are as a person. This global evaluation of one's worth is known as self-esteem. Self-esteem is typically viewed as a continuous dimension ranging from high to low: people with high self-esteem feel very positive about themselves, whereas those with low self-esteem feel ambivalent or uncertain about themselves. Truly negative self-evaluations or self-hatred are unusual and typically found only in clinical populations (Brown *et al.*, 2001; Leary and MacDonald, 2003). This global evaluation is the most common definition of self-esteem, and is considered relatively stable (i.e., an individual can be said to have a dispositional level of self-esteem). It is also sometimes referred to as self-worth, self-regard, or self-evaluation – all of which have the same essential meaning.

The construct of self-esteem has a long and checkered history within the discipline of psychology. William James (1890), one of the first psychologists, first proposed that people develop high self-regard when they consistently meet their personally important goals or standards in life. He also recognized that such 'meeting' is subjective, and not objectively accurate. Contemporary views of self-esteem similarly concern one's perceived, rather than objectively assessed, worth. Throughout the twentieth century, self-esteem was heralded as a psychologically important construct. The psychologist Abraham Maslow (1943) included self-esteem as a fundamental need in his influential hierarchy, arguing that it is not possible to achieve fulfillment without first meeting the need for self-worth and self-respect. Similarly, leading humanistic theorist Carl Rogers (1959) focused on self-worth (i.e., self-esteem) as reflecting the congruence between one's current self and ideal self. According to Rogers, self-worth reflects the extent to which parents (and others) provide us with unconditional positive regard (i.e., love and respect). If others convey unrealistic ideals, or lead us to believe we are not meeting those ideals, self-worth suffers. Like Maslow, Rogers saw high self-worth as important for helping a person to face challenges, cope effectively with problems, and form healthy relationships.

However, self-esteem really became popularized in the 1960s. Rosenberg's (1965) large-scale survey of adolescents raised the concept's profile among researchers by developing the first questionnaire measure of self-esteem and linking it empirically to anxiety and depression. At the same time, Coopersmith (1967) and Branden (1969) made well-publicized links between self-esteem and confidence, academic achievement, and mental health. Self-esteem became viewed as a panacea – the key to success in life. The following decades saw the development and dominance of the so-called 'self-esteem movement' in Western society, which focused on the idea that raising people's (especially children's) self-esteem will make them happy, successful, and law-abiding. This principle was used abundantly to design educational curricula, rehabilitation programs, and self-help books that would increase the self-esteem of students, people convicted of crimes, and those suffering from addictions or other psychological difficulties (Nolan, 1998). Little empirical research was conducted to evaluate the validity of these assumptions – or the success of these

 doi:10.1016/B978-0-12-397045-9.00076-8

programs – until the 1990s. When such research was conducted, its results were mixed at best, calling into question the usefulness of self-esteem interventions.

In recent decades, thousands of empirical studies on self-esteem and its development, correlates, and consequences have been conducted. The findings from this vast literature provide a more nuanced understanding of the complexities of self-esteem and the role it plays in our lives. Self-esteem can no longer be viewed as a unitary concept: there are multiple aspects of self-esteem that can be considered relevant (see Section Other Aspects of Self-Esteem). Moreover, self-esteem can no longer be viewed as a panacea: it is highly relevant to some aspects of intrapersonal and interpersonal functioning, but less relevant (or less causally influential) to others (see Section Consequences of Self-Esteem). Greater awareness of these complexities will help scholars and practitioners to better understand and take self-esteem into account in clinical practice.

Why Do We Have Self-Esteem?

In line with the widespread belief that self-esteem is an important psychological construct, theorists have attempted to explain why self-esteem exists in human beings – what psychological function does it serve? Two theoretical perspectives have gained particular traction: sociometer theory (Leary and Baumeister, 2000) and terror management theory (TMT; Pyszczynski *et al.*, 2004). Both are rooted in evolutionary principles and use the unique development of humans (compared to other animals) to explain why we developed such salient evaluations of our selves.

Sociometer Theory

According to sociometer theory (Leary and Baumeister, 2000; Leary *et al.*, 1995), self-esteem exists because of human beings' fundamental need to belong. In evolutionary history, acceptance by one's social group was essential for survival, and so self-esteem developed as a gauge to index one's level of social acceptance – known as a 'sociometer.' An accurate sense of how well accepted we are allows us to behave appropriately in interactions with other group members. Moreover, low self-esteem is an aversive experience and so it motivates us to re-establish belonging, for example, by trying to 'fit in.' Although global self-esteem is relatively stable over time, sociometer theory argues that feelings of self-worth are also responsive to the current social context in order to be most adaptive (see Section Other Aspects of Self-Esteem, for more on state self-esteem). Signals of social acceptance raise one's self-esteem, whereas signals of rejection lower one's self-esteem. The effect exerted by negative cues is extra strong, because exclusion from the group historically carried severe danger and so requires immediate action to regain acceptance. Over time, trait self-esteem reflects one's cumulative history of social acceptance, and so it may become relatively stable. For example, given a consistent history of inclusion (and thus high self-esteem), an individual who experiences one rejection can reason that they are likely to be accepted again soon and need not feel so bad as an individual without such a history (and thus with lower self-esteem).

A wealth of evidence supports the link between belongingness and self-esteem. Global self-esteem is positively predicted by perceived social acceptance, history of acceptance/rejection experiences, and other indicators of relational value (Leary and MacDonald, 2003). Although some have argued that the pattern instead reflects status within a group hierarchy, research shows that acceptance is a better predictor of self-esteem than dominance (Leary *et al.*, 2001). Similarly, state self-esteem (i.e., momentary feelings about the self) is increased by social acceptance and decreased by rejection (or negative feedback that implies likely rejection) (Leary *et al.*, 1995, 2001). Altogether, sociometer theory is a popular theoretical viewpoint on why we have self-esteem.

Terror Management Theory

According to TMT (Pyszczynski *et al.*, 2004), self-esteem exists because of human beings' unique cognitive capacity to be aware of their own mortality. In evolutionary history, awareness of impending death created paralyzing fear and anxiety, which prevented effective action and was thus highly dangerous. In response, humans constructed cultural systems and worldviews that aimed to provide a sense of immortality – either literal (e.g., life after death) or symbolic (e.g., creating art or knowledge). Self-esteem thus developed as a gauge to index the extent to which one is living up to cultural standards, and thereby one's potential for symbolic immortality. Having high self-esteem serves to buffer and calm a person's anxiety about death, thus allowing them to get on with life.

Evidence supports some of the main claims of TMT (Pyszczynski *et al.*, 2004, 2012). Self-esteem correlates negatively with trait anxiety and physiological reactions to threat. Activating death-related thoughts (known as mortality salience) leads people to try to protect their worldview and also increase their self-esteem. Further, people with high self-esteem – or whose self-esteem has been boosted by positive feedback – react to mortality salience with lower accessibility of death-related thoughts and lower defensiveness of their worldview. However, some of the tenets of TMT have also been questioned (MacDonald, 2007). For example, in evolutionary terms, fear of death is surely functional in motivating evasive action. Moreover, as a theory it is less parsimonious than sociometer theory, given that separate evolutionary processes are needed to explain the development of self-awareness (to become aware of mortality) and subsequently the development of self-esteem. Zeigler-Hill (2013) views TMT as one instance of a more general view that self-esteem serves a protective function buffering people from diverse negative experiences and threats (i.e., not only the threat of death awareness).

Reconciling Theoretical Perspectives on Self-Esteem

Despite differences in the proposed origins and specialized focus of self-esteem, sociometer theory and TMT share some key assumptions and implications. They both agree that self-esteem is important and that humans are motivated to increase their self-esteem. They both imply that self-esteem is significant because it signals an evolutionarily vital message, not for its own sake. Finally, they both allow for individual or cultural differences in precisely what boosts self-esteem

(because different attributes might lead to acceptance in one's group, or might meet cultural standards). MacDonald (2007) further argues that the two essentially concern the same phenomenon, because social belonging and cultural meaning are intertwined rather than distinct concepts. Overall, both dominant theories provide a scientific context for the long-held view that self-esteem is a core psychological construct.

