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Joel B. Makowski
Grand Valley State University

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Low Self-Esteem as it Relates to Anxiety and Depression
Joel B. Makowski
Grand Valley State University
April 2004
October 9, 2003

Joel Makowski
507 Setters Run #103
Coopersville, MI 49404

RE: Proposals #04-48-H

Dear Joel:

The Human Research Review Committee of Grand Valley State University is charged to examine proposals with respect to protection of human subjects. The Committee has considered your proposals, Low self-esteem as it relates to Anxiety/Depression, and is satisfied that you have complied with the intent of the regulations published in the Federal Register 46(16)8386-8392, January 26, 1981.

Sincerely,

Paul Huizenga, Chair
Human Research Review Committee
Low Self-Esteem as it Relates to Anxiety and Depression

Joel B. Makowski

Grand Valley State University

April 2004
Abstract

The purpose of this qualitative study was to explore the relationship between low self-esteem and anxiety and/or depression. Participants were selected based on their subjective experience of having high or low self-esteem. Low self-esteem participants were then selected on the basis of their subjective assessment of attributing anxiety/and or depression to their low self-esteem experience. Two high self-esteem and two low self-esteem participants were interviewed.

High self-esteem participants were found to base their self-worth and respect on an internal locus of evaluation. They did not identify any notable anxiety or depression. Low self-esteem participants were found to base their worth and respect on an external locus of evaluation which lead to inauthentic behavior. Their inauthentic behavior, in turn, was associated with feelings of anxiety and/or depression. Implications are multi-systemic; they include teaching and learning self-responsibility and self-reliance as well as the importance of considering both experiential and cognitive therapeutic components.
Things themselves don’t hurt or hinder us. Nor do other people.

How we view these things is another matter. It is our attitude and
reactions that give us trouble. . . . We cannot choose our external
circumstances, but we can always choose how we respond to them.


Introduction

This topic is personal. For too long I felt a silent scream roaring in my head (not unlike
the painting Scream by Edvard Munch); an illusory warning that somehow something wasn’t
“right” with me. Wherever I went, whatever I did, I questioned myself and read the situation for
feedback. I would look for signs that somehow I belonged, when deep down the scream roared
more intensely with warnings to escape for fear that everyone would find out that I was a phony,
that I was not “fit” for the circumstance or even life itself. It was feeling that I was somehow
defective or inadequate. It is an ominous feeling to continually worry that you will be “found
out,” that you will be “judged” as lacking or inappropriate. It is frightening to worry that you
may not be competent enough to carry on living and performing the tasks of daily living.

The following research was born out of this experience. I did not know what to label it
until I came across Nathaniel Branden’s (1985) Honoring the Self, which talks in-depth about
low self-esteem. Branden (1985) states that low self-esteem is most often the result of judging
one’s self by external standards or the opinion of others rather than by one’s own values and
convictions. It is also the feeling that one has little worth and is not appropriate for life or
competent to face its challenges. To find worth, those with low self-esteem often look outside of themselves for approval through ideas, titles, material items, and conforming to external standards.

As I entered my field placement and began to meet with clients, not having much idea what I was doing, I would ask them personal questions such as "How do you feel about yourself most days?" and "What does it feel like to be you?" To my surprise I heard repeated themes: they did not like themselves, they felt inadequate, small, or incompetent. The more I probed, the more I heard the echo of my own experience. None could put their finger on it, they just felt that somehow something was wrong with them. The more I probed I began to realize what an effect this can have on a life. Therefore, I set out to learn about self-esteem and its effect on the mental health and daily lives of those who experience it.

For the purposes of this research I wanted to focus on the subjective experiences of those with low self-esteem. Not only the subjective experience of their anxiety and depression, but also their subjective statement of having low self-esteem. I wanted to explore the connection between their low self-esteem and feelings of anxiety and/or depression.

I am interested in the subjective because it is these experiences that often bring clients into therapy. By gaining perspective on their experience we are able to better understand their worldviews and social construction (Smith, 1997). Rosenberg (2003) urges us to ask the following questions: "What is this person feeling? What is she or he needing?" (p. 178). As Rowe (1996) states, "Individuals will react to reality as they perceive it, rather than as it may be perceived by others" (p. 75). If we agree with Rowe, it is important to understand subjective experiences in gaining knowledge on clients' daily lives.
Purpose of Research/Research Question.

