The Rise, Fall, and Resurgence of "Self-Esteem": A Critique, Reconceptualization, and Recommendations

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Self-esteem, viewed for decades as psychology's Holy Grail, has proved to be an elusive and surprisingly porous vessel. Despite popular beliefs that self-esteem plays a causal role in numerous social behaviors, research shows that it actually predicts very little beyond mood and some types of initiative. This is likely attributable to myriad conceptual and methodological problems that have plagued the literature. Consequently, this review proposes a new theoretical model that accounts for the construct's heterogeneous and multidimensional nature. Self-esteem is defined as the appraisal of one's own personal value, including both emotional components (self-worth) and cognitive components (self-efficacy). The multiple forms of self-esteem are a function of its accuracy, directionality, and level of stability. The permutations of these sorting variables deductively yield eight forms of self-esteem: optimal high, fragile high, accurate low, fragile low, non-compensatory narcissism, compensatory narcissism, pessimal, and disorganized. Specific recommendations for clinicians and researchers are provided.

For nearly half a century, self-esteem[1] has been viewed as the psychologist's "…Holy Grail: a psychological trait that would soothe most of individuals' and societies' woes. We thought that high self-esteem would impart not only success, health, happiness, and prosperity to the people who possessed it, but also stronger marriages, higher employment, and greater educational attainment in the communities that supported it" (Baumeister, 2005, p. 34).

One of the oldest concepts in psychology, "self-esteem" appears to rank among the top three covariates occurring in personality and social psychology research (Rhodewalt & Tragakis, 2003). As of 2003, it was the subject of more than 18,000 published studies and, by 2017 that number had increased to more than 24,000 publications (based on the

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[1] It should be noted that, for purposes of this article, self-esteem (without quotation marks) will be used to refer to the construct, while "self-esteem" (in quotation marks) will be used to refer to the term.

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current researchers' database searches). Yet, despite the profusion of studies, self-esteem has proved to be an elusive and surprisingly porous vessel, rife with a plethora of conceptual and methodological fissures. As a consequence, this review seeks to critically analyze the literature on self-esteem, to propose a new model for conceptualizing the construct, and to provide a series of specific recommendations for both clinical and research settings.

THE RISE:
HISTORY AND CONCEPTUALIZATIONS OF SELF-ESTEEM

The term "self-esteem" can be traced to 1890 and the work of William James, who is generally regarded as the father of modern psychology. Not only was it the first recorded definition, James' definition is supported by a considerable amount of research (Harter, 1999). James defined self-esteem as: successes divided by pretensions[2] (James, 1983). According to James, "Our self-feeling in this world depends entirely on what we back ourselves to be and do. It is determined by the ratio of our actualities to our supposed potentialities: a fraction of which our pretensions are the denominator and the numerator our success: thus,

$$\text{Self-Esteem} = \frac{\text{Successes}}{\text{Pretensions}}$$

Such a fraction may be increased as well by diminishing the denominator as by increasing the numerator" (James, 1983, p. 296).

In other words, James (1983) described self-esteem as a ratio or relationship between our achievements and our aspirations. Based on this definition, the more success we have and the lower our expectations, the higher our self-esteem. Said another way, one can raise self-esteem by either lowering expectations or increasing achievements. Although fluctuations of self-esteem might occur based on daily encounters, there is an average tone that develops over time and that one's self-esteem seems to return to (Bednar & Peterson, 1995).

Martin Seligman, a long-time proponent of James' definition, maintained that James' work on self-esteem was largely ignored for 75 years as a result of both academic and socioeconomic factors. Economic depression and world wars did not create an environment characterized by a focus on how people felt about themselves. Moreover, schools of thought such as Freudianism and behaviorism dominated the field of psychology, both of which essentially shared the common belief that

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[2] Although *pretention* can be defined in numerous ways, James used the word to mean *aspirations*, as opposed to the common modern-day meaning (i.e., *pretentiousness* or *ostentatiousness*).

individuals' lives are determined largely by forces outside of their control – either as internal unconscious forces (as per Freudianism) or as external forces (behaviorism). A shift occurred in the 1960s, with the rise of wealth and consumerism. Along with these social and economic changes came the individual's ability to see himself or herself at the center of his or her own destiny (Seligman, Reivich, Jaycox, & Gillham, 2007).

As the focus shifted to concepts such as self-determination, the power of free will, and human potential, humanistic psychology gained popularity and, subsequently, self-esteem arose as an important and popular idea. Carl Rogers, perhaps the most renowned figure associated with humanistic psychology, believed that the self-concept is comprised of three different components: (a) self-image (the view one has about himself or herself), (b) the ideal self (what one wishes to be), and (c) self-esteem or self-worth (how much value one places on himself or herself). The closer our self-image and ideal self are to each other, the more consistent or congruent we are and the higher our sense of self-worth or self-esteem (Rogers, 1959).

Abraham Maslow, another prominent figure in the humanistic psychology movement, assumed that all people are motivated by the same basic needs, which can be arranged in a hierarchy (Feist & Feist, 2006; Maslow, 1970). The highest level of that hierarchy, *self-actualization*, is characterized by self-fulfillment, the realization of all one's potential, and a desire to become creative in the full sense of the word (Maslow, 1970). Based on Maslow's (1970) theory, lower-level needs must be essentially satisfied before higher-level needs become motivators. The human striving for self-esteem, which immediately precedes self-actualization, plays a key role in the hierarchy and includes the need for self-respect, confidence, competence, and the knowledge that others hold them in high esteem.

Bringing a humanistic perspective to family therapy, Virginia Satir (1983) proposed that there is a bidirectional causal relationship between self-esteem and communication. Specifically, high self-esteem and healthy communication (and conversely low self-esteem and dysfunctional communication) are both causes and effects of each other. Within the parameters of her interactional approach to family therapy, difficulty communicating is closely linked to an individual's self-concept, including his or her self-esteem (which Satir viewed as equivalent to feelings of self-worth) and the individual's self-image.

The Self-Esteem Movement
During the 1970s, when the self-esteem movement emerged as a powerful social force, many Americans came to believe that we suffer from a low self-esteem epidemic (Baumeister, 2005). Proponents of the

movement embraced a positive self-view as a panacea for a remarkably wide range of social problems, from academic, occupational, and interpersonal difficulties, to issues of public health, violence, and teenage pregnancy (Dawes, 1994; Mecca, Smelser, & Vasconcellos, 1989).

In the 1980s, with this conviction as the driving force, the California State Assembly established the California Task Force to Promote Self-Esteem and Personal and Social Responsibility, which Governor George Deukmejian signed into law in 1986 to fund its work (Dawes, 1994). The task force had high hopes of pioneering the quest to identify causes and cures of many social ills plaguing society, so much so that it compared its efforts to both unlocking the secrets of the atom in the 1940s and attempting to plumb the reaches and mysteries of outer space in the 1960s (Mecca et al., 1989). The results of its findings were published in Mecca's et al. (1989) book titled *The Social Importance of Self-Esteem*. Despite the lofty aspirations of that wide-ranging investigation, results failed to support virtually any of its assumptions and hypotheses.

These findings notwithstanding, the body of research and other works on self-esteem continue to grow. Even in the face of scant empirical evidence that self-esteem plays a direct causal role in most every social sphere, countless efforts to boost self-esteem are still being made by teachers, parents, and therapists alike (Baumeister, Campbell, Krueger, & Vohs, 2003). As a testament to the ubiquity of interest in self-esteem, a search conducted at the time of this writing in the WorldCat[3] bibliographic database yielded 6,177 books (both print and electronic) the titles of which include "self-esteem," and 18,365 books on the subject of self-esteem.

Following the emergence of self-esteem as a widespread and popular psychological idea, the term has been conceptualized and defined in numerous ways, representing a wide range of theoretical models and orientations. These are presented in the following section.

The Heterogeneity of Self-Esteem: Multiple Conceptualizations

One possible cause for the lack of empirical support for self-esteem lies in the significant disparity and confusion surrounding its multiple definitions and conceptualizations, with the research literature repeatedly attesting to its heterogeneity. This section outlines (a) the most relevant emergent themes regarding the numerous components of self-esteem, and

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3 WorldCat, published by the Online Computer Library Center, is the world's largest and most comprehensive catalog of library resources from around the globe, with more than 347 million bibliographic records that represent more than 2.3 billion items held by participating libraries (Online Computer Library Center, 2015).

(b) the key distinctions between self-esteem and conceptually overlapping constructs.

Components of self-esteem

Trait versus state versus domain-specific. According to Brown and Marshall (2006), at least part of the confusion in the field is a result of a lack of agreement and consistency with regard to the definition of the construct. The authors noted that "self-esteem" is used in at least three different ways: (a) global self-esteem (aka *trait self-esteem*), (b) feelings of self-worth (aka *state self-esteem*), and (c) self-evaluations (aka *domain-specific self-esteem*). By outlining these three ways that self-esteem can be defined, Brown and Marshall assert that, regardless of the definition one chooses to use, they should not be used interchangeably. These conceptualizations of self-esteem may be further classified as either *stable* (i.e., consistent across time and situations) or *fluid* (i.e., varying as a function of environmental change; see Kernis, Cornell, Sun, Berry, & Harlow, 1993; Kernis & Goldman, 1999; Kernis & Paradise, 2002; Wagoner, 2009).

Trait. Global, or trait, self-esteem, can be described as a personality variable that represents the general way people feel about themselves (Brown & Marshall, 2006). Whether defined through a cognitive lens (i.e., thoughts people have about their self-worth) or an emotional lens (i.e., feelings of affection people have for themselves that are not derived from rational processes), global self-esteem is seen as being relatively constant through adulthood, with a possible genetic component (Neiss, Sedikides, & Stevenson, 2002). As such, it represents a more stable (versus fluid) phenomenon.

State. On the other hand, state self-esteem is typically defined as self-evaluative reactions to events or feelings of self-worth, which is more in line with William James' original definition of the term in 1890. Put simply, trait self-esteem persists (stable) while state self-esteem may be seen as more temporary (fluid).

Domain-specific. When self-esteem is defined in terms of self-evaluations, it refers to the way people evaluate their abilities, physical attributes, and personality characteristics within different specific spheres (e.g., academically, physically, or artistically). Thus, one can have different levels of self-esteem in different areas (Brown & Marshall, 2006). In this way, domain-specific self-esteem can be seen as more fluid than stable.