The Motivation to Seek High Self-Esteem

People possess a fundamental desire for self-esteem: we want to feel good about ourselves. This is implied by all theoretical perspectives on self-esteem – from James and Maslow to sociometer theory and TMT. Indeed, abundant evidence demonstrates that people are willing to go out of their way to seek out high self-esteem, value past experiences that increased their self-esteem, and often prefer self-esteem boosts to other pleasant options such as eating one's favorite food or having sex (Bushman *et al.*, 2011; Zeigler-Hill, 2013). Thus, feeling good about oneself is highly motivating.

How Do People Seek Self-Esteem?

The motivation to seek and maintain high self-esteem takes two complementary forms: self-enhancement is the motive to approach and maximize positive views of the self, whereas self-protection is the motive to avoid and minimize negative views of the self (Sedikides and Alicke, 2012). These two motives reflect the basic hedonic principles to seek pleasure and avoid pain. Together, they guide the way that we seek, process, and react to self-relevant information (e.g., social interaction, evaluative tasks, and feedback). In fact, research has documented a vast array of manifestations of self-enhancement and self-protection (Hepper *et al.*, 2010). These 'strategies' (called so because of their strategic – but not necessarily conscious – tendency to bias information and behavior in self-serving ways) have been shown to form four factors in both Western and Eastern cultures (Hepper *et al.*, 2010, 2013; Sedikides and Alicke, 2012). They are known as favorable construals, positivity embracement, defensiveness, and self-affirming reflections.

Favorable construals concern holding flattering beliefs about the self and the social world. For example, people believe they are better than average in personally important areas of life – smarter, more likable, better leaders, and better drivers than most others. People are also more optimistic about their future than that of others (e.g., they think they are more likely than others to live to a great old age but less likely to suffer from cancer), and interpret ambiguous information (e.g., as relatively flattering). Such 'positive illusions' have been well documented in a wide range of contexts (Sedikides and Gregg, 2003; Taylor and Brown, 1988).

Positivity embracement concerns seeking out and selectively processing positive (over negative) feedback. For example, in social interactions people ask questions to which the answers are liable to be flattering; in work contexts they prefer to take on tasks that are likely to provide success. Once positive feedback is obtained, people use cognitive processes to maximize its benefits, for example, by making internal and stable attributions ('it was all due to my ability') and by playing up the importance of that domain of life. Both favorable construals and positivity embracement reflect the self-enhancement motive.

Defensiveness concerns avoiding, and minimizing the psychological effects of, negative feedback. Thus, defensiveness reflects the self-protection motive and is closely related to the psychodynamic concept of 'defense mechanisms' (Freud, 1937). For example, before evaluative situations (e.g., a test), people sometimes self-handicap by acting in ways that might hinder their performance (e.g., procrastination, drug use) – providing a ready-made excuse in the case of failure. When faced with negative feedback, people deflect its impact by making external and unstable attributions ('well, that test was stupid' as opposed to 'I need to improve on that subject'). More generally, people may subtly evade spending time with others who are more successful than them, and criticize rival individuals or groups, in order to avoid appearing inferior.

Finally, self-affirming reflections concerns an alternative, less-defensive approach to maintaining self-esteem in the face of threat or negative feedback. This approach involves bolstering the self indirectly, which acts as a resource to cushion threat. For example, when faced with negative feedback, people may bring to mind their strengths in a different domain, their important values, or their close relationships. A wealth of literature shows that such self-affirmation (which can be experimentally induced) reduces defensive reactions to negative feedback (Sherman and Cohen, 2006).

Individual Differences in Self-Enhancement and Self-Protection

On average, people are highly adept at maintaining self-esteem using self-enhancement and self-protection strategies. However, there are also individual differences. People with high self-esteem are more prone to self-enhancing – this effect likely works in both directions, with high self-esteem sometimes termed 'successful self-enhancement' (Sedikides and Gregg, 2003). Those with lower self-esteem are less prone to self-enhancing; in fact, they possess relatively more realistic self-views and expectations – known as 'depressive realism' (Taylor and Brown, 1988). Instead, people with low self-esteem are more likely to use defensiveness strategies to try to protect their already-uncertain self-view from dipping further (Hepper *et al.*, 2010). Other variables that predict self-enhancement and self-protection strategies include culture, regulatory focus, and narcissism (see Section Other Aspects of Self-Esteem). Self-esteem concerns are activated in contexts that involve (perceived) evaluation of oneself, and so use of these strategies is likely to be higher in such contexts (Crocker and Park, 2004).

Consequences of Seeking Self-Esteem

The pervasiveness of self-enhancement is unsurprising given evidence that the use of these strategies relates not only to high self-esteem but also hedonically rewarding outcomes such as improved mood, well-being, and motivation (Sedikides and Alicke, 2012; Sherman and Cohen, 2006). However, the use of such strategies can also be counterproductive. Many of these processes prevent one from learning accurately from feedback;

positivity embracement can create poor impressions to other people (e.g., by appearing boastful); and defensiveness can harm motivation and performance (Hepper and Sedikides, 2012). Crocker and Park (2004) further argue that pursuing self-esteem has long-term costs in other aspects of well-being such as autonomy (e.g., feeling driven to pursue self-esteem without choice). It may even make one more vulnerable to depression and anxiety by making every experience relevant to one's ego (and thus threatening). Thus, in the long run, it may not be healthy to rely on self-enhancement – and especially defensive self-protection – strategies at the expense of other goals. Self-affirming reflections provide an alternative way to deal with threatening information. After self-affirming, threatened people use fewer defensive self-protection strategies, feel more autonomous, and learn better from feedback (Sherman and Cohen, 2006) – thus counteracting the key costs of self-esteem pursuit.

When Do People Not Seek Self-Esteem?

Of course, self-enhancement and self-protection are not always the dominant influences on thinking and behavior. For example, self-serving attributions for cooperative tasks are no longer made when the other team member is a friend or romantic partner (Sedikides and Gregg, 2003). Moreover, people have at least three other important self-evaluation motives (Sedikides and Strube, 1997). Self-assessment is the desire to know oneself accurately, and motivates a search for true, unbiased information about the self (Trope, 1982). Self-improvement is the desire to better oneself, and motivates constructive self-criticism and delayed gratification (Sedikides and Hepper, 2009). Finally, self-verification is the desire to confirm preexisting self-knowledge and motivates a search for feedback that is consistent with prior views of the self (Swann *et al.*, 2003). Although self-esteem striving (i.e., self-enhancement) is dominant much of the time, it is reduced in contexts that make these other concerns salient (Sedikides and Gregg, 2003). In a more extreme approach, Crocker and Park (2004) argue that people should abandon self-esteem strivings in favor of more communal goals that are larger than the self, to be free of the pitfalls of self-esteem pursuit. Given the pervasiveness of self-esteem, however, this ultimate outcome seems unrealistic for most people.

Developmental Course and Group Differences

Harter (2003) claims that children develop a conscious sense of self-esteem between age 8 and 11, although younger children's behavior indicates they already possess some representation of their worth (e.g., confidence). Research has examined the developmental trajectory of global self-esteem levels. The typical course is that self-esteem is high in childhood, suffers a drop at the start of 'adolescence,' and then gradually increases during adulthood until approximately 60 years of age, at which point it declines into older-adulthood (Robins *et al.*, 2002). This trajectory varies by gender, in that adolescent girls generally suffer a larger drop in self-esteem than adolescent boys, and do not recover this deficit until old age. Conversely, men suffer a larger drop in self-esteem during old age (Robins *et al.*, 2002).

There is evidence that successive generations are increasing in average self-esteem levels (Gentile *et al.*, 2010). It is possible that this increase reflects the self-esteem movement (see above) and the accompanying focus of parents and schools on fostering positive self-evaluations in children. It will be informative to discover what happens to the age-related trajectories of the children of the self-esteem movement in future years.

