

Self-esteem



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*on current directions
in research.*

WE are the only species with the ability to self-reflect, and the nature and origins of our self-judgements have engaged psychologists and sociologists since the early days of both disciplines. An extensive and enduring interest in self-esteem in the social sciences is reflected by the large number of articles published on the subject: in a recent computer search I found around 1500 published articles in the last 10 years, and 10 times that amount using the word 'self' in the title — many of which also dealt with self-esteem. This surely is a subject close to our hearts.

In writing a short review of the current issues it is difficult not to be daunted by the sheer volume of work produced. Nevertheless, in terms of the central questions, the work of currently recognized self-esteem experts reveals little change over the years. Arguments continue over the best way of defining and measuring self-esteem; we still want to know what factors influence its development and maintenance, and whether it is stable over time. The relationship of low self-esteem to mental illness and other adverse behavioural outcomes is still a key issue. Of course, these questions are interrelated, and answers to some have implications for others.

Definition and measurement

William James's (1950/1890) definition of self-esteem: the ratio of 'our actualities to our supposed potentialities' (p.310), remains a powerful inspiration for much modern theory and research. According to James, a global sense of self-esteem is derived from evaluations of ability or success in domains of personal importance — those areas in which we have aspirations to succeed. Success in areas of little personal importance will have scant impact on global self-esteem. This is aptly illustrated in his own personal example: 'I, who for the time have staked my all on being a psychologist, am mortified if others know much more

psychology than I. But I am contented to wallow in the grossest ignorance of Greek' (p.310). James also provided insights about the importance of being selective in our aspirations. He made the point that equilibrium is achieved either by increasing successes or by decreasing aspirations. Two themes deriving from these notions are still dominant more than 100 years later: the importance of specific aspects of the self to global self-esteem, and the significance of the discrepancy between the actual and the ideal self for global self-esteem and other outcomes.

Recent approaches to testing the Jamesian theory of self-esteem have been dubbed by Marsh (1993) the *interactive model* — in which an averaged set of self-views are weighted by their importance for the individual (e.g. Pelham, 1995), and the *discrepancy model* — in which the difference is calculated either between an averaged set of actual self-attributes and ideal self-attributes (Higgins, 1987), or between an averaged set of perceived self-competencies and the individual importance of the competency domain (Harter, 1993). Estimates based on these models have been compared with averaged sets of unweighted self-views to see which provides the best predictor of global self-esteem judgements, but with differing results. Marsh (1993) and others have found weak, or no evidence for the superiority of interactive and discrepancy models over unweighted self-views. Higgins (1987) and Harter

(1993) however, claim evidence for the superiority of discrepancy models over an unweighted model. A likely explanation for the conflicting findings lies in the differences in ideas concerning the best measurement method and analytic strategy. What is apparent is that when measurement involves a discrepancy between people's own choice of actual and ideal self-attributes (Higgins) or a discrepancy between a quite limited and central set of self-competencies and their individual importance (Harter), the Jamesian



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notion of self-esteem is more strongly supported.

Global self-worth

Explicit in James's theory was the idea that people have a global sense of self-worth which surpasses more specific self-evaluations. Comparison of the different models in their relation to global self-esteem still begs the question of the extent to which averaged scores of disparate unweighted, weighted or discrepant self-views are actually equivalent to global self-esteem. The highest correlation reported between measures (Harter, 1993) still leaves at least half the variance unexplained. However authors have recently argued, with some evidence, that global measures such as the widely used Rosenberg (1979) self-esteem scale are heavily affective in nature compared with measures involving evaluations of specific self-views (Rosenberg *et al.*, 1995), and responses are more likely to be dependent on current mood (Andrews & Brown, 1993). For this reason, using a global measure for predicting subsequent specific behaviours or mental health outcomes may well be problematic.

The notion of globality also implies unidimensionality — in common parlance we usually refer to people as having either good or poor self-esteem. But there is evidence from a number of studies that Rosenberg's global scale reflects two factors, tapped by the positively and negatively worded items respectively (see Andrews & Brown, 1993). Two factors have also been found for the specific scales in Brown and colleagues' interview measure of self-esteem, representing both positive and negative self-evaluation (Brown *et al.*, 1990a). This suggests it is possible to hold both strong positive self-attitudes at the same time as strong negative ones. These issues of globality and unidimensionality are particularly pertinent to the relation between self-esteem and depression and are discussed below.

Development and maintenance

James focused on individual, cognitive processes in the development of the self-concept, but there is still the issue of the degree to which our self-views and aspirations are socially influenced. While James, the psychologist, gave only modest emphasis to social factors, early

sociologists emphasised their centrality. Cooley's (1902) notion of the 'looking-glass self' focused on the importance of individual perceptions of others' appraisals for the way we think about ourselves. Elaborating on this theme, Mead (1934) put forward the idea that the attitudes and values of significant others as well as society in general are internalized and form the basis for a 'generalized other' which is used as a yardstick by which we judge ourselves. According to Mead, in the first stage of the development of the self the attitudes of particular others are paramount; it is only with the full development of the self that societal attitudes become important for self-evaluation.