Feelings versus behavior versus thinking. In his book, *Self-Esteem Research, Theory, and Practice*, Christopher Mruk (2006) deduced that social scientists define self-esteem in at least three very different ways, each of which has been used in the field of psychology for more than a

century: (a) emphasis on feelings (worthiness), (b) emphasis on behavior (achievements-aspirations ratio), and (c) emphasis on thinking (efficacy and worth). He also provided an analysis of their relative strengths and weaknesses.

Feelings. Mruk (2006) asserted that the first way of defining self-esteem, as a feeling of worthiness, has numerous advantages when it comes to designing research. In particular, a one-dimensional (or single-factor) approach makes researching self-esteem relatively easy to do. For this reason, defining self-esteem in terms of worthiness, or a favorable global evaluation of oneself, seems to be the most commonly used definition by far (Baumeister, Smart, & Boden, 1996). However, conceptualizing self-esteem in terms of worthiness alone could lead to serious problems. For example, oversimplification of the idea of self-esteem in this manner can lead to programs and interventions designed merely to make people feel good about themselves. Inherently, there does not seem to be anything wrong with making people feel good about themselves, but what if that self-perception is not warranted? As much research has shown, feeling good about oneself without earning it can lead to myriad problems, such as facilitating the development of narcissism, risking an increase in the likelihood of violence, or tolerating undesirable academic performance (Baumeister et al., 1996; Damon, 1995; Dawes, 1994).

Behavior. Mruk (2006) also addressed the potential pitfalls of the second way researchers have defined self-esteem: as a ratio or relationship between our achievements and our aspirations. This definition is the one that can be traced back to William James' original coining of the term. Mruk points out that this approach to self-esteem stresses a certain type of behavior rather than just affect, attitude, or belief. To define the term in this fashion has numerous advantages when it comes to research. For one, competence is tied to behavior, which is observable, unlike feelings, beliefs, or attitudes. Moreover, it is part of numerous developmental processes that have been clearly defined (e.g., mastering age-appropriate skills). However, as Mruk cautions, there are plenty of behaviors that one could become very good at, but that are undesirable. For example, one could become highly skilled at violating the rights of others, but it would be antithetical to the kinds of competencies we would associate with high (i.e., healthy) self-esteem. Moreover, there are many people who are quite competent in a number of areas (e.g., career, academia, athletics), but who have low self-esteem. In other words, they don't feel worthy enough to enjoy their success.

Thinking. Finally, Mruk (2006) distinguished the third way that self-esteem is defined, namely as a relationship between "a sense of personal efficacy and a sense of personal worth. It is the integrated sum of self-

confidence and self-respect. It is the conviction that one is *competent* to live and *worthy* of living" (Branden, 1969, p. 110). In other words, self-esteem defined in this way is the relationship between perceived competence (cognitive) and feelings of worthiness (affective). This definition is the one that Nathaniel Branden, one of the most prominent leaders of the self-esteem movement, used and supported.

Secure versus fragile. Kernis and Goldman (1999) described self-esteem in terms of secure versus fragile, which varies along four theoretical components: stability, contingency, congruence, and defensiveness. Secure self-esteem is characterized by positive feelings of self-worth that: (a) show minimal short-term variability (stable), (b) arise from satisfying core psychological needs versus attaining specific outcomes (true), (c) are consistent with positive implicit feelings of self-worth (congruent), and (d) are open to recognizing negative aspects of the self (genuine). Conversely, fragile self-esteem is characterized by feelings of self-worth that: (a) exhibit significant short-term fluctuations from day-to-day (unstable), (b) depend upon achieving specific outcomes (contingent), (c) conflict with implicit feelings of self-worth (incongruent), and (d) reflect an unwillingness to admit to negative feelings of self-worth (defensive).

Approaching the heterogeneity of self-esteem from a different standpoint, Kernis and Waschull (1995) provided evidence that a full understanding of self-esteem requires consideration of both the temporal stability and the level (i.e., high or low) of self-esteem. The researchers suggested that stability and level of self-esteem play interactive roles with regard to one's reaction to evaluative events, as well as one's overall psychological functioning.

Unidimensional versus multidimensional. A unidimensional definition of self-esteem involves a single, global domain of self-concept, whereas a multidimensional approach focuses on multiple, distinct components of self-concept. For example, a unidimensional definition might focus essentially on feelings of worthiness, whereas a multidimensional definition could include feelings of worthiness, cognitive appraisal of efficacy, and behavioral measures of success. According to Marsh, Craven, and Martin (2006), appropriately selected specific domains of self-concept are far more useful than a unidimensional view of self-esteem in research settings. In fact, such debates go beyond discussions of self-esteem and reverberate across different psychological disciplines. For example, researchers have long recognized the value of a multidimensional perspective when it comes to multiple intelligences versus global measures of IQ when characterizing intellectual abilities (see Gardner, 1983; Kaufman, Kaufman, & Plucker, 2013).

Contingent versus true. As another example of a theory that has sought to explain the multifaceted nature of the construct, *self-determination theory* distinguishes between two different types of high self-esteem: contingent self-esteem (i.e., sense of self-worth based on the introjection of externally defined standards) and true self-esteem (i.e., sense of self-worth experienced as inherent or given), with the latter being considered more optimal (Deci & Ryan, 1995).

Genuine versus defensive. Along similar lines, Schneider and Turkat (1975) hypothesized that high self-esteem can either be genuine or defensive, proposing that individuals with defensive high self-esteem can be identified as scoring high on both the *Rosenberg Self-Esteem Scale* and the *Marlowe-Crowne Social Desirability Scale* (Crowne & Marlowe, 1960).

Differentiating Self-Esteem from Conceptually Overlapping Constructs

Self-esteem versus self-concept

Although the two terms are sometimes used interchangeably, it is important to distinguish "self-esteem" from the more general term *self-concept*. Self-concept can be defined as "the totality of cognitive beliefs that people have about themselves; it is everything that is known about the self, and includes things such as name, race, likes, dislikes, beliefs, values, and appearance descriptions, such as height and weight" (Heatherton & Wyland, 2003, p. 220). Self-esteem, on the other hand, regardless of how the construct is defined, involves some level of emotional response that a person experiences as he or she contemplates and evaluates things about himself or herself. Although the two terms are

related, it is possible to believe objectively positive things about oneself (e.g., academic skills, athletic skills), but not necessarily like oneself. Conversely, it is possible to like oneself without objective indicators to support one's positive self-views.

Self-esteem versus self-efficacy

Also sometimes conflated with self-esteem is the concept of *self-efficacy*, originally described by Albert Bandura as part of his social learning theory. Bandura (1986) emphasized the human capability to learn through both direct experience and vicarious experience. Rather than focusing on self-esteem per se, Bandura examined self-efficacy, which he defined as "people's beliefs in their capability to exercise some measure of control over their own functioning and over environmental events" (Bandura, 2001, p. 10). As such, self-efficacy refers essentially to cognitions about oneself, whereas self-esteem typically focuses more on feelings about oneself. Further, although self-esteem may be viewed as either global or context-specific, self-efficacy is almost entirely state dependent or varying across domains or situations, depending on one's competencies, the presence or absence of others, the perceived competencies of those other people, and accompanying physiological states (Feist & Feist, 2006).

Self-esteem versus narcissism

It is also important to differentiate further the terms "self-esteem" and *narcissism*, or, in its extreme form, narcissistic personality disorder, which is characterized by a grandiose sense of self-importance, need for admiration, sense of entitlement, fantasies of personal brilliance or beauty, arrogance, and lack of empathy (see American Psychiatric Association, 2013). With regard to their similarities, both self-esteem and narcissism involve a positive self-appraisal as a fundamental component of one's global self-concept. In terms of their differences, self-esteem (particularly in Western cultures) is typically viewed positively as an aspirational goal, whereas narcissism is perceived negatively or even as clinically pathological.

However, the comparisons are considerably more complicated, entailing a potentially confounding conceptual overlap. Specifically, a very positive attitude toward oneself, which some might label as high self-esteem, is also one of the hallmark features of narcissism (Rhodewalt & Peterson, 2009). Although some people with high self-esteem are narcissistic, others are not. Yet the reverse is not true: There are very few narcissists who report low self-esteem (Baumeister et al., 2003). In other words, narcissism is a relatively reliable predictor of high self-esteem, but high self-esteem is not a reliable predictor of narcissism. Further, research has shown that the high self-esteem of narcissists tends to be both unstable (Rhodewalt, Madrian, & Cheney, 1998) and self-defensive

(Paulhus, 1998). As a consequence, despite the fact that some research has suggested significant correlations between narcissism and self-esteem (Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005; Rosenthal & Hooley, 2010), the average correlation value of the most commonly used measures of self-esteem (the *Rosenberg Self-Esteem Scale* [SES]) and narcissism (the *Narcissistic Personality Inventory*; Raskin & Hall, 1979; Raskin & Terry, 1988) is not as high as one might assume ($r = .26$), accounting for less than 7% of the variance between the constructs (see Brown & Zeigler-Hill, 2004).

Numerous theories have been proposed to account for the unexpectedly low associations between narcissism and high self-esteem, such as being a function of the heterogeneity of both terms (see Bosson & Weaver, 2011). Research has shown that further investigation is needed in order to differentiate clearly between what we have come to view as high self-esteem versus "the enigma that is narcissistic self-love" (Bosson & Weaver, 2011, p. 268). Taken together, these lines of research demonstrate that the category of people with high self-esteem is actually a "mixed bag" (Baumeister et al., 2003, p. 6) of individuals whose self-concepts and feelings of self-worth differ in significant ways. These apparent discrepancies are addressed in the proposed model of self-esteem, presented below.

Correlates of Self-Esteem: Summary of Major Findings

Although an all-inclusive examination of research studies on self-esteem is beyond the scope of this paper, the main findings on the correlates of self-esteem deserve mention here. In 2003, Baumeister and associates published a comprehensive review of empirical research on the relationships between self-esteem and numerous variables of broad social relevance, including health, sexual behavior, financial status, grades, intelligence, job performance and satisfaction, and interpersonal relations. The results of their investigation, along with some more recent findings of note, are summarized below.