"Of all the judgments that we pass in life, none is as important as the one we pass on ourselves, for that judgment touches the very center of our existence" (Branden, 1985, p. xi). With this statement Nathaniel Branden was referring to the importance of self-esteem for our overall well-being. The aim of this study was not to look at the origins of self-esteem but rather an already established self-esteem. Therefore, the purpose of this research was to explore the relationship between participants’ already established self-esteem and anxiety and/or depression.

Literature Review

Authenticity. Anxiety and depression will be discussed as symptoms of a person’s inauthenticity as a result of low self-esteem. Existentialist’s posit that authenticity is an individual’s ability to become “...increasingly capable of following the direction that one’s conscience indicates as the right direction and thus becoming the author of one’s own destiny. Quite simply, being authentic means being true to oneself” (van Deurzen-Smith, 1988, p. 48).

The philosopher Heidegger (1962) states that living by They leads to inauthenticity. That while, as social creatures, we do look to communicate and live harmoniously with others, to take our sense of self and life direction from others can lead to an inauthentic self. Van Deurzen-Smith (1997) describes Heidegger’s position:

We have a tendency to let ourselves fall into mediocrity and averageness, living our lives like They do. This fallenness with others makes us inauthentic. The only way to stop letting the anonymous one dictate to us is to reclaim our authentic being... (p. 39)

“Inauthentic living is characterized by a sense of imposed duty or the experience of discontent with one’s fate” (van Deurzen-Smith, 1988, p. 50), whereas those who live authentically draw
upon their “own code on the basis of the values he derives from his life experiences” (Krill, 1978, p. 40).

While existential philosophers have long posited the benefits of authenticity, recent empirical research has validated their beliefs. Sheldon, Ryan, Rawsthorne, and Ilardi (1997) describe authenticity as “behavior that is phenomenally experienced as being authored by the self or internally caused” (p. 1381). Their research indicates that authenticity is associated with “health and well-being” (p. 1381) while inauthenticity has been found to “create difficulties that negatively impact adjustment and well-being” (p. 1381). Similarly, Sheldon and Kasser (2001) found that authentic behavior, which is “exemplified by...self-acceptance” (p. 43), has been “associated with greater positive affect in daily life...[as well as] higher self-esteem” (p. 44). In studying the benefits of congruence, or authenticity, Meir, Melamed, and Dinur (1995) found a correlation between congruent behavior and self-esteem: congruency increased self-esteem; incongruency decreased it. According to Sheldon and Kasser (2001), the effects of inauthenticity are that people “tend to become ’stuck in a vicious cycle’ in which they continually experience psychological distress” (p. 46).

In contemporary American society, psychological distress is most often assessed and diagnosed on the basis of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association [APA], 2000). The APA (2000) states that “In [the] DSM-IV, each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and is associated with present distress (emphasis added). . .” (p. xxxi). According to Frances, First, Widiger, Miele, Tilly, Davis, and Pincus (1991) the diagnostic “classification system is based primarily on descriptive syndromes -- not on etiological factors” (p. 409), where a syndrome “is a cluster of signs and
symptoms that occur together and are characteristic for a specific disorder” (Fauman, 1994, p. 3). The signs and symptoms of the psychological distress associated with low self-esteem are anxiety (Greenberg et al., 1992) and depression (Ensel, 1985). This study will further explore the relationship between low self-esteem as it relates to authenticity (Meir et al., 1995), and authenticity as it relates to psychological distress (Sheldon & Kasser, 2001), specifically anxiety and depression.

History, Culture, and Self-Esteem. According to Katz (1998), humanity’s understanding of self-esteem has been dictated by particular historical periods. The first mention of this concept revolves around pride, which Katz (1998) says “is a sense of one’s worth, a reasonable or justifiable feeling of one’s position, but [can also] be an inordinate self-esteem or unreasonable conceit or superiority” (p. 303). While the earliest records are from the Sumerians (2100 B.C.) and the Egyptians (1500 B.C.) the concept of pride was not addressed or challenged until the rise of Christianity (Katz, 1998).