Finally, cultural differences in self-esteem have been the subject of much debate (Hepper *et al.*, 2013). Some have argued that self-esteem is a Western construction and therefore less relevant in East-Asian or collectivistic cultures, whereas others maintain the perspective that self-esteem is a fundamental (i.e., universal) human need. Although the evidence is mixed, recent findings support the universality view. For example, the structure of the Rosenberg Self-Esteem Scale and of strategies used to maintain self-esteem (see Section The Motivation to Seek High Self-Esteem) are both the same across cultures (Hepper *et al.*, 2013; Schmitt and Allik, 2005). Although some studies find that self-esteem is lower in Eastern compared to Western samples (Heine *et al.*, 1999), both cultures have high average levels and show the same correlates in terms of well-being (Cai *et al.*, 2009). Thus, self-esteem appears universally to be the same construct with the same psychological consequences. Within cultures, research has focused on differences between groups of different status. Members of low socioeconomic status, and stigmatized groups (e.g., those who are overweight or suffer from severe mental illness), often report lower than average self-esteem – although African-American individuals often report especially high self-esteem (Robins *et al.*, 2002; see Zeigler-Hill (2013) for a review).

Predictors of Individual Self-Esteem Levels

Why do some individuals have higher self-esteem than others? Prominent theorists argue that global self-esteem level tracks one's perceived belongingness (Leary and Baumeister, 2000) or perceived fit with cultural standards (Pyszczynski *et al.*, 2004). Evidence supports the relevance of perceived evaluations from other people. In childhood, the most influential 'others' are caregivers, especially parents, and teachers. Children whose parents are warm, approving, and responsive tend to have higher self-esteem than those whose parents are critical or unresponsive (Harter, 2003).

The influence of parenting experiences on children's self-esteem is further explained by 'attachment theory' (Bowlby, 1969; Mikulincer and Shaver, 2007). According to this influential theory, infants are born with an innate 'attachment system,' which motivates them to seek proximity to their caregiver (usually a parent) when they are frightened or upset. Based on the parent's typical responses to the infant's behavior (e.g., comforting, ignoring), the infant learns the most effective strategy for maintaining proximity. Over time, the infant also develops mental representations of the world based on these experiences – including how lovable (s)he is and how likely other people are to care for him/her. This framework, then, explains how parental treatment influences children's self-esteem (Hepper and Carnelley, 2012). Consistent, warm, and

responsive caregiving fosters secure attachment and also high self-esteem ('I am worthy of other people's love'). Consistent rejection or coldness yields avoidant attachment and self-esteem that may not be low, but depends on self-reliance ('I am only worthy if I can cope alone'). Inconsistent or overprotective parenting yields anxious attachment, and low self-esteem that depends on constant reassurance from others ('I don't deserve love and can't cope without others'). Research shows that these links between self-esteem and levels of avoidant or anxious attachment persist into adulthood (Hepper and Carnelley, 2012; Mikulincer and Shaver, 2007). Therefore, exploring a person's attachment history may be a useful insight into their self-esteem regardless of their age.

In adolescence, evaluations from peers, and perceived attractiveness, become important predictors of self-esteem (Harter, 2003). In both cases the influential aspect is the person's own perception (not objective indices) of their approval or attractiveness. In adulthood, perceived acceptance from other people continues to be the best predictor of self-esteem (Leary and MacDonald, 2003). Because attachment styles are relatively stable and self-sustaining, early attachment experiences may influence the level of acceptance and attractiveness that one perceives, creating a vicious cycle for those with insecure attachment histories (Mikulincer and Shaver, 2007).

Despite the reliable effects of interpersonal experiences, self-esteem also appears to have a genetic component. Although research on this topic is scarce, Neiss *et al.* (2009) found in a sample of adolescent female twins that 59% of the variance was accounted for by genetic influences. This heritable core might also explain some of the links between self-esteem and personality traits, particularly neuroticism.

Measurement of Global Self-Esteem

The most common approach to measuring self-esteem is to ask an individual to rate their agreement with statements or questions about their feelings of self-worth and/or self-competence. There are many such scales in use, some of which ask directly about global self-esteem, and others of which ask about self-worth in several aspects of life in order to compute an average score (see **Table 1** for a summary and sample items).

The earliest measure developed was Rosenberg's (1965) Self-Esteem Scale (RSES). The RSES is the most popular measure of global self-esteem, because it is brief (10 items), face valid, and simple to administer and score. Blascovich and Tomaka (1991) reviewed several self-esteem measures and recommended the RSES as the best-available scale of global self-esteem, because it has high internal consistency (i.e., the

Table 1 Aspects of self-esteem and commonly used measures

Construct	*Definition*	*Commonly used measure(s)*	*Sample item/Scoring*
Global trait self-esteem	Positivity of evaluation of one's overall worth as a person	Rosenberg Self-Esteem Scale (Rosenberg, 1965)	'On the whole, I am satisfied with myself'
		Revised Janis-Field Feelings of Inadequacy Scale (4 subscales; Fleming and Courtney, 1984)	'How often do you feel inferior to most of the people you know?' (R)
Domain-specific self-esteem	Positivity of evaluations of one's specific ability, value, and desirability in different domains of life	Tennessee Self-Concept Scale (for adults and children; 6 subscales; Fitts and Warren, 1996)	'I am an attractive person'
		Self-Description Questionnaire (for children and adolescents; 13 subscales; Marsh and O'Neill, 1984)	'I enjoy doing work for most academic subjects'
State self-esteem	Positivity of momentary feelings about oneself, which fluctuate constantly	State Self-Esteem Scale (3 subscales; Heatherton and Polivy, 1991)	'Right now, I feel confident about my abilities'
Implicit self-esteem	Positivity of automatic, intuitive, nonconscious feelings about the self	Implicit Association Test (Greenwald and Banaji, 1995)	Speed of classifying words related to self + positive concepts vs. negative concepts
		Name–Letter Test (Koole *et al.*, 2001)	Rate liking for each letter of the alphabet; compute preference for name-letters
Self-esteem fragility	Extent to which self-esteem is robust or vulnerable to fluctuation over time and effects of external events	Discrepancy between explicit and implicit self-esteem measures (Jordan *et al.*, 2002)	Compute discrepancy between two scores or examine interactive effects in analysis
		Stability of state self-esteem measure over several repeated measurements (Kernis, 2005)	Compute within-person standard deviation or examine within-person effects of events
		Self-Concept Clarity Scale (Campbell *et al.*, 1996)	'My beliefs about myself often conflict with one another' (R)
		Contingencies of Self-Worth Scale (Crocker *et al.*, 2003)	'I feel worthwhile when I perform better than others on a task or skill'

Note: (R) denotes reverse-scored items.

items reliably assess the same construct), test–retest reliability (i.e., people tend to give the same answers when completing the scale on two separate occasions), and convergent and discriminant validity (i.e., it correlates with other self-view measures but not with unwanted constructs like vocabulary). A potential issue with the RSES is that some studies identify two factors (distinguishing positively and negatively worded items), although they both perform similarly in analyses (Heatherton and Wyland, 2003).

The other measure recommended by Blascovich and Tomaka (1991) and by Heatherton and Wyland (2003) is the Revised Janis-Field Feelings of Inadequacy Scale (JFS) (Fleming and Courtney, 1984). This multidimensional scale includes 36 items asking participants about global self-worth (e.g., 'How often do you feel inferior to most of the people you know?') as well as academic abilities, social confidence, and appearance. The dimensions can then be analyzed separately or combined to a total self-esteem score. The JFS is more appropriate than the RSES if a researcher is interested in different domains of life (see also Section Other Aspects of Self-Esteem), but takes longer to administer and so is less practical if a researcher is only interested in global self-esteem.

Although the two measures above were identified as the best available, no existing self-esteem measures are perfect (Baumeister *et al.*, 2003; Heatherton and Wyland, 2003). One problem is that they are often influenced by social desirability bias (i.e., the conscious or unconscious tendency to give answers that 'look good'). However, such a bias may be a genuine correlate of self-esteem, given that high self-esteem relates to self-enhancement. Moreover, given the high reliability and convergence between different self-esteem measures, it seems that questionnaires are an appropriate way to capture feelings of self-worth. Researchers have even found promising results with a single-item measure: 'I have high self-esteem' (Robins *et al.*, 2001).