Self-esteem and happiness

Baumeister et al. (2003) concluded that the strongest correlate of high self-esteem is happiness. Across a number of studies cited, self-esteem was shown to be one of, if not the, most dominant predictor of happiness when compared to other predictor variables, including personality traits, recalled parental rearing styles, and satisfaction in specific domains such as finances and social support (DeNeve & Cooper, 1998; Diener & Diener, 1995; Furnham & Cheng, 2000). Further research since 2003 (e.g., Cheng & Furnham, 2003; Cheng & Furnham, 2004; Denny & Steiner, 2009; Lyubomirsky, Tkach, & DiMatteo, 2006) has validated this conclusion.

Self-esteem and depression

Baumeister et al. (2003) also reported evidence showing that people with high self-esteem are less likely to be depressed, either in general or specifically in response to stressful, traumatic events (Murrell, Meeks, & Walker, 1991; Robinson, Garber, & Hilsman, 1995; Whisman & Kwon, 1993). More recent research (e.g., Franck & De Raedt, 2007; Lee, Joo, & Choi, 2013; Michalak, Teismann, Heidenreich, Ströhle, & Vocks, 2011; Schmitz, Kugler, & Rollnik, 2003; Steiger, Allemand, Robins, & Fend, 2014; Takagishi, Sakata, & Kitamura, 2011) confirms the link between low self-esteem and depression, showing that self-esteem and depression are significantly, inversely correlated. Further, the relative predictive weight of self-esteem on depression has been shown to be greater than the predictive weight of depression on self-esteem (Sowislo & Orth, 2013).

Self-esteem and initiative

Baumeister et al. (2003) suggested that high self-esteem also appears to be linked to "enhanced initiative" (p. 1), with respect to both antisocial and prosocial actions. From their perspective, *initiative* was used to refer to an extensive and heterogeneous list of situations and circumstances, including bullying, academic cheating, starting relationships, speaking up in groups, experimenting with sex, and trying harder in response to failure. Specifically, individuals with high self-esteem have been shown to be overrepresented among both the perpetrators of bullying and the people who stand up to bullies and defend victims (Salmivalli, Kaukiainen, Kaistaniemi, & Lagerspetz, 1999). Similarly, people with high self-esteem appear to make up both the highest academic cheating groups and the lowest academic cheating groups (Lobel & Levanon, 1988). People with high self-esteem have also been shown to initiate interactions and relationships more than people with low self-esteem (Buhrmester, Furman, Wittenberg, & Reis, 1988), to take more initiative in extricating themselves from unhappy relationships (Rusbult, Morrow, & Johnson, 1987), and to be more likely to speak up in work groups (LePine & Van Dyne, 1998). People with high self-esteem have also been shown to discount various health risks, including the risks associated with sex (Gerrard, Gibbons, Reis-Bergan, & Russell, 2000). People with high self-esteem appear to demonstrate more persistence in the face of failure or try harder in response to failure (Cruz Perez, 1973; McFarlin, Baumeister, & Blascovich, 1984; Shrauger & Sorman, 1977), but are also willing to switch to a new line of endeavor if the present one seems unpromising. Research since 2003 (e.g., Arbona & Power, 2003; Donnellan et al., 2005; Ethier et al., 2006; Fox & Farrow, 2009; Gendron, Williams, & Guerra, 2011; Lindsey, Colwell, Frabutt, Chambers, & MacKinnon-Lewis, 2008; Menon et al., 2007; Seals &

Young, 2003) shows that, with the exception of the relationship between high self-esteem and initiation of social interactions (e.g., romantic intimacy), the links between self-esteem and initiative were mixed, at best.

THE FALL:
A CRITICAL ANALYSIS

The great tragedy of Science—
the slaying of a beautiful hypothesis by an ugly fact.
—T. H. Huxley (Bartlett & Kaplan, 1992, p. 505)

As discussed above, propelled by the self-esteem movement of the 1970s, it was popularly believed that not only does self-esteem play a significant causal role in determining a wide range of both positive and negative social behaviors, but that we also suffer from an epidemic of low self-esteem. In the introduction to the California Task Force to Promote Self-Esteem and Personal and Social Responsibility's book, *The Social Importance of Self-Esteem* (Mecca et al., 1989), one of the editors declared:

"The causal link is clear: low self-esteem is the causally prior factor in individuals seeking out kinds of behavior that become social problems. Thus, to work on social problems, we have to work directly on that which deals with the self-esteem of the individuals involved.…We all know this to be true, and it is really not necessary to create a special California task force on the subject to convince us. The real problem we must address – and which the contributors to this volume address – is how we can determine that it is scientifically true." (p. 7)

This statement is remarkable for a number of reasons, not the least of which is that the editors claimed to know something to be true, but they had yet to determine that it is "scientifically true." However, an even more profound problem the editor and contributors faced is that what they "knew to be true" turned out *not* to be scientifically true. In fact, close examination of all the chapters in their book reveals a task force report that does not at all support the basic assumption that self-esteem plays a major causal role in determining nearly any significant social behaviors, let alone that government programs designed to enhance self-esteem would have beneficial social effects (Dawes, 1994; Mecca et al., 1989).

Decades later, Baumeister's et al. (2003) comprehensive review of empirical findings on the relationship between self-esteem and numerous variables of broad social relevance revealed a similar conclusion, that self-esteem is not a major predictor of almost anything, with the

exception of positive feelings (i.e., happiness) and "enhanced initiative" (p. 1). Although the researchers also reported some other findings showing links between self-esteem and variables such as self-rated physical attractiveness (Diener, Wolsic, & Fujita, 1995; Gabriel, Critelli, & Ee, 1994) and self-rated intelligence and social skills (Gabriel et al., 1994), when more objective measures of these variables are compared to self-report data, people with high self-esteem do not emerge as any more attractive, intelligent, or socially skilled than people with low self-esteem. As a result, many psychologists' faith in self-esteem has been deeply shaken. Not only has the research shown that self-esteem fails to accomplish what proponents of the movement hoped it would, but efforts to raise self-esteem could, in some cases, backfire and contribute to some of the very problems it was thought to thwart (Baumeister et al., 2003; Blaine & Crocker, 1993; Crocker & Park, 2004; Kernis, 2003; Raskin, Novacek, & Hogan, 1991).

In their essay on the nature of self-esteem and the ways it is conceptualized, Brown and Marshall (2006) discussed the widespread disagreements and divisions among psychologists with respect to self-esteem's function and benefits. While some argue that high self-esteem is essential to human functioning (Pyszczynski & Cox, 2004; Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004), others argue that it is of little value and could even be a liability (Baumeister et al., 2003; Baumeister et al., 1996; Crocker, 2006). For example, as mentioned above, people with high self-esteem tend to overestimate their intelligence, likeability, and attractiveness, making them less realistic about their strengths and weaknesses than people who score lower on measures of self-esteem (Taylor & Brown, 1988). Even the mere pursuit of high self-esteem has been shown to interfere in several areas of functioning, such as learning and mastery (Covington, 1984; Deci & Ryan, 2000; Dweck, 1999). Moreover, when people pursue self-esteem, interpersonal relationships can be hindered because they are focused on themselves at the expense of others' needs and feelings (Crocker & Park, 2004).

And what of the belief that we suffer from a low self-esteem epidemic? There are ample data on the American population showing that is not, in fact, the case; if anything, we tend to *overvalue* ourselves (Taylor & Brown, 1988), with the average American perceiving himself or herself as above average[4] (Baumeister, 2005). When looking at

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[4] This perception is, of course, statistically impossible. Most people cannot be "above average." This type of self-favoring bias is akin to the research showing that 93% of the U.S. population consider themselves to be better than average drivers (Svenson, 1981), an example of what social

structured scales designed to measure global self-esteem, research has shown that the high scores on these measures are indeed high, but the low scores are actually medium, with relatively few people scoring below any self-esteem scale's conceptual midpoint (Baumeister, Tice, & Hutton, 1989). That most individuals in the United States score toward the high end of self-esteem measures, therefore, casts serious doubts on the key assumption underlying the self-esteem movement, namely that there is a widespread deficit of self-esteem: How can American society be suffering from a widespread low self-esteem epidemic if the average American person regards himself or herself as above average?

One useful way to address this striking disjunction between popular beliefs, "beautiful hypotheses" and "ugly facts" is to identify and analyze the numerous methodological and conceptual flaws and shortcomings extant in the literature (see Baumeister et al., 2003). In this section, we briefly examine seven such issues, citing specific exemplars from the self-esteem literature that demonstrate specific shortcomings: (a) conflating correlation with causation, (b) misinterpreting statistical significance and magnitude of correlation, (c) not accounting for the influence of third variables, (d) underestimating methodological problems with self-report measures, (e) generalizing findings based on biased sample composition, (f) controlling for instrumentation variance, and (g) establishing construct validity (such as accounting for conceptual overlap between measures). Each of these issues is discussed sequentially below.

Correlation versus causation

If two variables are correlated, then the presence of one provides us with information about the other; however, cause and effect cannot be proved simply by virtue of the correlation. Nevertheless, many studies inappropriately imply a causal relationship between variables simply by virtue of the correlational relationship shown between them. For example, such erroneous inferences are reflected through unsubstantiated conclusions and potentially misleading wording choices such as, "the detrimental effects of low self-esteem on depression" (Michalak et al., 2011, p. 751), "the effect of self-esteem on aggression was independent of narcissism" (Donnellan et al., 2005, p. 328), and, "self-esteem has a positive effect on starting romantic intimacy" (Eryilmaz & Atak, 2011, p. 599). In short, while research has shown statistical links between self-esteem and other variables to be noteworthy in some cases, these methodological limitations must be addressed prior to determining the exact nature of the relationships among these variables.

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psychologists have called the *above-average effect* or *illusory superiority* (Hoorens, 1995).

Magnitude of correlation

A relationship that is statistically significant is not necessarily substantive or useful, in that the actual numerical magnitude of the correlations (i.e., effect size) being reported must be considered, above and beyond whether it crosses the methodologically accepted threshold of statistical significance. In other words, a statistically significant correlation does not inherently equate to a meaningful correlation. For example, in a study exploring the relationship between self-esteem, narcissism, and aggression, Donnellan et al. (2005) reported a positive correlation of $r = 0.32$ between self-esteem and narcissism, and an inverse correlation of $r = -0.30$ between self-esteem and aggression. These findings led the authors to report significant relationships between self-esteem and both narcissism and aggression – despite the fact that each of these correlations accounted for barely 10% of the variance. As another example, Lyubominsky, Tkach, and DiMatteo (2006) reported a correlation of $r = 0.58$ between self-esteem and happiness. Although the magnitude of this correlation is certainly more than respectable in the realm of social sciences, it still accounts for only approximately 34% of the variance, thus leaving nearly two-thirds unexplained. Nonetheless, based on this correlation, the authors reported that self-esteem was shown to be a significant predictor of happiness. In sum, although technically accurate, the wording of such conclusions can easily lend themselves to misconstruing the strength of the relationship, thereby reducing their applied utility.