The early Christian church looked upon pride as one of seven deadly sins (Cathechism of the Catholic Church, 1995). Pride was viewed as relying on one’s self rather than God, which was believed to lead to self-destruction (Collins, 1988). Saint Francis of Assisi (1955) wrote: “No man can attain to any knowledge or understanding of God but by the virtue of holy humility. . . . All the perils and grievous falls which have happened in this world have arisen from nothing else. . . [but] by pride” (p. 164). Consistent with Church teachings, people were taught to embrace a life of humility. Any show of pride was considered sinful and incompatible with life in the Church.

The emphasis on humility changed in the sixteenth century during the Protestant Revolution which resulted in the Reformation. According to Barnes (1935), along with the
Low Self-Esteem

religious break from the Roman Catholic Church came “the rapid development of trade and industry upon peasant life, politics, and the outlook of Europeans generally” (p. 5). Barnes (1935) argues that the weakening of religious authority during the Reformation allowed both an “economic evolution” (p. 61) and a “theological upheaval” (p. 61). The Church lost some of its authority and influence. The Church’s teachings regarding a meek and humble life were being reconsidered in the wake of widespread economic development. Capitalist economics began to rise (Katz, 1998) which paved the way for the ideology of social Darwinism by creating a context in which economics, social life, and theology were no longer fundamentally intertwined.

Darwinism is the name given to Charles Darwin’s explanation of the biological process of evolution in which species evolve through natural selection (Bannister, 1979). Natural selection is the process whereby those organisms that are best adapted to their environment survive and reproduce. Social philosophy seized upon Darwin’s idea in what has become known as social Darwinism. Drawing on the theory of natural selection, Herbert Spencer coined the phrase *survival of the fittest* and applied it to this new view of Darwinism (Turner, 1985).

Social Darwinism states that life is a struggle for existence; and the way to ensure existence is through the production of capital (Hofstadter, 1955). *Survival of the fittest* means that those who gain the greatest power and generate the most capital are “selected by society and elevated into positions of influence because of their adaptability to the social situation. . . ” (Hofstadter, 1955, p. 132). As Spencer articulated his philosophy, it “suggested that competition was normal and inevitable, that those who could not compete would be eliminated through natural selection, that only those who were inferior or inadequate to survive in society would be poor. . . ” (Barker, 1999, p. 448). With this philosophy came the pride of success and winning (Katz, 1998). But a conflict arose: how to reconcile this form of pride with the Christian
teachings of a Christianized Western culture? "The solution was simplicity itself -- to make what
was formerly spiritually unpalatable now respectable and psychologically wise and valid. . . . If
pride had an old, bad name, what could be easier than to give it a new, good name?" (Katz, 1998,
p. 307).

This new, good name was introduced in 1890 when the philosopher and psychologist
William James released The Principles of Psychology, in which he addresses the concept of self-
estem. James viewed it as a simple mathematical formula. The formula he proposed was: “self
feeling in this world depends entirely on what we back ourselves to be and do” (p. 296). In other
words, according to James’ definition, if we hold high pretensions (claims or assertions) of
ourselves and succeed at them, then our self-esteem will be raised. If we do not succeed at them,
our self-esteem will be lowered. Katz (1998) suggests that James’ re-visioning of pride into self-
estem had profound effects on the Western psyche: “By recasting pride as self-esteem, men
could be proud without burdening themselves with any sin, guilt, or shame. Henceforth, they had
only to esteem themselves” (p. 308). Katz (1998) emphasizes that being released from the shame
of pride in an atmosphere of social Darwinism, with its “importance of competition and winning”
(p. 309), allowed esteem to become “a standard, if not the standard, self-concept” (p. 309) of
Western culture.