The importance of social and interpersonal influences on self-esteem development was put to the empirical test in the seminal research of Rosenberg (1965) and Coopersmith (1967). They demonstrated the significant influence of parents and the care they provide in shaping young people's self-esteem. More recently, there has been evidence (e.g. Andrews & Brown, 1988, 1993) of the persistence of the effect of early negative experiences with parents on the self-esteem of adult women. Brown and colleagues have also investigated the impact of current close relationships on women's self-esteem and shown a particularly strong association between negative self-evaluation and negative elements in relationships with partners, children and close friends. Early negative relationships with close others appear to have negative effects on self-esteem that are independent of current relationships, although there is some suggestion that the latter exert a stronger influence (Brown *et al.*, 1990b).

Other research also indicates that peer influence on self-esteem becomes more important in adolescence (e.g. Rosenberg, 1979). But, as Mead would have predicted, the influence of the wider social environment may not be apparent until late adolescence or early adulthood. Rosenberg's (1965, 1979) research showed, for example, that low social class has no effect on young people's self-esteem as long as they keep within their own social groups. He suggested that it is only as adolescents approach adulthood, when social contexts widen and status depends more on achievement, that the wider social environment will be more salient. One way to test this hypothesis, and to explore the causal direction of any relationship

between self-esteem and social and interpersonal factors, is to carry out prospective studies. Studies investigating influences on self-esteem by following individuals over extended periods are rare. Two studies followed male students from adolescence to early adulthood. In one, occupational attainment (simply having a job, as well as having a high status job) related to an increase in self-esteem (Bachman *et al.*, 1978). In a similar vein the other found that autonomy at work related to an increased sense of personal efficacy (Mortimer & Lorence, 1979).

More recently, adult women approaching middle age were followed over seven years (Andrews & Brown, 1995). There was a significant improvement among those who initially reported negative self-evaluation. Life changes that involved an improvement in the quality of their close relationships, or an



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increase in work status, were the most important factors related to this positive change in self-image. For example, a number of women were getting on better with their children as they grew out of adolescent difficulties and became sources of support and companionship. Women who had been in unsatisfactory marriages had at times been able to leave and find other more compatible partners. Some had given up the expectation of forming a satisfactory opposite-sex relationship and were gaining more satisfaction from their own employment and watching their children do well. Along with promotions at work, some women had taken the opportunity for further training and education, and one had left an unsatisfactory job and started her own successful business.

The results from these few studies and other short-term studies of young people's transitions to high school or college (Harter, 1993), show that changes in self-esteem may well be more apparent at transitions to different life stages; transition brings with it opportunities for changes in social networks and reference groups as well as opportunities to



increase competencies and to make alterations to one's hierarchy of aspirations. These examples of self-esteem change in adult women provide illustrations of both these processes, and fit in nicely with both Jamesian and social influence theories of self-esteem.

Stability

James (1950/1890) was the first to note that self-esteem was liable to day-to-day fluctuations around a stable core. Research into individual differences in self-esteem fluctuations has recently become popular, although as yet there has been no serious attempt to investigate the social context in which they occur. There is evidence that short-term volatility in self-esteem is independent of self-esteem level, and may be related to different outcomes depending on whether self-esteem is high or low (Kernis *et al.*, 1993). Kernis and colleagues found that, following negative feedback for reading performance, instability was related to hostility and defensiveness in high self-esteem female students, and acceptance of the feedback in those with low self-esteem. As much of the research in this area has been concerned with the relationship between self-esteem instability and depression, it will be described in the next section.

Looking at the long term, compared with intelligence and personality, measures of self-opinion — including self-esteem — have the lowest stability over extended periods of time (Conley, 1984). This is likely to be due to the sensitivity of self-views to the kinds of social and interpersonal factors I have already described. The good news is that self-esteem is more likely to change in a positive than a negative direction with age in mixed sex samples (Jones & Meredith, 1996) and in samples of women (Andrews & Brown, 1995; Wink

& Helson, 1993). All studies show positive shifts occurring in the middle years, particularly between ages 40 and 50. In the Andrews and Brown investigation positive changes, when they occurred, were in all but one of the areas of self-evaluation covered by the interview, including general self-confidence, role performance, and feelings of efficiency and intelligence. Evaluation of physical appearance was the only area showing no significant change. Wink and Helson, who followed women from their late 20s to their 50s, showed an overall increase in self-confidence and general competence. Other family members had also taken part in the study and the felt competency of the women's mothers when they were in their 50s was significantly lower than their daughters at the same age. In contrast, their fathers' competency was no different to their husbands at the same age. It seems likely that increases in women's self-esteem may not have occurred to the same extent in previous generations, and observed effects may have a lot to do with increased opportunities for more satisfactory close relationships and higher status work in the current generation of middle-aged women. As previously indicated, it is also likely that general increases in self-esteem with age are associated with changes in aspirations — note that the only factor with no relation to positive self-esteem change in Andrews and Brown's study was physical appearance. As James (1950/1890) put it: 'How pleasant is the day when we give up striving to be young, — or slender!' (p.311).