Other Aspects of Self-Esteem

Although the most common conceptualization of self-esteem is the above-described trait level of global self-worth, there are multiple aspects of self-esteem that are needed to fully understand a person's view of himself and how it functions (see **Table 1**). Accordingly, recent years have seen increased attention on other aspects of the self-system.

Domain-Specific Self-Esteem

People possess not only views of their global worthiness, but also views of their specific ability and value in different domains of life. For example, researchers have examined individual differences in social self-esteem, appearance self-esteem, and academic self-esteem (Gentile *et al.*, 2009). In line with James' (1890) view that self-esteem reflects successes in personally important domains, domain-specific self-evaluations correlate with global self-esteem. However, debate surrounds the direction of this effect: it is possible that global self-esteem instead feeds down into specific self-evaluations (Sedikides and Gregg, 2003).

Some have argued that these variables capture specific evaluations of abilities rather than worth and should be considered indices of self-confidence or 'self-efficacy' (Brown *et al.*, 2001). Whether studied under the umbrella of self-esteem or another term, domain-specific measures often predict relevant domain-specific outcomes more effectively than do measures of global self-esteem (Baumeister *et al.*, 2003). However, global self-esteem relates to a wide range of broader outcomes (see Section Consequences of Self-Esteem). Thus, researchers only interested in a particular context may wish to use a measure of self-esteem in that domain.

State Self-Esteem

Feelings of self-worth are not static, but constantly fluctuate in response to everyday experiences and feedback. State self-esteem refers to the momentary evaluation of one's worth 'right now,' whereas trait self-esteem refers to the cumulative evaluation of one's worth in the longer term. State self-esteem increases in response to positive feedback or social acceptance, and decreases in response to negative feedback or social rejection (Jussim *et al.*, 1995). It is often linked closely to the experience of self-conscious emotions such as pride, shame, or embarrassment (Leary *et al.*, 1995).

People with higher trait self-esteem are also more likely to report high state self-esteem at any given moment; this link is likely bidirectional, but may exist partly because repeated short-term changes in state self-esteem contribute to long-term trait self-esteem (Leary *et al.*, 1995). State self-esteem is most often construed as a temporary version of, or departure from trait self-esteem (Sedikides and Gregg, 2003), although Brown *et al.* (2001) argue that the relationship is more akin to temporary feelings of pride or disappointment in one's child (which do not affect how much one loves the child). In research, the two tend to correlate substantially (Sedikides and Gregg, 2003).

Implicit Self-Esteem

Questionnaire measures rely on explicit, consciously accessible evaluations of the self and may not reflect more intuitive, unconscious feelings. Recent efforts have focused on ways to tap into such unconscious self-evaluations – known as implicit self-esteem (Greenwald and Banaji, 1995). Whereas explicit self-esteem can be verbalized, implicit self-esteem is more of a 'gut instinct' – we may be totally unaware of our implicit self-esteem level and how it affects our behavior. Explicit and implicit self-esteem can also differ; for example, a successful businesswoman who was bullied years ago in high school may be outwardly confident and self-assured but unconsciously doubt whether colleagues really like her. High (or low) implicit self-esteem is thought to reflect automatic cognitive associations between the self-concept and positive (or negative) evaluations. Accordingly, researchers measure implicit self-esteem by examining these automatic associations (Koole and DeHart, 2007). One commonly used measure is the implicit association test, which records (usually on computer) the speed with which an individual can simultaneously categorize self-related words and (1) positive words and (2) negative words. Faster response times for the self + positive (compared to the self + negative) task indicates more positive automatic associations and higher implicit self-esteem. Another popular measure is the name–letter test, which asks an individual to rate their liking for every letter of

the alphabet and scores how much they prefer letters in their own name (compared to other letters and average liking for each letter). Greater preference for own name–letters indicates more positive automatic associations and thus higher implicit self-esteem (Koole *et al.*, 2001).

Debate surrounds exactly what measures of implicit self-esteem are tapping into, and their reliability is not always very good. Yet, many research findings have been replicated using multiple implicit measures, suggesting they assess something valid. The correlation between implicit and explicit self-esteem is typically weak or even zero, meaning that some individuals might hold conflicting automatic and conscious self-evaluations. Evidence suggests that implicit self-esteem is positively associated with successful emotion regulation and moderates the effect of explicit self-esteem on outcomes such as defensive self-enhancement and optimism (for a review see Koole and DeHart (2007)).

Self-Esteem Fragility and Stability

There is more to individual differences in self-esteem than whether it is high or low. Some people have a secure, robust sense of self-worth – their state self-esteem stays relatively steadfast regardless of what happens to them. However, others have a more fragile sense of self-worth that is buffeted by every positive or negative evaluative experience – their state self-esteem fluctuates to a greater extent from moment to moment (Kernis, 2003, 2005). Researchers have struggled to measure self-esteem fragility directly, as (like implicit self-esteem) it is likely not consciously accessible. Accordingly, some use a discrepancy between explicit and implicit self-esteem to index fragility. Others assess self-esteem repeatedly over several days and examine its (in)stability. Still others have developed self-report measures that capture fragility indirectly, for example, by asking about the clarity of one's self-concept or the extent to which events in different domains of life influence one's self-esteem (e.g., Crocker *et al.*, 2003). Kernis (2003) argues that security/fragility can help to distinguish between different historical views of high self-esteem. That is, the view of high self-esteem that involves excessive self-enhancement, derogating others, and aggressive responses to threat may instead only describe people with fragile (not secure) high self-esteem. Instead, people with secure high self-esteem accept themselves 'warts and all' and do not feel the need to continually prove their superiority. Like self-esteem level, fragility may partly originate in an individual's experiences with attachment figures (Crocker and Park, 2004; Hepper and Carnelley, 2012).

Importantly, however it is measured, self-esteem fragility has consequences for behavior even when global self-esteem level is controlled for. People with relatively fragile (compared to secure) self-esteem are more defensive, less accepting of themselves, and more aggressive (Kernis, 2005; Zeigler-Hill, 2011). They also prioritize pursuit of self-esteem over other goals such as learning, forming close relationships, and contributing to society – meaning that they are less likely to fulfill their potential in other aspects of life (Crocker and Park, 2004; Kernis, 2003). Thus, as well as considering global self-esteem level, it is also worth taking into account the extent to which an individual's self-esteem is secure as opposed to invested in, or contingent upon, external validation.

Differentiating High Self-Esteem from Narcissism

Narcissism is a personality trait that is often confused with high self-esteem and so bears mention here. Although its conceptualization shares historical origins with 'Narcissistic Personality Disorder (NPD),' and its most common measure (the Narcissistic Personality Inventory; Raskin and Terry, 1988) was based on the NPD diagnostic criteria, narcissism varies on a continuous dimension in the general population – it is often called subclinical or 'normal narcissism' (Sedikides *et al.*, 2004). Narcissism entails a grandiose, inflated self-image and desire for power, coupled with a sense of entitlement and lack of regard for others (Campbell and Foster, 2007). When people describe high self-esteem using words like 'arrogant' and 'show-off,' they are more accurately describing high narcissism. That is, high self-esteem involves feeling comfortable with oneself and equal to others, whereas high narcissism involves feeling grandiose and superior to others. One concerning consequence of this confusion is that educational programs that grew out of the 'self-esteem movement' may inadvertently have promoted narcissism: some evidence suggests that narcissism levels are rising generation by generation (Twenge *et al.*, 2008).

Narcissism shares parallels with fragile high self-esteem. Indeed, narcissism correlates moderately with global self-esteem, but also with indices of defensiveness. For example, high-narcissists (but not high-self-esteem individuals) are preoccupied with maintaining their positive self-views and use self-enhancement and self-protection strategies that are publicly visible or derogate others (Hepper *et al.*, 2010). They have sometimes, but not always, been found to have more unstable self-esteem, low implicit self-esteem, or self-esteem that is contingent upon competition (Rhodewalt, 2012). However, narcissism is a multifaceted personality trait and is more than just fragile high self-esteem. In particular, narcissists are especially motivated by concerns about agency and do not care about communion; interpersonal entitlement is a core feature of their attitude to others. This personality structure explains narcissists' frequent success in business, coupled with their difficulties in close relationships, in ways that their fragile high self-esteem cannot (Campbell and Foster, 2007). There is evidence that high global self-esteem accounts for narcissists' high satisfaction with life and low loneliness, perhaps buffering their well-being from their interpersonal difficulties (Sedikides *et al.*, 2004). Thus, the constructs overlap but are distinct.