According to Cooley’s (1964) theory on social relationships, our self-concepts are derived
from how others view us in light of standards; standards which are often synonymous with
successful attributes. The low self-esteem participants of this study define these attributes by
what society views as being successful. As a result, we see self-concepts developing in a
capitalistic culture influenced by the undercurrents of social Darwinism (Hofstadter, 1955).
While the emphasis on social Darwinism waned in the early 1900s, its influence is still present in the concept of self-esteem (Katz, 1998). Katz (1998) asks: “Does not Darwin say (according to his theory) that the successes in nature survive and is not success crucial to self-esteem equations [such as James’ equation]?” (p. 312).

Since this study occurred in the context of a capitalist culture, to better understand the lives and minds of its participants it is important to take a deeper look at capitalism. As a result of the social Darwinian influence present in our culture (Hofstadter, 1955), the “competitive ideal” (Barnes, 1935, p. 64) of capitalism appears to have lead some participants to base their worth on success and perfectionism.

The Culture of Capitalism. For the purposes of this study, culture is defined as the “. . .learned [and shared] behavior patterns, attitudes, and material things. . .” (Hall, 1959, p.20) of individuals (collectively considered) that originate with and are propagated through genetics and the “meaningful interactions of individuals” (Martindale, 1962, p. 32). Included in these learned attitudes are what Malinowski (1944) refers to as “elements which apparently remain intangible, inaccessible to direct observation, and where neither form nor function is very evident. We speak more or less glibly about ideas and values, about interests and beliefs. . .” (p. 69). These culturally-dependent intangibles are dictated by the type of culture -- industrial, agrarian, or primitive (Linton, 1945) -- as well as the historical time period of the culture.

Barrett (1990) states (based on Max Weber’s (1930) interpretation) that the philosophy of American Protestantism and its accompanying sense of increased rational organization “is much in accord with capitalism” (p. 29). Barrett (1990) writes:

The capitalist emerges from the feudal society as the enterprising and calculating mind who must organize production rationally to show favorable
balance of profits over costs. . . [where] everything follows from this necessity of rationally organizing economic enterprise in the interests of efficiency: the collectivization of labor in factories and the consequent subdivision of human function; the accumulation of masses of the population in cities, with the inevitable increase in technical control of life that makes this necessary; and the attempt rationally to control public demand by elaborate and fantastic advertising, mass pressure, and even planned sociological research. (p. 30)

The industrial capitalist system has pervaded our daily lives to such a degree that we often hear people compare the human body to a machine and our mind to a computer. De Rosis (1973) writes that: “Even as we engage in that struggle, our access to humanness is being lost; we are cut off from the most precious attribute, one’s sense of being” (p. 16). With the advance of technology and its precision capabilities and capitalism’s use of words such efficiency, effectiveness, and profit (Henry, 1963), it appears that some people have come to equate themselves with the near-equivalent terms of productive, successful, and perfection. This machine-like mentality has become one of the threads woven into our culture.

Henry (1963) argues that the competitive and achievement oriented drives for increased security and higher standards of living are not inherent, but culturally generated. He differentiates drives from values, stating that “Drives animate the hurly-burly of business, the armed forces, and all those parts of our culture where getting ahead, rising the social scale, outstripping others, and merely surviving in the struggle are the absorbing functions of life” (Henry, 1963, p. 14). In contrast, values are described as “something we consider good” (Henry, 1963, p. 14), such as honesty, kindness, fun, decency, and love. Henry (1963) believes that a problem for American culture is that we have come to value what belongs in the category of
drives, even to the point of judging someone’s mental health by their job performance and drive toward accomplishments. Henry (1963) goes on to describe how industry dislikes those who move around too often, thereby changing jobs, because of the cost to train new personnel: “That is why American psychology considers frequent job change as a symptom of emotional disturbance...and is routinely used to diagnose emotional instability” (p. 27). In agreement with Henry, Lichtman (2001) says that “the capitalist system, like all other systems, judges the health of its members in accordance with the basic principles of its own (capitalist) functioning” (p. 68). Lichtman (2001), in describing the capitalist social structure, states that it is “a degradation of existence codified as appropriate functioning” (p. 69).