Third-variable problem

Many investigations do not identify, control for, or rule out other potential contributing factors, commonly referred to by researchers as the *third variable problem*. While some studies on self-esteem (e.g., Cheng & Furnham, 2004; Gendron et al., 2011; Lindsey et al., 2008; Steiger et al., 2014) report correlations that may imply effects of self-esteem on variables such as happiness, depression, bullying, or prosocial behavior, these outcomes could be confounded by the influence of unrecognized or unknown covariates; consequently, some of the apparent "effects" of self-esteem might diminish or even vanish when other factors such as cultural influences, family upbringing, successes or failures, peer relationships, or physical attractiveness are taken into account.

Self-report methodology

Although self-report measures are common, inexpensive, and easy to administer, they are subject to a host of methodological problems and biasing factors (see Stone et al., 2000), which are the product of both normal cognitive processing and psychologically motivated distortions. These include reactivity, social desirability, demand characteristics, inaccurate recollection or understanding, halo effect, response set, bias of

acquiescence, bias of extreme responding, bias to the middle, random responding, faking good, and faking bad (malingering). As a result, research studying the correspondence between what people report they do versus what they actually do calls into question the validity of these measures (Bellack & Hersen, 1977; Shiffman, 2000). As Baumeister et al. (2003) noted, researchers consistently obtain more significant and impressive evidence of the benefits of self-esteem when they rely on self-reported outcomes than when they rely on objective outcomes. For example, several studies have shown that people who score high on self-report measures of self-esteem tend to rate themselves more favorably on scales of physical attractiveness than their peers or judges rate them (Diener et al., 1995; Gabriel et al., 1994). Similarly, people with high self-esteem have been shown to exaggerate their level of intelligence when self-reported intelligence was compared to scores on an objective intelligence test (Gabriel et al., 1994).

Sample composition

Studies on the correlates of self-esteem often use samples that are minimally generalizable. Some of the specific samples, for example, included Stanford athletes (Denny & Steiner, 2009), retired employees from one Southern California utility company (Lyubomirsky et al., 2006), British adolescents (Fox & Farrow, 2009), Korean female nurses (Lee et al., 2013), and, of course, undergraduate students enrolled in introductory psychology courses (Cheng & Furnham, 2003; Donnellan et al., 2005; Michalak et al., 2011). Such samples are not representative of a diverse population with regard to a number of important socio-cultural factors, such as age, gender, level of education, ethnicity, geographic location, socioeconomic status, religion, nationality, and so forth.

Instrumentation variance

Some self-esteem researchers (e.g., Arbona & Power, 2003; Cheng & Furnham, 2004; Franck & De Raedt, 2007; Gendron et al., 2011; Schmitz et al., 2003; Steiger et al., 2014) have elected to use modified or short-form versions of the Rosenberg SES and other measures. However, empirical evidence showing the equivalence of the altered and original forms is often limited. As such, direct comparisons call into question the validity of their conclusions.

Construct validity

Construct validity refers to the degree to which a test actually measures what it claims or purports to measure (Campbell & Fiske, 1959; Cronbach & Meehl, 1955), and is typically established by demonstrating both discriminant validity (when two dissimilar constructs are uncorrelated with each other) and convergent validity (when two similar constructs are correlated with each other). There are unanswered questions, for example, regarding the conceptual overlap between

variables such as high self-esteem and happiness, as well as between low self-esteem and depression. For instance, much of the research does not appear to consider to what degree the items on conceptually different self-report measures (e.g., the Rosenberg SES and the *Oxford Happiness Inventory*) could be measuring the same construct. As such, discriminant validity would be problematic to demonstrate. Similarly, to what degree is low self-esteem just one of the various symptoms of depression? This confusion could result in overlap between constructs on different self-report measures (e.g., the Rosenberg SES and the *Beck Depression Inventory*).

Another concern related to construct validity pertains to the operationalization of key variables of interest. For example, Menon et al. (2007) operationalized antisocial behavior by the degree to which children engaged in avoidance behavior with their mothers, and found that self-esteem was inversely associated with caregiver avoidance. However, not only were the correlations weak to modest at best, there was a failure to provide conceptual or empirical grounding for the assumption that avoidant attachment style is equivalent to—or predicts—antisocial behavior. More broadly, there is ambiguity regarding the conceptualization and operationalization of the term initiative. According to *Merriam-Webster Online Dictionary*, initiative can be defined as, "the power or opportunity to do something before others do" (Initiative, 2016, para. 4), "the energy and desire that is needed to do something" (para. 4), or "a plan or program that is intended to solve a problem" (para. 4). Baumeister et al. (2003) operationalized the term initiative in a very loose sense, applying it to an extensive and heterogeneous list of situations and circumstances, such as performing both prosocial actions (e.g., offering peers emotional support) and antisocial actions (e.g., bullying, academic cheating), initiating relationships, speaking up in groups, experimenting with sex, trying harder in response to failure, and more. As a consequence, general conclusions that the findings discussed here substantively contribute to an understanding of the relationship between self-esteem and initiative on the whole must be seen, to a large extent, as tenuous.

Problems with Measurement and Assessment of Self-Esteem

Both methodological and conceptual problems combine to make valid, useful measurement of self-esteem difficult. Conceptual confusion is exacerbated in that self-esteem, as with many important constructs in the field of psychology, is used both colloquially as well as within the realms of academic and clinical psychology. Thus, although research would benefit from a standardized and widely used measure of self-esteem, common-language notions of self-esteem are sometimes

substituted for more explicit, scientific definitions, which creates an illusion of a universally accepted, well-defined entity (Wells & Marwell, 1976).

Measurement and assessment of self-esteem fall into two categories: self-report measures and implicit measures. Blascovich and Tomaka (1991) identified and reviewed the most frequently cited self-report measures of self-esteem for adolescents and adults. Of those scales they reviewed, the researchers found them of unequal quality and gave high marks to only a few, specifically Rosenberg's (1965) SES and a revision of Janis and Field's (1959) *Feelings of Inadequacy Scale*, which Fleming and Courtney (1984) revised. The Rosenberg SES, by far the most commonly cited measure, has been shown to be both internally consistent and temporally stable; however, the test-retest reliability coefficients reported were measured over such short periods of time (viz., one week and two weeks) that it is unclear whether the measure is reliable over longer periods of time. As a consequence, the test's ability to predict future outcomes (i.e., its predictive validity) is questionable (Blascovich & Tomaka, 1991). Concurrent validity has been shown through correlations between the SES and Lerner SES scores, the Janis and Field Scale scores, and the *Coopersmith Self-Esteem Inventory*. However, the external validity of the Rosenberg SES is questionable in that the original standardization sample was composed of adolescents from 10 New York State public high schools.

From a conceptual standpoint, although Rosenberg did not dispute that people evaluate themselves differently in different domains, he took the stance that this heterogeneity is difficult to assess accurately; therefore, he maintained that an overall assessment of one's feeling of self-worth as a person (i.e., global self-esteem) was sufficient as a predictor of other important life outcomes. It is still an open question as to what degree this conceptualization is valid or useful. Not only can self-evaluations vary in different domains of functioning, but high self-esteem has repeatedly been shown to be a heterogeneous construct (Baumeister et al., 2003). Thus, a unidimensional measure of global self-esteem, such as the Rosenberg SES, does not inherently capture the critical distinctions between being conceited, narcissistic, or defensive, on one hand, versus accepting or valuing oneself with an accurate appreciation of one's strengths and worth, on the other.

Nonreactive measures of implicit self-esteem have increased in popularity, although the vast majority of self-esteem researchers use self-report measures (Bosson, Swann, & Pennebaker, 2000). Implicit measures of self-esteem are designed to assess aspects of self-esteem that operate outside of conscious awareness and control (Greenwald & Banaji, 1995). Instead of answering direct questions about their self-

esteem, respondents ostensibly reveal their self-evaluations via reaction-time tasks that utilize priming techniques, or use projective tests in which they respond to ambiguous stimuli. The meaning behind the measure is often masked, either by subliminal presentation of stimuli or by working under time pressure or cognitive load (Bosson, 2006). Common measures of implicit self-esteem include the *Implicit Association Test* (Greenwald, McGhee, & Schwartz, 1998), cognitive priming tasks (Hetts, Sakuma, & Pelham, 1999; Spalding & Hardin, 1999), word completion tasks (Hetts et al., 1999), and people's preferences for their birthday numbers and name letters (Nuttin, 1985).

Recognizing the increasing interest in measures of implicit self-esteem, Bosson et al. (2000) sought to investigate the reliability and validity of seven of the most commonly used measures. Not only did the various implicit measures not correlate with each other, but they correlated only weakly with measures of explicit self-esteem. In general, the implicit measures were shown to be limited in their predictive abilities, unstable across time and measurement context, and low in convergent validity. In 2011, Buhrmester, Blanton, and Swann evaluated the construct validity of the two most common implicit measures of self-esteem: the *Implicit Association Test* (Greenwald et al., 1998) and the *Name-Letter Test* (Nuttin, 1985). Based on their review of the literature, Buhrmester et al. (2011) concluded that the research failed to show strong or consistent support for the validity of either measure. In summary, although implicit measures of self-esteem may hold promise at some future point, currently their psychometric properties fall far short of acceptable methodological standards.

THE RESURGENCE:
PROPOSAL OF A NEW MODEL OF SELF-ESTEEM

Background and Rationale

Self-esteem is a complex construct, multifaceted and heterogeneous in nature. To understand fully its role in psychological functioning, we must go beyond whether it is simply high or low. Moreover, until relatively recently, the belief that to have high self-esteem is unmistakably a good thing has gone unchallenged, but recent theory and evidence suggests that this characterization is not necessarily true. There appear to be numerous forms of high self-esteem that vary widely in terms of how closely they mirror optimal psychological functioning (Kernis & Paradise, 2002). Whether one's high self-esteem is considered optimal or narcissistic, and the manner in which it contributes to one's psychological health, depends on a consideration of not just its level, but also its characteristics.