Consequences of Self-Esteem

It was assumed throughout much of the twentieth century that having high self-esteem led to every sort of positive outcome. Recent decades have seen an enormous surge in empirical tests of this assumption and no small amount of controversy. However, most studies are correlational in design and rely on self-report measures of outcomes (appropriate in some cases, but not in others). Baumeister *et al.* (2003) noted that relatively few studies had been conducted using rigorous methods. We are now some way closer to understanding which areas of life are – and are not – strongly affected by self-esteem. But more research is needed to clarify many of the associations.

Well-being and Mental Health

Self-esteem fosters 'subjective well-being.' Indeed, self-esteem is positively associated with self-reported positive emotions, happiness, and satisfaction with life in childhood, adolescence, and adulthood (Diener and Diener, 1995; Harter, 2003; Sedikides *et al.*, 2004). Similarly, high self-esteem is linked to healthy psychological functioning (e.g., feelings of authenticity; Mruk, 2006). On the flip side, low self-esteem is linked to negative emotions, including anger, anxiety, depression, and loneliness (Harter, 2003; Leary and MacDonald, 2003). Neiss *et al.* (2009) found evidence for a common genetic factor underlying low self-esteem, neuroticism, and depression, implying that this link might partly reflect an innate predisposition. However, the link is also consistent with the sociometer theory view that perceived exclusion leads to all of the above-listed negative emotions as well as low self-esteem (Leary *et al.*, 1995).

Self-esteem is also implicated in many psychopathologies. Virtually every mental disorder is shown in correlational research to be more common among people with low, rather than high, self-esteem (Zeigler-Hill, 2011). Low self-esteem is also listed in the DSM-IV-TR (American Psychiatric Association, 2000) as a criterion or associated feature for a range of disorders, including 'depression,' many anxiety disorders, eating disorders, substance abuse, schizophrenia, and some personality disorders. Aspects of self-esteem also explain the link between insecure attachment and some disorders (Roberts, 2006).

The most common explanation for this link is the 'vulnerability model': that low self-esteem forms a risk factor that makes a person vulnerable to developing psychopathology when exposed to stressful experiences (Beck, 1967; Zeigler-Hill, 2011). High self-esteem, on the other hand, buffers people from such experiences (perhaps partly by fostering self-enhancement strategies such as favorable construals and self-affirming reflections; see Section The Motivation to Seek High Self-Esteem). Most systematic research on this issue has focused on depression and anxiety. Supporting the vulnerability hypothesis, prospective studies show that people with low self-esteem are more likely to develop these problems subsequently (Orth *et al.*, 2009; Orth *et al.*, 2008; Trzesniewski *et al.*, 2006). This might partly be because people with low self-esteem engage in counterproductive mental and behavioral strategies (e.g., rumination, negative attributional style, excessive reassurance-seeking, and seeking negative feedback), which predict later development of depression (Zeigler-Hill, 2011). There is also some evidence supporting the buffering hypothesis that stressful events lead to development of psychopathology only among people with low self-esteem, but findings are inconsistent – many studies just find that low self-esteem and stress independently predict future depression (Orth *et al.*, 2009).

Arguments have also been made for the reverse causal direction, or 'scar model': that experiencing psychopathology leaves the scar of low self-esteem (Zeigler-Hill, 2011). Although there is evidence that mental health difficulties can decrease self-esteem, longitudinal research supports the vulnerability model more consistently. It is likely that the effects are partially bidirectional, but more research is needed. Moreover, it is possible that some overlap reflects common causes of both low self-esteem and psychopathology, such as the personality trait of neuroticism (Neiss *et al.*, 2009; Roberts, 2006).

Fragile self-esteem is also relevant to psychopathology. For example, NPD does not include low self-esteem but instead a grandiose yet fragile sense of self-importance (DSM-IV-TR). Similarly, in bipolar disorder people may report high esteem during a manic phase, but this is relatively unstable (Zeigler-Hill, 2011). Moreover, unstable or contingent self-esteem may leave individuals particularly vulnerable to the onset of depression, but more research is needed on the interplay between self-esteem level and fragility (Roberts, 2006; Zeigler-Hill, 2011). Finally, some disorders often include self-esteem that is contingent on external sources (e.g., body shape or 'body image' in eating disorders) (Roberts, 2006). Overall, high self-esteem can generally be said to promote well-being and protect, to some extent, against psychopathology, but it is also crucial to consider fragility of self-esteem for some mental health difficulties.

Physical Health

Self-esteem level is positively related to a range of health indicators, including longitudinal effects on cardio-respiratory health, body mass index, and feelings of healthiness (but not blood pressure) (Trzesniewski *et al.*, 2006). At least two mechanisms might explain this link. First, self-esteem has physiological correlates that promote physical health. For example, people with high self-esteem have higher heart rate variability – an indicator of adaptability (Schwerdtfeger and Scheel, 2012) – and respond to stress or rejection with lower cortisol levels (Ford and Collins, 2010). Thus, they are better equipped to cope physically with everyday demands and life stressors. Self-esteem appears to promote physical (as well as psychological) resilience. Second, self-esteem is positively related to 'self-efficacy': the sense of control and ability to engage in exercise and other health-promoting behaviors (Mann *et al.*, 2004). Self-esteem also relates positively to healthy diet and physical activity, although the causal direction has not been established – feeling healthy might also increase evaluations of the self (Kristjánsson *et al.*, 2010).

Academic and Job Performance

The self-esteem movement assumed that raising children's self-esteem would improve their academic achievement (Nolan, 1998). Several studies have found that self-esteem correlates positively – but quite weakly – with academic performance in terms of grades and some types of achievement tests (though not usually with IQ) (Baumeister *et al.*, 2003). However, the few longitudinal studies have tended to support the alternative causal direction – that doing well in school increases subsequent self-esteem. In addition, the link is partly explained by the common influence of other variables such as socioeconomic status, which increase both self-esteem and academic performance. Based on this evidence, Baumeister *et al.* (2003) concluded that self-esteem does not improve performance in school. Recent evidence suggests a more nuanced pattern: some types of self-enhancement (i.e., exaggerating one's grades when thinking about them privately – but not boasting about them publicly) can boost motivation and improve performance (Willard and Gramzow, 2009).

The link between self-esteem and performance in the workplace is even more ambiguous, partly because of the huge

variation in job demands. This literature is smaller and subject to the same causality concerns as the academic performance literature (Baumeister *et al.*, 2003). There is some evidence that high self-esteem helps people to persist on tasks when faced with difficulties, which is beneficial for many occupations (Di Paula and Campbell, 2002). However, growing research suggests that this benefit is not uniquely caused by high self-esteem, but more strongly driven by high self-control (Baumeister *et al.*, 2007). Overall, high self-esteem may have some characteristics that aid one's academic or job performance – but the effect is not large enough to warrant the vast attention it has received.

Interpersonal Relationships

Given that self-esteem is thought to be rooted largely in interpersonal experiences, it makes sense that self-esteem level would in turn influence interpersonal behavior. One area that has been studied is friendships and peer social interactions. People with high self-esteem consistently report that they are more popular and better-liked than those with low self-esteem do. However, in studies that examine peers' or teachers' reports of individuals, or observe behavior objectively, there is generally no link between self-esteem and liking or popularity. The only consistent finding is that high self-esteem leads to taking more initiative in starting friendships and speaking up in a group (Baumeister *et al.*, 2003).