Depression

Much of the focus on the influence of self-esteem on mental health has concerned its relation to depression. Low self-worth is itself a symptom of depres-

sion, but a number of theories of depression also propose that negative self-attitudes confer vulnerability (e.g. Beck, 1967). Although research in this area has burgeoned, success in predicting the role of self-esteem in the onset of clinical depression has remained elusive. The only prospective study to show clear evidence, controlling for baseline depression, was carried out by Brown and colleagues (Brown *et al.*, 1986). Women with negative self-esteem were twice as likely as those without to have become depressed following a stressful life-event during a one-year follow-up period. Other studies with negative results had not considered the effect of life events, but Brown *et al.*'s result was significant even when life events were left out of the equation.

One explanation for differences in results may be due to measurement methods: studies with negative results have used questionnaire measures of global self-esteem, which are known to be highly mood-dependent (Andrews & Brown, 1993; Rosenberg *et al.*, 1995). Rosenberg and colleagues in fact demonstrated that the relationship between their questionnaire measure of global self-esteem and depression appears to be due more to the effect of depression on self-esteem than the other way round. In contrast, Brown *et al.* employed an interview measure of self-esteem where separate ratings of negative and positive self-evaluation are derived from scales measuring self-acceptance and evaluation of personal attributes and competence in occupational and interpersonal roles. Factors such as emotional tone, the personal importance of the domain and frequency of positive and negative comments are all taken into account in the investigator-based ratings. It is likely that this measure reflects more enduring cognitive vulnerability because it taps specific and salient areas of self-dissatisfaction in real-life situations and is therefore less mood-dependent than global questionnaire measures (see Andrews & Brown, 1993).

Negative compared with positive self-evaluation showed the greater predictive power for depression onset, but the superiority of the positive scale over the negative was demonstrated in predicting recovery among the chronically depressed women in the study (Brown *et al.*, 1990c). While most had negative self-esteem, the research revealed it was also possible for some clinically depressed women simultaneously to hold on to positive views about themselves, and



Positive shifts in self-esteem can occur in the middle years



this led to a better outcome. These findings illustrate the importance of considering positive and negative aspects of self-esteem separately in depression research.

While Brown *et al.*'s (1986) investigation of the role of negative self-esteem in predicting clinical depression onset is unique, temporal variability in self-esteem is proving a fruitful line of enquiry in predicting mild depressions and depressive symptoms. Butler *et al.* (1994) showed that daily event-related variability in self-esteem ('lability') was higher in currently depressed and remit-



ted depressives than in never-depressed college students. They also showed that lability measured five months previously increased the risk of subsequent mild depression in students reporting stressful life events. In three other studies, Roberts and his colleagues (e.g. Roberts & Gotlib, 1997) have demonstrated similar predictive effects for an increase in depression symptoms over shorter periods of time using a measure of temporal variability unrelated to daily events. All these studies have shown the superiority of lability and temporal variability over actual level of self-esteem in predicting depression. Not all research in this area, however, shows consistent findings: among individuals with low self-esteem there is also evidence that instability is related to lower levels of subsequent depression (Kernis *et al.*, 1991).

Conclusions

In this brief review I have endeavoured to provide a whistle-stop tour of current directions in self-esteem research and theory. I am all too aware that there are significant areas I have not been able to cover in the available space: for example there are new and interesting lines of

enquiry into intergenerational influences (e.g. Brewin *et al.*, 1996), the stability and predictive power of self discrepancies (e.g. Strauman, 1996) and collective self-esteem (e.g. Crocker *et al.*, 1994). I began by stating that very few of the questions addressed in the current literature are new, and have shown that, in one guise or another, many if not most of the issues engaged the founding fathers of psychology and sociology. So what have we learned? It seems that controversies surrounding the definition and measurement of self-esteem will be with us for some time to come, with important implications for self-esteem research in general, and for research into mental health outcomes in particular. Existing evidence suggests the need for more integration of psychological and social approaches to influences on self-esteem development and maintenance. Self-esteem lability looks like becoming an important new area of research although this could probably benefit from consideration of the social contexts in which it occurs. Probably because of the cost and practical difficulties in carrying out longitudinal investigations, there have been few studies of life-course influences on self-esteem. More are needed to examine the impact of societal changes on men and women and to investigate whether mid-life increases in self-esteem are sustained into old age. With all this work to be

done, I am sure the next decade will see no decrease in the number of published articles in this area.

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