The current researchers propose a new model for conceptualizing self-esteem, one that captures the heterogeneous nature of the term. This model seeks to integrate the various facets of self-esteem and to account for the different dimensions on which self-esteem can vary, taking into account and synthesizing the existing research findings, addressing and resolving some of the gaps and inconsistencies in the literature, and incorporating the central conceptual issues already discussed. In sum, the model seeks to provide an organized system for deductively determining various forms of self-esteem, and the manner in which they relate to psychological functioning.

Self-Appraisal

In conceptualizing and introducing a new model of self-esteem, the use of the term must first be addressed. As the literature shows, despite the appeal, ubiquity, and importance of the concepts it embodies, the term, and its ensuing research are plagued with confusion, discrepancies, and disagreements. Nonetheless, self-esteem is far too embedded in the literature and the concept is far too important to discard all together. Thus, the current researchers propose a broader approach, taking a step back to address the more fundamental concept of *self-appraisal* and the various forms it can take. Whether the numerous existing definitions of self-esteem are unidimensional or multidimensional; stable or fluid; focused primarily on cognitive factors, affective factors, behavioral factors; or some combination thereof, they all attempt to describe some process or aspect of self-appraisal. In other words, virtually every definition of self-esteem involves an act of a person judging the value, condition, or importance of himself or herself. Therefore, as can be seen in Figure 1, the current researchers have chosen to use self-appraisal as the foundation and primary sorting variable from which the various manifestations or forms of self-esteem stem.

Accuracy

From this starting point, the model depicts self-appraisal as branching off into two pathways: *accurate* self-appraisal and *distorted* self-appraisal. It should be emphasized that these are not mutually exclusive categories; rather, they are conceptualized as end points on a theoretical continuum, along which an individual's self-appraisal may be located. This dimensional (vs. categorical) approach is visually represented in Figure 1 with a series of vertical grayscale bars, which also apply to the subsequent sorting variables (see Levy, 2010, for discussion of dichotomous versus continuous variables).

The current researchers assert that, although this distinction has been virtually absent from existing models and research on self-esteem, it is a

fundamental one. In order to capture comprehensively the heterogeneous nature of the concept – including everything from grandiosity to unwarranted self-loathing to a valid appreciation of one's strengths and weaknesses – a consideration of accurate versus distorted is essential. Without this distinction, the critical differences between such terms as *high self-esteem* and *narcissism*, for example, are largely indistinguishable. Similarly, the important distinction between a negative self-appraisal that is valid versus one that is distorted could easily be lost.
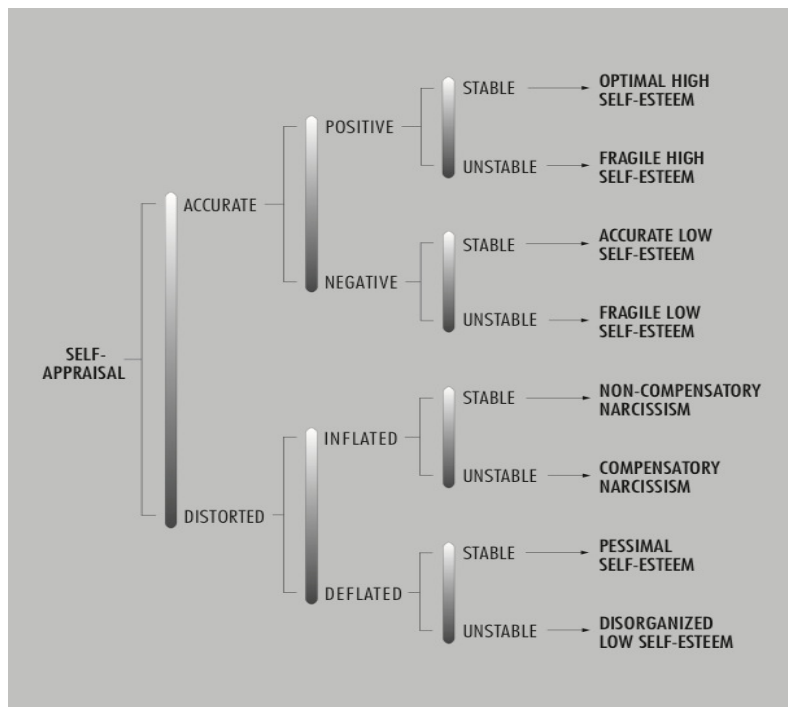

FIGURE 1 A New Model of Self-esteem, Illustrating the Heterogeneous Nature of the Concept

Further, as discussed earlier, the first known definition of self-esteem, set forth by William James, may have been simple, but it has been supported by a considerable amount of research (Harter, 1999). James (1890/1983) defined self-esteem as successes divided by pretensions, or a ratio between achievements and aspirations. Based on this definition, by its very nature, level of self-esteem depends, in part, on actual objective behaviors and outcomes (i.e., successes). Therefore, the more success we

have and the lower our expectations, the higher our self-esteem. As such, one can raise self-esteem by either lowering expectations and/or increasing achievements. Generally speaking, many of the definitions that followed that of James, especially those that came out of the more recent self-esteem movement, focused primarily on the cognitive and/or affective factors influencing self-esteem, with very little consideration of behavior, successes, or objective outcomes. For example, Nathaniel Branden (1969), one of the most prominent figures of the self-esteem movement, defined self-esteem as the result of two interrelated aspects: "It entails a sense of personal efficacy and a sense of personal worth. It is the integrated sum of self-confidence and self-respect. It is the conviction that one is competent to live and worthy of living" (p. 110).

While the cognitive and affective facets of self-esteem are certainly crucial to understanding the nature of the construct, the current researchers assert that one's external, measurable reality is equally important. In other words, self-esteem is shaped not only by one's thoughts and feelings, but also by the objective outcome of one's behavior (e.g., actual achievements, measurable capabilities) and by one's interpersonal interactions (i.e., the level of congruence between how one thinks he or she is perceived and how he or she is perceived). In this model, *accurate self-appraisal* refers to one's judgment of the value, condition, or importance of oneself that is accurately based upon one's measurable reality (as just described). For example, a woman might consider herself to be highly likeable with strong social skills and, based upon reports of individuals in her social circle, she is in fact well-liked by others (accurate self-appraisal). In this instance, there is congruence between her self-appraisal and the manner in which others appraise her. Conversely, *distorted self-appraisal* refers to one's judgment of the value, condition, or importance of oneself that is incongruent with one's measurable reality. For example, a man might consider himself to be highly intelligent, but based upon an objective measure of intelligence (scores on a measure of cognitive abilities), his level of intelligence is actually below average.

The inclusion of this sorting variable is also essential to differentiate two forms of low self-esteem: accurate versus distorted. As noted by numerous researchers (see Baumeister et al., 2003), low self-esteem generally does not seem to be linked to the reality of people's objective achievements. Specifically, low self-esteem people appear to be just as intelligent, have just as high GPAs, and are just as attractive and successful as high self-esteem people. Further, in the relationships field, low self-esteem partners are loved just as much as highs—at least until after a few years, when their distortions begin to compromise adversely the quality of their relationships (Leary, 2002; Murray, Bellavia, Rose, &

Griffin, 2003; Murray, Griffin, Rose, & Bellavia, 2003; Murray, Rose, Bellavia, Holmes, & Kusche, 2002). Further, as Swann's (2012) self-verification theory research has shown, low self-esteem people strongly resist incorporating positive information about themselves. In short, current theory and research assume that the very essence of low self-esteem involves gross distortion in judgment about the self.

The current researchers suggest that these assumptions and research findings relate only to one form of low self-esteem: distorted, or what our model terms *pessimal self-esteem* (see discussion below). However, the findings might not apply to a form of low self-esteem that does not involve distortions: *accurate low self-esteem*. With this type of low self-esteem, the individual's negative self-perceptions are not inherently distorted; in fact, they accurately reflect his or her reality (discussed below).

The new model presents the opportunity to identify and explore the correlates and consequences of nondistorted low self-esteem, which may yield different outcomes than the current literature suggests. To take one example, this distinction may have important implications for the practice of psychotherapy. Specifically, for clients with pessimal self-esteem, the therapy would take a more cognitive (internal) focus, attempting to reduce their perceptual distortions. In contrast, for clients with accurate low self-esteem, the clinical interventions would focus more on behavioral (external) change, addressing ways they might take actions to alter their actual situations and circumstances, from relationships to academic or occupational.

Inclusion of the accuracy variable may also play a role in clarifying previous research findings that show discrepancies between self-report data and more objective measures, such as the links between self-esteem and self-rated physical attractiveness (Diener et al., 1995; Gabriel et al., 1994), self-rated intelligence, and social skills (Gabriel et al., 1994). As noted above, people with high self-esteem do not emerge as any more attractive, intelligent, or socially skilled than people with low self-esteem when more objective measures of these variables are compared to self-report data.

Directionality

As can be seen in Figure 1, both accurate self-appraisal and distorted self-appraisal can be skewed in opposing directions, leading to the secondary sorting variable of directionality. This next sequence consequently gives rise to the following conditions: *accurate positive self-appraisal* (self-appraisal that is positive and congruent with measurable factors and/or the interpersonal perceptions of others), *accurate negative self-appraisal* (self-appraisal that is negative and

congruent with measurable factors and/or the interpersonal perceptions of others), *distorted inflated self-appraisal* (self-appraisal that is more positive than is reflected by measurable factors and/or the interpersonal perceptions of others), and *distorted deflated self-appraisal* (self-appraisal that is more negative than is reflected by measurable factors and/or the interpersonal perceptions of others).

Stability

Each of these four categories (accurate positive, accurate negative, distorted inflated, and distorted deflated) is then further divided by a third sorting variable of stability. Considerable research supports the usefulness of distinguishing between stable versus unstable feelings of self-worth (e.g., Franck & De Raedt, 2007; Kernis et al., 1993; Zeigler-Hill et al., 2015). According to Kernis and Paradise (2002), for example, the stability of self-esteem is determined based on the extent to which the individual's current feelings of self-worth fluctuate across time and situations. More specifically, feelings of self-worth that are stable are minimally affected by specific evaluative events, whereas feelings of self-worth that are unstable are highly influenced by evaluative events, both internally generated (e.g., reflecting on an earlier interpersonal interaction) and externally generated (e.g., an evaluation from a teacher). Along similar lines, other research and theory (Crocker & Wolfe, 2001; Kernis & Paradise, 2002) have shown promising support for the construct of *contingent self-esteem* and its assessment. Based upon Self-Determination Theory, for example, self-esteem can either be contingent (i.e., dependent upon matching some external standards or expectations and requiring continual validation) or noncontingent (i.e., not dependent upon matching some external standards and not requiring continual validation; Deci & Ryan, 1995). While these two variables, stability and contingency, have often been treated as separate constructs, the current researchers assert that, by definition, if self-esteem is contingent, it is also unstable. Conversely, if self-esteem is noncontingent, it is naturally stable. Therefore, the current model defines stable as minimally influenced by evaluative events (both externally and internally generated) and low need to match external standards across time and situation, and unstable as highly influenced by evaluative events (both externally and internally generated) and high need to match external standards or expectations across time and situation.