In close – especially romantic – relationships, self-esteem is somewhat relevant. Because they may have a history of attachment insecurity and/or rejection, people with low self-esteem are hypervigilant to signals of rejection from others (Downey and Feldman, 1996). Moreover, because they rely more on defensive self-protection strategies (see Section The Motivation to Seek High Self-Esteem), people with low self-esteem respond more defensively when they perceive such signals. For example, Ford and Collins (2010) found that individuals with low self-esteem interpreted an ambiguous message from an opposite-sex peer as more threatening, and then reacted by criticizing the other person. Within romantic relationships, this sensitivity to rejection coupled with defensiveness leads those with low self-esteem to underestimate how much their partner loves them, doubt their partner's motives, and feel less satisfied with the relationship (Marigold *et al.*, 2007). Such patterns can lead to conflict and ironically elicit rejection. However, Baumeister *et al.* (2003) noted that there is no evidence that low self-esteem makes a couple more likely to break up. Overall, self-esteem may influence interpersonal strategies but does not make one a better or worse relationship partner.

Antisocial and Criminal Behavior

It has long been assumed that low self-esteem is a risk factor for antisocial and criminal behavior. One such area concerns 'aggression,' particularly in children and adolescents. Evidence on this question is mixed, with some studies linking aggression to low self-esteem and others to high self-esteem (Baumeister *et al.*, 1996). Baumeister *et al.*'s 'threatened egotism' theory argued that when criticized or otherwise threatened, people with high self-esteem lash out to protect their ego. However, recent work clarified the inconsistency by focusing on self-esteem fragility (see Section Other Aspects of Self-Esteem). That is, adolescents with fragile high self-esteem, or high narcissism, react aggressively to threat; those with secure high self-esteem do not (Bushman and Baumeister, 1998; Baumeister *et al.*, 2003). The same individuals are also more likely to bully others (i.e., engage in repeated proactive aggression or victimization) (Fanti and Kimonis, 2012; Sandstrom and Jordan, 2008). It is thus important to consider multiple aspects of self-esteem.

In terms of delinquency and crime, the empirical picture is again mixed. However, much of the evidence that includes objective measures and prospective designs supports low self-esteem as a risk factor for antisocial behavior, getting into trouble in adolescence, and getting more criminal convictions (Baumeister *et al.*, 2003; Trzesniewski *et al.*, 2006). This pattern seems to go along with other 'externalizing' problems such as smoking and substance abuse (Trzesniewski *et al.*, 2006). It is possible that this pattern reflects a tendency for adolescents with low self-esteem to seek acceptance by joining delinquent groups and engaging in such behaviors to gain approval. This would be consistent with sociometer theory, and there is some evidence that adolescents' self-esteem rises after getting involved with such groups (Leary and MacDonald, 2003). Self-control might help to explain why some adolescents go down delinquent routes to acceptance – there is a strong and consistent link between low self-control and a range of antisocial, delinquent, and criminal outcomes (Baumeister *et al.*, 2007; Boisvert *et al.*, 2012).

Implications of Self-Esteem for Clinical Treatment

The domain in which global self-esteem has the clearest influence on outcomes is well-being and mental health. Accordingly, practitioners may find value in incorporating self-esteem into clinical practice. We have also seen, however, that self-esteem may not be as straightforward as once assumed. Therefore, it is also crucial to take other aspects of the self and related mental, emotional, and behavioral processes into consideration.

Many therapeutic approaches currently include increasing self-esteem level as a core component. For example, Rogers' (1959) client-centered therapy and more recent humanistic or 'positive psychology' therapies focus on providing unconditional positive regard so that an individual's self-worth may increase (Mruk, 2006). Cognitive-behavioral therapy (Beck, 1995) also addresses core self-related issues such as correcting negative views of the self or a negative attributional style. More recently, Mruk (2006) developed a psychoeducational program for clinical and nonclinical populations, which focuses on enhancing self-esteem in the short- and long-term. Among other aspects, the program includes components that are compatible with research discussed earlier – including providing acceptance (cf. sociometer theory), positive feedback (cf. self-enhancement), and affirming positive qualities (cf. self-affirmation). Increasing self-esteem in therapy might also be useful in helping a client feel confident in achieving other changes (e.g., coping with exposure to feared situations in Specific Phobias or Obsessive Compulsive Disorder) (Roberts, 2006).

Nevertheless, as discussed above, raising global self-esteem level is not the solution to every problem. And if implemented wrongly, such strategies might inadvertently create fragile high self-esteem or narcissism – which lead to other problems. It is crucial to ensure that any interventions or programs boost secure, and not defensive, high self-esteem. Thus, an alternative therapeutic approach is to reduce an individual's focus on self-esteem and preoccupation with their self-worth. For example, 'third-wave' behavioral therapies such as Acceptance and Commitment Therapy (Hayes and Lillis, 2012) encourage clients to be mindful and accepting of their qualities – both 'good' and 'bad' – and to focus on important values and goals. This approach is compatible with evidence for the costs of self-esteem pursuit (Crocker and Park, 2004) and the benefits of self-affirmation (e.g., affirming values) to reduce defensive self-protection (Sherman and Cohen, 2006).

A final perspective for therapeutic approaches based on empirical research is to assess a client's self-esteem (level and fragility) in order to identify useful techniques to help them. This could be used instead of, or as well as, actually trying to alter their self-esteem. For example, a client identified as having fragile high self-esteem (or high narcissism) might benefit from teaching self-affirming techniques to reduce their defensive and aggressive reactions to threat (similar to an approach used by Thomaes *et al.* (2009) with narcissistic schoolchildren). A client identified as having low self-esteem might benefit from teaching less negative attributional style or reframing positive events that happen (Marigold *et al.*, 2007). If the client also has externalizing tendencies, focusing on increasing their self-control might be most beneficial (Boisvert *et al.*, 2012; Denson *et al.*, 2012). Programs such as mindfulness-based cognitive therapy (Segal *et al.*, 2002) incorporate several of these techniques and so might be appropriate for individuals with fragile self-esteem (Denson *et al.*, 2012). However, this field is relatively young and much more research is needed to establish what effects such therapeutic programs have on different aspects of self-esteem, and how important changes in self-esteem are for obtaining treatment outcomes.

Summary and Conclusion

The long history of self-esteem has generated an abundance of theoretical, empirical, and practical advancements. In many ways, research has corroborated the long-held belief that self-esteem is a fundamental psychological construct – it underlies many of the motives and strategies that we use to navigate the social world and is intrinsically linked to our subjective experience of this world. However, the days when self-esteem was viewed as a panacea to resolve society's ills have passed. We now have a better (yet still incomplete) understanding of the complexities involved in self-esteem and its consequences. Especially, significant advances include the exploration of self-esteem fragility and the use of rigorous longitudinal and experimental research designs with more objective measures of life outcomes. Such research suggests that global self-esteem level is most relevant to subjective well-being and some psychopathologies, whereas self-esteem fragility or self-control may be more relevant to externalizing problems and other outcomes. There is much work still to do in clarifying these complex patterns. Practitioners who familiarize themselves with the multiple aspects of the self-system may be better placed than ever to incorporate aspects of self-esteem into therapy for clinical and nonclinical populations. Hopefully, more research will systematically examine the role of the self in such programs and their effectiveness.

See also: Adolescence. Aggression. Associations between Parenting and Mental Health. Attachment. Body Image and Mental Health. Defense Mechanisms. Depression. Happiness and Subjective Well-Being. Positive Illusions. Self-Efficacy

References

American Psychiatric Association, 2000. Diagnostic and Statistical Manual of Mental Disorders, fourth ed. Washington, DC: American Psychiatric Association.

Baumeister, R.F., Campbell, J.D., Krueger, J.I., Vohs, K.D., 2003. Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? Psychological Science in the Public Interest 4, 1–44.

Baumeister, R.F., Smart, L., Boden, J.M., 1996. The relation of threatened egotism to violence and aggression: The dark side of high self-esteem. Psychological Review 103, 5–33.

Baumeister, R.F., Vohs, K.D., Tice, D.M., 2007. The strength model of self-control. Current Directions in Psychological Science 16, 396–403.

Beck, A.T., 1967. Depression: Clinical Experimental and Theoretical Aspects. New York, NY: Harper & Row.

Beck, J.S., 1995. Cognitive Therapy: Basics and Beyond. New York, NY: Guilford Press.

Blascovich, J., Tomaka, J., 1991. Measures of self-esteem. In: Robinson, J., Shaver, P.R., Wrightsman, L. (Eds.), Measures of Personality and Social Psychological Attitudes. San Diego, CA: Academic Press, pp. 115–160.