In an attempt to compensate for the dehumanizing environment and pace of the American capitalist system, the culture offers a higher standard of living than many other cultures (Henry, 1963); one that affords more material and entertainment goods. Such a standard of living requires consumers to spend and purchase, for which capitalism relies on the media and advertising industries. According to Wilson (1999), “Advertising is over a 130 billion dollar industry and the average American is exposed to approximately 1500 ads per day” (p. 68).

Modern mass media consists of newspapers, magazines, books, films, television, radio, the internet, as well as holiday, birthday, and other greeting cards. One can scarcely experience any of these without encountering advertisements. Kellner (1995) argues that the media’s powerful effect on shaping both culture and individuals is the result of its being the dominant focus of much of our daily lives. Advertising relies on psychological research and marketing to sell its products and worldview (Kellner, 1995). Apparent to the buyer are slogans and images. Kellner (1995) writes that:

Such symbolic images in advertising attempt to create an association between
the products offered and socially desirable and meaningful traits in order to produce the impression that if one wants to be a certain type of person, -- for instance, to be a "real man" -- then one should buy Marlboro cigarettes. (p. 248)

Through images and slogans, advertisers want to convey that to buy more is good. To do this they create appealing images; images that become a part of our collective American psyche. They are used to convince the American public that what they need is something "newer and better" (Henry, 1963, p. 22). This concept is what is known as "dynamic obsolescence" (Henry, 1963, p. 22). Henry (1963) states that "'dynamic obsolescence' is the drive to make what is useful today unacceptable tomorrow. . . . It is the 'new-car-every-year' drive" (p. 22). He notes that advertisers create more desire by creating more dissatisfaction. This is what's known as the deliberate creation of needs (Henry, 1963; Wilson & Blackhurst, 1999). Needs that include material items like cars, homes, and electronics, but also include needs to improve your image such as diet supplements and gym memberships, in which they must first convince you that you are overweight (Wilson & Blackhurst, 1999). In addition, the media portrays images of the desirable as wealthy, handsome or beautiful, flawless in appearance, fun with a seemingly problem-free existence. Furthermore, segments of the public have collectively embraced these images and, in effect, set them as the ideal for which one is to strive if they are to be socially acceptable (Grossberg, Wartella, & Whitney, 1998). Wilson (1999) refers to this phenomena when he states that "As the public increasingly relies on the media, the media and their messages gain a greater influence over our individual beliefs and behavior, as well as over our collective expectations about the world around us” (p. 69).

Therefore, while American culture offers symbols of success, perfection, and desirability, many may not be realistic or universally attainable. Furthermore, the images offered and effort
people exert to attain such lifestyles can be physically, emotionally, and mentally unhealthy. The toll on the individual and families can become too much. As an example, Jourard (1974) writes:

A man may work to the point of exhaustion, neglecting his health and the needs of his family, in order to purchase a Rolls Royce motor car. The status symbolized by the Rolls Royce seems worth the cost. He may not enjoy his work, he may not enjoy seeing his family suffer from neglect, the limousine may not transport him any better than a less costly vehicle, but so urgent is his quest for status that he is willing to pay the price. (p. 75)

Definitions and Sources of Self-Esteem. While there is no dearth of research much of it does not provide a definition of self-esteem. Moreover, very little focuses on the basis of it but rather on the effects of low self-esteem, such as perfectionism (Blatt, 1995), depression (Ensel, 1985), or anxiety (Coopersmith, 1981). Nevertheless, the research can be summarized into two categories. The first category does not specify a locus of evaluation but rather indicates that self-esteem is derived from what one values, wherever that may be found. For example, if an individual values their own opinion and sense of self, their locus of evaluation is internal. If, on the other hand, an individual looks to others for their worth, their locus of evaluation is external. These theorists do not have a firm stand on the basis of self-esteem, except to say that it is derived from whatever one values. The second category of theorists are more firm in stating that self-esteem is based on external factors, specifically others’ perceptions or approval of them. These theorists believe that a person determines their worth based on societal standards or the opinions of others. Between the two categories, the distinction to be made is that the concept of self-esteem depends on an individual’s locus of evaluation. It is the locus of evaluation that
determines the source of self-esteem.