It should be noted that Kernis and Goldman (1999), and Kernis and Paradise (2002), whose research has focused primarily upon distinguishing between fragile versus secure forms of self-esteem, argue that self-esteem varies along four theoretical components: stability, contingency, congruence, and defensiveness. Specifically, fragile high

self-esteem is defined by these researchers as positive feelings of self-worth that are unstable (i.e., fluctuates based on contextually based feelings of self-worth), contingent (i.e., depends on the achievement of specific outcomes), incongruent (i.e., are discrepant when compared to implicit feelings of self-worth), and defensive (i.e., exhibit an unwillingness to admit to negative feelings of self-worth; Kernis & Goldman, 1999; Kernis & Paradise, 2002). Conversely, the authors conceptualize secure high self-esteem as positive feelings of self-worth that are stable (i.e., vary minimally across experiences), noncontingent (i.e., result from the satisfaction of core psychological needs versus the attainment of specific outcomes), congruent (i.e., are in line with implicit feelings of self-worth), and genuine (i.e., open to recognizing negative aspects of oneself; Kernis & Goldman, 1999; Kernis & Paradise, 2002). Although the current researchers generally support this depiction of self-esteem as a heterogeneous and multifaceted construct, the proposed model does not include a discussion of either the congruent versus incongruent variable, or the defensive versus genuine variable, for the reasons below.

First, the distinction between congruent and incongruent, which refers to the level of correspondence between explicit and implicit self-esteem, has been made by theories such as Cognitive Experiential Self Theory (Epstein & Morling, 1995). Cognitive Experiential Self Theory is an example of one theory that centers around the assumption that self-esteem should be understood as an interaction between two separate but related systems, essentially conscious (i.e., explicit) self-esteem and unconscious (i.e., implicit) self-esteem. Thus, theoretically, high explicit self-esteem coupled with low implicit self-esteem would represent fragile self-esteem; while high explicit self-esteem coupled with high implicit self-esteem would represent more secure self-esteem. Explicit self-esteem has traditionally been measured by self-report measures such as the Rosenberg SES, whereas implicit self-esteem, as discussed above, is measured more indirectly through nonreactive measures such as projective tests, cognitive priming tasks, and implicit association tasks. However, nonreactive measures of implicit self-esteem have been shown to possess weak and/or inconsistent psychometric properties, and the understanding of how to interpret these measures is cloudy at best (Bosson, 2006). Therefore, given the lack of empirical support for the reliability and validity of implicit measures of self-esteem, these variables were not included in the proposed model.

Second, although the distinction between defensive and genuine high self-esteem dates back as early as 66 years ago (see Horney, 1950), it has not generated a large body of empirical support (Kernis & Paradise, 2002). In the research that has been done, defensive has traditionally

been distinguished from genuine through measures of socially desirable responding, such as the Crowne-Marlowe Social Desirability Scale (e.g., Crowne & Marlow, 1960). In other words, if one measures high in self-esteem and high in social desirability, he or she presumably possesses defensive high self-esteem as a result of being unwilling to admit to the undesirable qualities he or she is likely to possess. Conversely, if one measures high in self-esteem and low on a social desirability measure, the person is presumably less likely to conceal negative characteristics from others and, therefore, is thought to possess genuine self-esteem. However, this idea notwithstanding, the current researchers would argue that there are numerous ways of defining defensive, which lead to undesirable ambiguity and confusion surrounding the term. Colloquially, *defensive* is typically used to describe argumentative behavior (e.g., when one person accuses another of being quarrelsome in response to feedback). However, in the realm of psychological assessment, it is used to refer to a tendency to respond in a deliberately socially desirable fashion (e.g., as measured by the *Crowne-Marlowe Social Desirability Scale*; Crowne & Marlowe, 1960), or to respond relatively unintentionally in a manner reflecting social poise or reserve (e.g., as measured by the K scale on the *Minnesota Multiphasic Personality Inventory-2* termed *subtle defensiveness*; Hathaway, McKinley, & MMPI Restandardization Committee, 1989). In a different context, some psychotherapists use defensive to refer to a client's resistance or denial in therapy. Because of this conceptual ambiguity, defensive and genuine are not necessarily theoretical opposites; in contrast, stable versus unstable (the third sorting variable of the current model) are. Moreover, the current researchers would argue that a consideration of whether one's self-appraisal is accurate or distorted, and the direction in which it is skewed, encompasses the distinction made by Kernis and Goldman (1999) and Kernis and Paradise (2002) when they described the difference between one who exhibits an unwillingness to admit to negative feelings of self-worth versus one who is open to recognizing negative aspects of oneself. In other words, if one's self-appraisal is defensive, regardless of which definition is being used, it is – by its very nature – distorted. Therefore, for these reasons, defensive versus genuine is not specifically included as a sorting variable in the proposed model.

A Comprehensive Definition of Self-Esteem

Based on the current research and model, the following is a proposed definition of self-esteem: Self-esteem is the appraisal of one's own personal value, including both emotional components (self-worth) and cognitive components (self-efficacy). More comprehensively, self-esteem is a multifaceted and heterogeneous construct, the multiple forms of

which are a function of how accurately or closely it matches an individual's measureable reality, composed of the objective outcome of one's behavior (actual achievements, measurable capabilities) as well as one's interpersonal interactions (i.e., the level of congruence between how one thinks he or she is perceived and how he or she is actually perceived). Self-esteem also varies in terms of its level of stability, or the degree to which it is influenced by evaluative events or the need to match external standards across time and situation. The permutations of these sorting variables deductively yield eight forms of self-esteem: Optimal High, Fragile High, Accurate Low, Fragile Low, Non-compensatory Narcissism, Compensatory Narcissism, Pessimal, and Disorganized. A detailed description of each of these eight forms, including examples, is presented below.
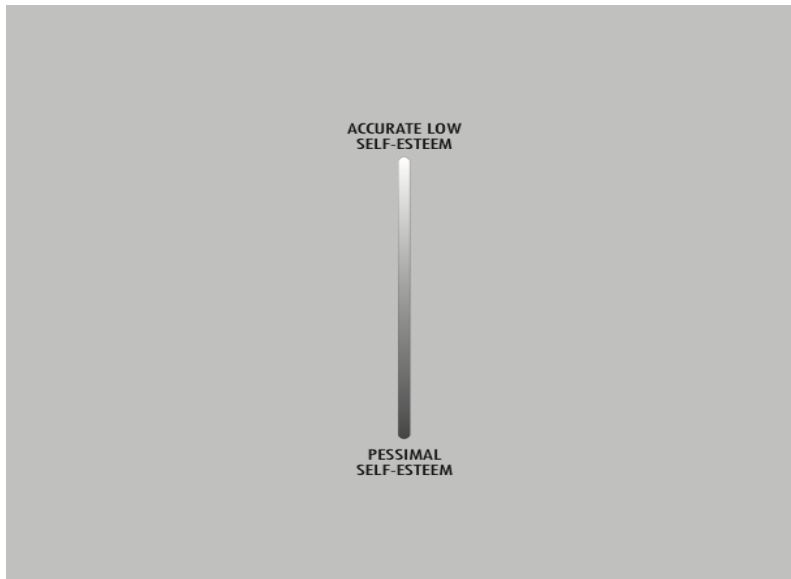

ACCURATE LOW
SELF-ESTEEM

PESSIMAL
SELF-ESTEEM

FIGURE 2 Continuum of Accurate Low Self-esteem vs. Pessimal Self-Esteem

For the purposes of simplicity and clarity, the forms of self-esteem appearing along the right column in the current model may appear to be categorical in nature. However, it should be emphasized that these are not, in fact, categorical "types"; instead, as with the sorting variables that precede them, the eight forms also are conceptualized as existing on various dimensions. As such, assorted pairs can be extracted and placed

on relevant continua. Although it would be cumbersome to represent visually all possible permutations here, two specific pairs serve as examples: accurate low self-esteem vs. pessimal self-esteem (Figure 2) and non-compensatory narcissism versus compensatory narcissism (Figure 3).
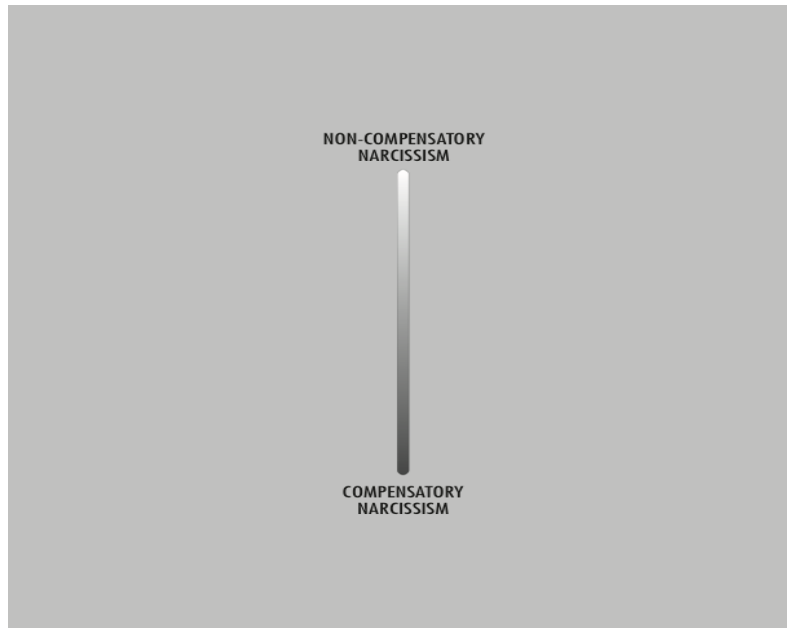

FIGURE 3 Continuum of Non-compensatory Narcissism vs.
        Compensatory Narcissism

Optimal High Self-Esteem consists of self-appraisal that is accurately based on the objective outcome of one's behavior and one's interpersonal interactions, and is skewed in a positive direction (accurate, positive). Further, one's judgment of the value, condition, or importance of oneself is minimally influenced by evaluative events (both externally and internally generated) and/or by the need to match external standards or expectations across time and situation (stable). The self-appraisal of individuals within this category is based upon their measurable reality (e.g., actual achievements, measurable capabilities), as well as a high level of congruence between how they think they are perceived and how they are actually perceived by others. Regardless of experiences or information that might threaten, contradict, or challenge the individual's

overall positive self-appraisal, it remains relatively consistent across time and situation.