Boisvert, D., Wright, J.P., Knopik, V., Vaske, J., 2012. Genetic and environmental overlap between low self-control and delinquency. Journal of Quantitative Criminology 28, 477–507.

Bowlby, J., 1969. Attachment and loss. Vol. 1: Attachment. London: Hogarth.

Branden, N., 1969. The Psychology of Self-Esteem. New York, NY: Bantam.

Brown, J.D., Dutton, K.A., Cook, K.E., 2001. From the top down: Self-esteem and self-evaluation. Cognition and Emotion 15, 615–631.

Bushman, B.J., Baumeister, R.F., 1998. Threatened egotism, narcissism, self-esteem, and direct and displaced aggression: Does self-love or self-hate lead to violence? Journal of Personality and Social Psychology 75, 219–229.

Bushman, B.J., Moeller, S.J., Crocker, J., 2011. Sweets, sex, or self-esteem? Comparing the value of self-esteem boosts with other pleasant rewards. Journal of Personality 79, 993–1012.

Cai, H., Wu, Q., Brown, J.D., 2009. Is self-esteem a universal need? Evidence from the People's Republic of China. Asian Journal of Social Psychology 12, 104–120.

Campbell, J.D., Trapnell, P.D., Heine, S.J., *et al.*, 1996. Self-concept clarity: Measurement, personality correlates, and cultural boundaries. Journal of Personality and Social Psychology 70, 141–156.

Campbell, K.W., Foster, J.D., 2007. The narcissistic self: Background, an extended agency model, and ongoing controversies. In: Sedikides, C., Spencer, S. (Eds.), Frontiers in Social Psychology: The Self. Philadelphia, PA: Psychology Press.

Coopersmith, S., 1967. The Antecedents of Self-Esteem. San Francisco: Freeman.

Crocker, J., Luhtanen, R., Cooper, M.L., Bouvrette, A., 2003. Contingencies of self-worth in college students: Theory and measurement. Journal of Personality and Social Psychology 85, 894–908.

Crocker, J., Park, L.E., 2004. The costly pursuit of self-esteem. Psychological Bulletin 130, 392–414.

Denson, T.F., DeWall, C.N., Finkel, E.J., 2012. Self-control and aggression. Current Directions in Psychological Science 21, 20–25.

Diener, E., Diener, M., 1995. Cross-cultural correlates of life satisfaction and self-esteem. Journal of Personality and Social Psychology 68, 653–663.

Di Paula, A., Campbell, J.D., 2002. Self-esteem and persistence in the face of failure. Journal of Personality and Social Psychology 83, 711–724.

Downey, G., Feldman, S., 1996. Implications of rejection sensitivity for intimate relationships. Journal of Personality and Social Psychology 70, 1327–1343.

Fanti, K.A., Kimonis, E.R., 2012. Bullying and victimization: The role of conduct problems and psychopathic traits. Journal of Research on Adolescence 22 (4), 617–631.

Fitts, W.H., Warren, W.L., 1996. Tennessee Self-Concept Scale: TSCS 2: Manual. Los Angeles, CA: Western Psychological Services.

Fleming, J.S., Courtney, B.E., 1984. The dimensionality of self-esteem: II. Hierarchical facet model for revised measurement scales. Journal of Personality and Social Psychology 46, 404–421.

Ford, M.B., Collins, N.L., 2010. Self-esteem moderates neuroendocrine and psychological responses to interpersonal rejection. Journal of Personality and Social Psychology 98, 405–419.

Freud, A., 1937. The Ego and the Mechanisms of Defence. London: Hogarth.

Gentile, B., Grabe, S., Dolan-Pascoe, B., *et al.*, 2009. Gender differences in domain-specific self-esteem: A meta-analysis. Review of General Psychology 13, 34–45.

Gentile, B., Twenge, J.M., Campbell, W.K., 2010. Birth cohort differences in self-esteem, 1988–2008: A cross-temporal meta-analysis. Review of General Psychology 14, 261–268.

Greenwald, A.G., Banaji, M.R., 1995. Implicit social cognition: Attitudes, self-esteem, and stereotypes. Psychological Review 102, 4–27.

Harter, S., 2003. The development of self-representations during childhood and adolescence. In: Leary, M.R., Tangney, J.P. (Eds.), Handbook of Self and Identity. New York, NY: Guilford Press, pp. 610–642.

Hayes, S.C., Lillis, J., 2012. Acceptance and Commitment Therapy. American Psychological Association.

Heatherton, T.F., Polivy, J., 1991. Development and validation of a scale for measuring state self-esteem. Journal of Personality and Social Psychology 60, 895–910.

Heatherton, T.F., Wyland, C., 2003. Assessing self-esteem. In: Lopez, S., Snyder, R. (Eds.), Assessing Positive Psychology. Washington, DC: APA, pp. 219–233.

Heine, S.J., Lehman, D.R., Markus, H.R., Kitayama, S., 1999. Is there a universal need for positive self-regard? Psychological Review 106, 766–794.

Hepper, E.G., Carnelley, K.B., 2012. Attachment and romantic relationships: The role of models of self and other. In: Paludi, M. (Ed.), The Psychology of Love, vol. 1. Santa Barbara, CA: Praeger, pp. 133–154.

Hepper, E.G., Gramzow, R., Sedikides, C., 2010. Individual differences in self-enhancement and self-protection strategies: An integrative analysis. Journal of Personality 78, 781–814.

Hepper, E.G., Sedikides, C., 2012. Self-enhancing feedback. In: Sutton, R., Hornsey, M., Douglas, K. (Eds.), Feedback: The Communication of Praise, Criticism, and Advice. London: Peter Lang, pp. 43–56 (Chapter 4).

Hepper, E.G., Sedikides, C., Cai, H., 2013. Self-enhancement and self-protection strategies in China: Cultural expressions of a fundamental human motive. Journal of Cross-Cultural Psychology 44, 5–23.

James, W., 1890. The Principles of Psychology. New York, NY: Dover Publications.

Jordan, C.H., Spencer, S.J., Zanna, M.P., 2002. "I love me... I love me not": Implicit self-esteem, explicit self-esteem, and defensiveness. In: Spencer, S.J., Fein, S., Zanna, M.P., Olson, J.M. (Eds.), Motivated Social Perception: The Ontario Symposium. Mahwah, NJ: Lawrence Erlbaum Associates, Inc., pp. 117–145.

Jussim, L., Yen, H.J., Aiello, J.R., 1995. Self-consistency, self-enhancement, and accuracy in reactions to feedback. Journal of Experimental Social Psychology 31, 322–356.

Kernis, M.H., 2003. Toward a conceptualization of optimal self-esteem. Psychological Inquiry 14, 1–26.

Kernis, M.H., 2005. Measuring self-esteem in context: The importance of stability of self-esteem in psychological functioning. Journal of Personality 73, 1–37.

Koole, S.L., DeHart, T., 2007. Self-affection without self-reflection: Origins, models, and consequences of implicit self-esteem. In: Sedikides, C., Spencer, S.J. (Eds.), The Self. New York, NY: Psychology Press, pp. 21–50.

Koole, S.L., Dijksterhuis, A., van Knippenberg, A., 2001. What's in a name: Implicit self-esteem. Journal of Personality and Social Psychology 80, 614–627.

Kristjánsson, A.L., Sigfúsdóttir, I.D., Allegrante, J.P., 2010. Health behavior and academic achievement among adolescents: The relative contribution of dietary habits, physical activity, body mass index, and self-esteem. Health Education & Behavior 37, 51–64.

Leary, M.R., Baumeister, R.F., 2000. The nature and function of self-esteem: Sociometer theory. In: Zanna, M.P. (Ed.), Advances in Experimental Social Psychology. San Diego, CA: Academic Press, pp. 1–62.

Leary, M.R., Cottrell, C.A., Phillips, M., 2001. Deconfounding the effects of dominance and social acceptance on self-esteem. Journal of Personality and Social Psychology 81, 898–909.