For example, a woman in the Optimal High Self-Esteem category, regardless that she is unhappy about recently gaining some weight and being passed up for a promotion at work, maintains an overall positive and accurate self-appraisal that is not significantly influenced by a desire to match external standards of success or physical attractiveness. She may experience a variety of emotions and she may even take steps to better her situation, but the manner in which she judges her own value and importance remains relatively consistent.

Fragile High Self-Esteem consists of self-appraisal that is accurately based on the objective outcome of one's behavior and one's interpersonal interactions and is skewed in a positive direction (accurate, positive). However, one's judgment of the value, condition, or importance of oneself is highly susceptible to being influenced by evaluative events (both externally and internally generated) and/or by the need to match external standards or expectations across time and situation (unstable). The self-appraisal of individuals placed within this category is based upon their measurable reality (e.g., actual achievements, measurable capabilities), as well as a high level of congruence between how they think they are perceived and how they are actually perceived by others. Despite these individuals' susceptibility to adverse experiences or information, they demonstrate high resilience in their ability to recover relatively quickly from setbacks and return to their high baseline level of functioning.

For example, a graduate student with Fragile High Self-Esteem might react to mild criticism from her dissertation chairperson by experiencing sadness, discouragement, and self-doubt. However, after a brief period of time, she is able to recover from her negative emotions and get back to rewriting her research without significant or lasting impact on her self-appraisal, which is relatively high overall.

Accurate Low Self-Esteem consists of self-appraisal that is accurately based on the objective outcome of one's behavior and one's interpersonal interactions but is skewed in a negative direction (accurate, negative). Further, one's judgment of the value, condition, or importance of oneself is minimally influenced by evaluative events (both externally and internally generated) and/or by the need to match external standards across time and situation (stable). The self-appraisal of individuals placed within this category is based upon their measurable reality (e.g., actual achievements, measurable capabilities), as well as a high level of congruence between how they think they are perceived and how they are actually perceived by others. Their self-appraisal remains skewed in a

negative direction consistently across time and situation and is minimally influenced by self-reflection or external feedback.

For example, a man with Accurate Low Self-Esteem who has been highly unsuccessful in school, extracurricular activities, the workforce, and his interpersonal relationships, may receive a call from his father telling him he is proud of him for recently obtaining a job. However, because his overall self-appraisal is negative and accurately based upon his history, his self-appraisal remains unaffected by getting a job or by his father's feedback.

Fragile Low Self-Esteem consists of self-appraisal that is accurately based on the objective outcome of one's behavior and one's interpersonal interactions and is skewed in a negative direction (accurate, negative). However, one's judgment of the value, condition, or importance of oneself is highly susceptible to being influenced by evaluative events (both externally and internally generated) and/or the need to match external standards or expectations across time and situation (unstable). The self-appraisal of individuals placed within this category is based upon their measureable realities (e.g., actual achievements, measurable capabilities), as well as a high level of congruence between how they think they are perceived and how they are actually perceived by others. However, because of their self-appraisal being skewed in a negative direction, they demonstrate low resilience in their ability to recover from setbacks and return to their low baseline level of functioning.

For example, the same graduate student described above who receives mild criticism from her dissertation chairperson, but is instead within the Fragile Low Self-Esteem category, would experience much more difficulty recovering from this setback. She is likely to take a prolonged period of time to get back to rewriting her dissertation, taking her chairperson's feedback as disapproval of her global abilities and struggling to return to her level of baseline functioning and self-appraisal.

Non-compensatory Narcissism consists of self-appraisal that is more positive than is reflected by measurable factors and/or the interpersonal perceptions of others (distorted, inflated). Further, one's judgment of the value, condition, or importance of oneself is minimally influenced by evaluative events (both externally and internally generated) and/or the need to match external standards across time and situation (stable). Included within this category are individuals who would meet a psychological description of narcissism, which is characterized by an excessive self-admiration of one's own attributes, and includes features of grandiosity, arrogance, entitlement, and a lack of perceived need for personal change (Pincus, 2013; Stolorow, 1975; Wrzos, 1987). In its more extreme form, individuals may meet criteria for a diagnosis of narcissistic personality disorder as set forth in the *Diagnostic and*

Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013). As noted in DSM-5, this disorder involves a pattern that is inflexible and pervasive across a broad range of interpersonal and social situations, and is marked by a lack of empathy for others. Because individuals in the category of Non-compensatory Narcissism are minimally influenced by evaluative events or the need to match external standards, this type of self-appraisal can sometimes involve delusional thinking. The individuals' firmly held, distorted beliefs and feelings of superiority are stable across time and situation and, thus, are essentially immune to criticisms, threats, or contradictory evidence. The current researchers assert that, in contrast to Compensatory Narcissism (see below), individuals in this category do not appear to be covering deficits in self-perceptions; they are, in fact, quite secure in their beliefs.

For example, an attorney with Non-compensatory Narcissism who receives harsh criticism from a judge is likely to respond unflappably, leaving the courtroom with a smirk on her face, thinking that the judge is incompetent and inferior. Regardless of how accurate the judge's criticism might be, she blithely dismisses it as being worthless and invalid. Her self-appraisal is consistently more positive than is reflected by her actual courtroom trial outcomes or many other judges' perceptions of her. As another example, a Non-compensatory Narcissist whose longtime girlfriend tells him she is breaking up with him would likely be unfazed and react arrogantly by condescendingly and smugly informing her that the loss is all hers, without even the slightest consideration that he might need to examine his own personality or behavior. Being negligibly influenced by his girlfriend's feelings or opinions, his self-appraisal remains minimally affected, if affected at all, and continues to be more positive than is reflected by his actual behavior or the perceptions of his girlfriend.

Compensatory Narcissism consists of self-appraisal that is more positive than is reflected by measurable factors and/or the interpersonal perceptions of others (distorted, inflated), but, in contrast to Non-compensatory Narcissism, is also fragile or highly influenced by evaluative events (both externally and internally generated) and/or the need to match external standards or expectations across time and situation (unstable). Included within this category are individuals who would meet a psychological description of narcissism (as described above). Because of this emotional instability, the individual is in a psychological state of insecurity, attempting to make up for the lack of stability of his or her self-appraisal by erecting a false persona of excessive confidence as compensation. Theoretically and historically, narcissism has frequently been characterized by extreme emotional reactivity. For example, Kohut (1976) and Kernberg (1975) both spoke

of narcissistic rage and a more general emotional lability characteristic of narcissism. More recent research has shown that high narcissism predicts aggression (Bushman & Baumeister, 1998; Lobbestael, Baumeister, Fiebig, & Eckel, 2014; Rasmussen, 2015; Reidy, Foster, & Zeichner, 2010). High scores on measures of narcissism have been empirically linked to aggressive retaliation even though measures of self-esteem have generally failed to predict objective behaviors when it comes to aggression (Baumeister et al., 2003). According to DSM-5 (American Psychiatric Association, 2013), "Vulnerability in self-esteem makes individuals with narcissistic personality disorder very sensitive to 'injury' from criticism or defeat…[to which] they may react with disdain, rage, or defiant counterattacks" (p. 671). The current researchers assert that it is specifically Compensatory Narcissism (as compared to Non-compensatory Narcissism) that can be characterized by this propensity toward aggressive retaliation, as a result of the emotional instability and psychological insecurity underlying compensating narcissists' self-appraisal.

For example, the same attorney described above who receives criticism from a judge, if instead is placed within the Compensatory Narcissism category, would likely respond with rage, criticizing the judge and slamming the door as she storms out of the courtroom. Although her self-appraisal is more positive than is reflected by her actual courtroom performance or the perceptions of judges, it is insecure, fragile, and highly influenced by the need to match external standards and expectations, resulting in her aggressive, emotionally explosive tantrum. As another example, the same man described above whose girlfriend informs him she is breaking up with him, if he were a Compensatory Narcissist, might frantically react with a sense of utter panic, feeling deeply wounded and devastated at the very thought that someone would reject him. Because of his self-appraisal being insecure and highly affected by evaluative events and external standards, he would be emotionally distraught and engage in frantic attempts to protect and preserve his distorted, inflated self-appraisal.

Pessimal Self-Esteem consists of self-appraisal that is more negative than is reflected by measurable factors and/or the interpersonal perceptions of others (distorted, negative), and is also minimally influenced by evaluative events (both externally and internally generated) and/or by the need to match external standards across time and situation (stable). An individual within this category appraises himself or herself in a manner that is inconsistent with measurable factors (e.g., academic success, occupational success) or the way he or she is actually perceived by others. The individual's self-appraisal remains distorted and deflated

regardless of evaluative events or external standards, resulting in an overall lack of hope.

For example, a professional athlete with Pessimal Self-Esteem may have an impressive athletic record, a significant fan base, and close friends and family members who are proud of him; however, he consistently maintains a negative self-appraisal regardless of his achievements or positive feedback from others.

Disorganized Low Self-Esteem consists of self-appraisal that is more negative than is reflected by measurable factors and/or the interpersonal perceptions of others (distorted, negative) and is fragile, or highly influenced by evaluative events (both externally and internally generated) and/or the need to match external standards or expectations across time and situation (unstable). Therefore, individuals within this category may seek or crave opportunities to elevate their overall self-appraisal by matching various external standards or expectations of others; however, with a baseline self-appraisal that is generally distorted and deflated, the individual is likely to be untrusting and doubting of any evidence that might contradict his or her negative thoughts and feelings; thus, the individual's self-appraisal remains in a chaotic state and generally skewed in a negative direction.