Leary, M.R., MacDonald, G., 2003. Individual differences in self-esteem: A review and theoretical integration. In: Leary, M.R., Tangney, J.P. (Eds.), Handbook of Self and Identity. New York, NY: Guilford Press, pp. 401–418.

Leary, M.R., Tambor, E.S., Terdal, S.K., Downs, D.L., 1995. Self-esteem as an interpersonal monitor: The sociometer hypothesis. Journal of Personality and Social Psychology 68, 518–530.

MacDonald, G., 2007. Self-esteem: A human elaboration of prehuman belongingness motivation. In: Sedikides, C., Spencer, S. (Eds.), The Self in Social Psychology. New York, NY: Psychology Press, pp. 412–456.

Mann, M., Hosman, C.M.H., Schaalma, H.P., de Vries, N.K., 2004. Self-esteem in a broad-spectrum approach for mental health promotion. Health Education Research 19, 357–372.

Marigold, D., Holmes, J., Ross, M., 2007. More than words: Reframing compliments from romantic partners fosters security in low self-esteem individuals. Journal of Personality and Social Psychology 92, 232–248.

Marsh, H.W., O'Neill, R., 1984. Self Description Questionnaire III: The construct validity of multidimensional self-concept ratings by late adolescence. Journal of Educational Psychology 21, 153–174.

Maslow, A.H., 1943. A theory of human motivation. Psychological Review 50, 370–396.

Mikulincer, M., Shaver, P.R., 2007. Attachment Patterns in Adulthood: Structure, Dynamics, and Change. New York, NY: Guilford Press.

Mruk, C., 2006. Self-esteem: Research, Theory, and Practice, third ed. New York, NY: Springer.

Neiss, M.B., Stevenson, J., Legrand, L.N., Iacono, W.G., Sedikides, C., 2009. Self-esteem, negative emotionality, and depression as a common temperamental core: A study of mid-adolescent twin girls. Journal of Personality 77, 327–346.

Nolan, J.L., 1998. The Therapeutic State: Justifying Government at Century's End. New York, NY: NYU Press.

Orth, U., Robins, R.W., Meier, L.L., 2009. Disentangling the effects of low self-esteem and stressful events on depression: Findings from three longitudinal studies. Journal of Personality and Social Psychology 97, 307–321.

Orth, U., Robins, R.W., Roberts, B.W., 2008. Low self-esteem prospectively predicts depression in adolescence and young adulthood. Journal of Personality and Social Psychology 95, 695–708.

Pyszczynski, T., Greenberg, J., Arndt, J., 2012. Freedom versus fear revisited: An integrative analysis of the dynamics of the defense and growth of the self. In: Leary, M.R., Tangney, J.P. (Eds.), Handbook of Self and Identity, second ed. New York, NY: Guilford, pp. 378–404.

Pyszczynski, T., Greenberg, J., Solomon, S., Arndt, J., Schimel, J., 2004. Why do people need self-esteem? A theoretical and empirical review. Psychological Bulletin 130, 435–468.

Raskin, R., Terry, H., 1988. A principal-components analysis of the Narcissistic Personality Inventory and further evidence of its construct validity. Journal of Personality and Social Psychology 54, 890–902.

Rhodewalt, F., 2012. Contemporary perspectives on narcissism and the narcissistic personality type. In: Leary, M.R., Tangney, J.P. (Eds.), Handbook of Self and Identity, second ed. New York, NY: Guilford, pp. 571–586.

Roberts, J.E., 2006. Self-esteem from a clinical perspective. In: Kernis, M.H. (Ed.), Self-Esteem Issues and Answers: A Sourcebook of Current Perspectives. New York, NY: Psychology Press, pp. 298–305.

Robins, R.W., Hendin, H.M., Trzesniewski, K.H., 2001. Measuring global self-esteem: Construct validation of a single-item measure and the Rosenberg Self-Esteem Scale. Personality and Social Psychology Bulletin 27, 151–161.

Robins, R.W., Trzesniewski, K.H., Tracy, J.L., Gosling, S.D., Potter, J., 2002. Global self-esteem across the life span. Psychology and Aging 17, 423–434.

Rogers, C.R., 1959. A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In: Koch, S. (Ed.), Psychology: A Study of Science, vol. 3. New York, NY: McGraw-Hill, pp. 184–256.

Rosenberg, M., 1965. Society and the Adolescent Self-Image. Princeton, NJ: Princeton University Press.

Sandstrom, M.J., Jordan, R., 2008. Defensive self-esteem and aggression in childhood. Journal of Research in Personality 42 (2), 506–514.

Schmitt, D.P., Allik, J., 2005. Simultaneous administration of the Rosenberg self-esteem scale in 53 nations: Exploring the universal and culture-specific features of global self-esteem. Journal of Personality and Social Psychology 89, 623–642.

Schwerdtfeger, A., Scheel, S.-M., 2012. Self-esteem fluctuations and cardiac vagal control in everyday life. International Journal of Psychophysiology 83, 328–335.

Sedikides, C., Alicke, M.D., 2012. Self-enhancement and self-protection motives. In: Ryan, R.M. (Ed.), Oxford Handbook of Motivation. New York, NY: Oxford University Press, pp. 303–322.
Sedikides, C., Gregg., A.P., 2003. Portraits of the self. In: Hogg, M.A., Cooper, J. (Eds.), Sage Handbook of Social Psychology. London, UK: Sage Publications, pp. 110–138.
Sedikides, C., Hepper, E.G., 2009. Self-improvement. Social and Personality Psychology Compass 3, 899–917.
Sedikides, C., Rudich, E.A., Gregg, A.P., Kumashiro, M., Rusbult, C., 2004. Are normal narcissists psychologically healthy? Self-esteem matters. Journal of Personality and Social Psychology 87, 400–416.
Sedikides, C., Strube, M.J., 1997. Self-evaluation: To thine own self be good, to thine own self be sure, to thine own self be true, and to thine own self be better. In: Zanna, M.P. (Ed.), Advances in Experimental Social Psychology 29. New York, NY: Academic Press, pp. 209–269.
Segal, Z., Williams, M., Teasdale, J., 2002. Mindfulness-Based Cognitive Therapy for Depression. New York, NY: Guilford Press.
Sherman, D.K., Cohen, G.L., 2006. The psychology of self-defense: Self-affirmation theory. In: Zanna, M.P. (Ed.), Advances in Experimental Social Psychology, vol. 38. San Diego, CA: Academic Press, pp. 183–242.
Swann, W., Rentfrow, P., Guinn, J., 2003. Self-verification: The search for coherence. In: Leary, M., Tangney, J. (Eds.), Handbook of Self and Identity. New York, NY: Guilford Press, pp. 367–383.
Taylor, S.E., Brown, J., 1988. Illusion and well-being: A social psychological perspective on mental health. Psychological Bulletin 103, 193–210.
Thomaes, S., Bushman, B.J., de Castro, B.O., Cohen, G.L., Denissen, J.J.A., 2009. Reducing narcissistic aggression by buttressing self-esteem: An experimental field study. Psychological Science 20 (12), 1536–1542.
Trope, Y., 1982. Self-assessment and task performance. Journal of Experimental Social Psychology 18, 201–215.
Trzesniewski, K.H., Donnellan, M.B., Caspi, A., *et al.*, 2006. Adolescent low self-esteem is a risk factor for adult poor health, criminal behavior, and limited economic prospects. Developmental Psychology 42, 381–390.
Twenge, J.M., Konrath, S., Foster, J.D., Campbell, W.K., Bushman, B.J., 2008. Egos inflating over time: A cross-temporal meta-analysis of the Narcissistic Personality Inventory. Journal of Personality 76, 875–901.
Willard, G., Gramzow, R.H., 2009. Beyond oversights, lies, and pies in the sky: Exaggeration as goal projection. Personality and Social Psychology Bulletin 35, 477–492.
Zeigler-Hill, V., 2011. The connections between self-esteem and psychopathology. Journal of Contemporary Psychotherapy 41, 157–164.
Zeigler-Hill, V., 2013. The importance of self-esteem. In: Zeigler-Hill, V. (Ed.), Self-Esteem. Hove, East Sussex: Psychology Press, pp. 1–20.