For example, a man with Disorganized Low Self-Esteem may experience some success in his career and within his interpersonal relationships, but will still maintain self-appraisal that is skewed in a negative direction. Being highly influenced by the need to match external standards and expectations, he finds himself consistently trapped in a chaotic, unstable state, torn between seeking opportunities to refute his negative self-appraisal, but being wary of any evidence that contradicts how he feels about himself and what he believes about himself.

SUMMARY AND RECOMMENDATIONS
FOR RESEARCHERS AND CLINICIANS

Self-esteem has not proved to be the Holy Grail that psychologists and the general population alike once believed it to be, nor has the research literature supported the notion that a low self-esteem epidemic is the cause of a wide range of social problems. However, the term did not become one of the top covariates occurring in personality and social psychology research without reason. Regardless that the research has been plagued with confusion, discrepancies, and disagreements, self-esteem – both the concept and the term – is far too embedded in the literature and mass consciousness to discard altogether. Rather than abandoning or replacing it, the current researchers propose a reconceptualization, illustrated by the new model described above, that

acknowledges and accounts for the heterogeneity of the construct. With these ideas in mind, and based upon the findings of the current investigation, the following are recommendations for researchers and clinicians.

Reaching Consensus on a Definition

Given the long history of the term, the research on self-esteem has given rise to a number of different definitions, based on different assumptions and theories, and yielding different findings. This lack of conceptual clarity and agreement is one of the primary reasons – if not the primary reason – for the rampant confusion surrounding the construct. Without a common language currency as a foundation, the research is inevitably prone to be inundated with conceptual and methodological problems. Just as agreed upon definitions enable physicists to communicate with one another and with the public about such basic concepts as heat, sound, or electricity, psychologists also must strive for the same level of consensus with regard to self-esteem. With the plethora of definitions of self-esteem that currently exist, we run the risk of comparing apples to oranges to strawberries with regard to the various self-esteem measures and research findings.

A comprehensive definition and theoretical model have been proposed as part of the current review. Whether this particular version becomes widely adopted, it is imperative that we reach consensus about how we define and describe the term. Moreover, further research is indicated that specifically focuses on the generalizability of the definition and model across cultures. From a clinical perspective, reaching consensus on the specific nature of self-esteem will assist professionals in diagnostic clarification, treatment planning, and selecting appropriate interventions. Understanding the multidimensional nature of self-esteem and the full spectrum of ways that one's self-appraisal can manifest itself as opposed to the oversimplified view of high versus low – will assist clinicians in becoming better diagnosticians and psychotherapists.

Developing a Measure of Self-esteem as a Heterogeneous Construct

Attempts to resolve the conflicting views of what exactly constitutes self-esteem have resulted in many researchers – the current ones included – suggesting that self-esteem is a multifaceted construct. What we have come to think of as self-esteem is a complex, dynamic concept that cannot be accurately summarized or confined to a definition that is unidimensional and fixed, focusing on just one aspect of human experience (such as simply feelings of self-liking). Therefore, an assessment measure of self-esteem that captures the heterogeneity of the term and accounts for multiple conceptual issues is greatly needed.

Conceptual and methodological problems in the research have made valid, useful measurement of self-esteem especially difficult. As a remedy, the following are specific areas that should be addressed in developing an improved self-esteem measure:

Based on the proposed definition, the new measure should account for both the affective factors (feelings of self-worth) and cognitive factors (self-efficacy) that constitute self-esteem.

The new measure should yield scores for all eight types of self-esteem that have been identified in the proposed model. Ideally, each score would fall along a different dimensional scale, given that the sorting variables in this model are conceptualized as continuous, rather than categorical variables. The resulting graph of self-esteem scores might visually resemble the personality profiles found in the *Minnesota Multiphasic Personality Inventory-2* (Hathaway et al., 1989) or the *Millon Clinical Multiaxial Inventory* (Millon, Davis, & Grossman, 2006).

The new measure should possess psychometric properties that surpass those of current measures. In particular, the measure must demonstrate greater evidence of construct validity, in terms of both convergent and discriminant factors. This would best be achieved by utilizing the multitrait-multimethod matrix paradigm (Campbell & Fiske, 1959), in which the relationships among constructs (in particular, self-esteem, social desirability, happiness, and narcissism) can be empirically deconstructed using multiple methods, such as self-report, other report, and behavioral observations. Because self-report measures are particularly subject to the effects of reactivity (in which people alter their responses as a result of awareness that they are being measured), these complementary methods should, when possible, be minimally invasive.

The social desirability of high self-esteem in North American culture generally leads subjects to respond to face-valid items accordingly, thereby inflating self-esteem scores on self-report measures. It is, therefore, recommended that future measures include a validity scale or internal check for social desirability bias. An empirically based correction scale (similar to the K scale in the *Minnesota Multiphasic Personality Inventory-2*) might be used to statistically deflate respondents' scores to reflect more accurately their *true* self-esteem, were they not responding in a socially desirable manner. The inclusion of peer or observer ratings is also recommended both (a) to attenuate the effects of social desirability bias and (b) to assess the degree of congruence-incongruence between one's own appraisal versus others' appraisals.

Reducing the Indiscriminate Boosting of Self-Esteem

Some may argue that arbitrarily boosting self-esteem is harmless because it feels good, it appears to be linked to happiness, and it might even motivate people to accomplish things purely because they are striving for the recognition associated with enhancing self-esteem. However, it would be a significant mistake to ignore the ever-increasing amount of recent literature (see Crocker, 2006; Crocker & Park, 2004) that has focused on the ensuing potential costs of having, or even pursuing, self-esteem. Some of these include breeding narcissism, more biased perceptions of the future, increased tendency toward aggression, interference with learning and mastery, and detrimental interpersonal effects (e.g., people focusing on themselves at the expense of others' needs and feelings). With these potential costs in mind, the current researchers urge future clinicians and researchers to devote greater attention to the second component of the proposed definition – namely, self-efficacy – as well as to measurable behavioral outcomes. As discussed above, self-efficacy refers to people's cognitive beliefs regarding their capability to accomplish a certain level of performance and has been shown to be a useful and attainable clinical goal (Riggio, 2012). Focusing on one's self-efficacy, along with one's behavior, might promote a more realistic and useful sense of competence that is less susceptible to the costs associated with arbitrarily and non-contingently attempting to make people simply feel good about themselves.

Disentangling the Links among Self-Esteem, Happiness, and Depression

Based upon the current literature review, the research on self-esteem, happiness, and depression emerged as yielding the only real consistent findings by far. Thus, this area warrants further study. However, it is important for future researchers to remember the scientific tenet that the correlation between two variables is just that – a correlation, not necessarily causation. Although the links between high self-esteem and happiness, and low self-esteem and depression, appear strong, future research should address the methodological shortcomings of the work that has been done thus far to determine the exact nature of the relationships between these variables, including pathways and direction of causation. We must also remember that, although much of the existing research makes claims of meaningful relationships between these variables, statistically significant relationships are not necessarily meaningful.

Future studies should attempt to identify (and possibly rule out) potential third-variable causes. For example, research might be indicated to determine to what degree the specific items on certain commonly used

self-report measures (e.g., The Rosenberg SES, The *Oxford Happiness Inventory*) could be measuring the same construct. For instance, determining to what degree low self-esteem is just one of the various symptoms of depression could account for the overlap between items on self-report measures of both constructs (e.g., The Rosenberg SES and the *Beck Depression Inventory*).

Devoting Greater Focus to the Intersection of Self-esteem and Culture

The relationship between self-esteem and culture warrants much greater attention, in both research and clinical contexts. Although these areas are beyond the scope of this paper and have been reviewed elsewhere (see, for example, Shiraev & Levy, 2017), the following issues deserve particular consideration.

Further research is needed to address and incorporate cultural factors in the assessment of self-esteem. Even an improved measure that accounts for the heterogeneous nature of self-esteem, as proposed here, is still subject to values-driven biases rooted within their cultural context. For example, as noted above, the social desirability of high self-esteem in North American culture typically leads subjects to respond to face-valid items accordingly. More research is also indicated that specifically focuses on the generalizability of assessment measures across cultures, including culture-specific normative data.

With regard to advancing the conceptualization of self-esteem, it is crucial to bear in mind that the quest for self-esteem is not necessarily a universal human motive (Boucher, 2010); in fact, it appears to be a relatively recent development in Western individualistic culture (Baumeister, 1987). For example, the Judeo-Christian tradition has historically considered excessive self-love to be suspect because it leads to sentiments of self-importance and arrogance – as opposed to modesty and humility – which are not believed to be conducive to spiritual growth. Even currently, within many collectivistic societies (such as Japanese, South American, or some African cultures), the drive to attain high self-esteem is not highly valued (see Cai, Brown, Deng, & Oakes, 2007; Kitayama, 2006). In fact, when viewed through the lens of Asian interdependent cultures, it is frequently perceived as a sign of insecurity, incompetence (Kitayama, 2006), and psychological stubbornness (Miller, Wang, Sandel, & Cho, 2002). Conversely, self-critical or self-effacing self-perceptions – the very attributes that Western cultures might view as low self-esteem – are often encouraged, reinforced, and eventually internalized as a habitual response tendency (Kitayama, 2006).

As responsible clinicians, it is important to avoid presenting value judgments as objective reflections of truth. Examining self-esteem

through cross-cultural lenses highlights the importance of acknowledging how our perceptions are inevitably influenced by our own personal values and beliefs. In the United States and other Westernized societies, countless psychotherapists, mental health providers, educators, and parents are prone toward this culture-centric goal of self-esteem, but not without cost. In a clinical context, what might be the consequences of a psychotherapist consistently encouraging a client to strive for higher self-esteem if, in fact, that client does not share the therapist's Westernized belief system? Similarly, how might a therapist in training be affected by a supervisor or professor who regularly instructs her to work toward increasing a client's (or even her own) self-esteem, if she does not adhere to the same socio-cultural beliefs? By conflating science with values, clinicians are not only failing to uphold a commitment to cultural awareness and sensitivity, but could also be contributing to or even creating some of the clinical problems they are seeking to alleviate.

More broadly, the historical arc of self-esteem's rise from promising panacea to stubborn fall from grace is far from completed. As the mythology surrounding self-esteem is gradually debunked and replaced with more realistic conceptualizations along the way, it is essential to incorporate cross-cultural factors – including both etic and emic approaches – that better account for global diversity. In this way, self-esteem can ultimately provide a more valuable and pragmatic foundation for both professionals and the general population in the future.

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