The first category of theorists (Campbell & Lavallee, 1993; Coopersmith, 1967; Greenberg et al., 1992; Hamachek, 1978; Jourard, 1974; McKay & Fanning, 1987; Rosenberg & Kaplan, 1982) go no further than to define it. As stated, they do not make any concrete statements regarding the source of an individual’s self-esteem, whether internal or external. Here are some of the definitions provided by these theorists:

~ “The evaluative component of the self-schema is conceptualized...as self-esteem; a self-reflexive attitude that is the product of viewing the self as an object of evaluation” (Campbell & Lavallee, 1993, p. 4)

~ “Self-esteem is how we feel about ourselves” (Hamachek, 1978, p. 6).

The following definition was inferred from McKay and Fanning (1987), who wrote a book about self-esteem but never explicitly defined it. However, their words add another dimension: value. It implicitly takes into account that what we value in ourselves, or in life, becomes a determinant in our self-esteem.

~ “The ability to form an identity and then attach a value to it” (McKay & Fanning, 1987, p. 1).

And from Greenberg et al. (1992):

~ “Self-esteem -- the feeling that one is valuable...” (p. 921).

And again, in the following, we see another dimension: worth. Worth is a value-judgment and in this case the question lies in whether or not we value ourselves.

~ “Self-esteem refers to whether one accepts oneself, respects oneself, considers oneself a person of worth” (Rosenberg & Kaplan, 1982, p. 4).

~ “A high degree of self-esteem means that a person accepts himself as worthy”
(Jourard, 1974, p. 127).

And finally, in addition to worth, an individual’s personal assessment of their capabilities is considered.

"By self-esteem we refer to the evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy. In short, self-esteem is a personal judgment of worthiness that is expressed in the attitudes the individual holds toward himself. It is a subjective experience which the individual conveys to others by verbal reports and other overt expressive behavior." (Coopersmith, 1967, pp. 4-5)

The following definition goes further than worth and values. It includes the fact that the individual determines, for themselves, what they consider to be of worth or value to them; and it is this factor that is vital in their self-evaluation. Campbell (1984) writes:

“Self-esteem is an awareness of possession of desirable qualities or objects by oneself.” This definition has the advantage that it not only points up “the good opinion of self” aspect but also shows its cause, perceived possession of desirable qualities or objects. By “desirable qualities or objects” we mean anything that the particular individual may consider desirable -- material possessions, good personality, success, good physique, illustrious ancestors, many friends, love, intelligence, high aspirations, virtue, great potential, even such outer qualities as viciousness, competency as a killer, or proficiency as a rapist. (pp. 7-8)
Along the same lines are Branden’s (1969) statements of self-esteem. Like McKay and Fanning (1987), he also wrote a book on self-esteem but never provides an explicit definition of it. Nevertheless, one is able to discern his impressions of self-esteem from information gleaned from his text. According to Branden (1969), self-esteem is a “value-judgment” (p. 103), an “estimate...[that man] passes on himself” (p. 103). Branden (1969) specifies that Self-esteem has 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. 104)

Thus, to distinguish between high and low self-esteem, Branden (1985) states that “positive self-esteem is the experience that I am competent to live and worthy of happiness” (p. 5) while “to have poor self-esteem is to feel that I am inappropriate to life, that I am wrong — not wrong about an issue or piece of knowledge, but wrong as a person, wrong in my being” (p. 5). Similarly, Rosenberg (1979) states that those with high self-esteem are not arrogant or do not necessarily think themselves superior, but rather have “self-respect...[and find themselves to be] a person of worth” (p. 54). Those with low self-esteem, Rosenberg (1979) says, lack respect for themselves, and consider themselves “unworthy, inadequate, or otherwise seriously deficient as a person” (p. 54). Branden (1969), Campbell (1984), and Rosenberg (1979) present self-esteem as more in the control of the individual than in the control of others’ opinions of them. This is in contrast to the category of theorists that follows. Branden (1969) is quite explicit in stating the danger of allowing others' opinions to influence your sense of self:

Since man is neither omniscient nor infallible, and since, in many productive endeavors, the participation of other men is involved -- it is profoundly
dangerous to a man's self-esteem, and therefore to his psychological well-being, to let his sense of personal worth depend on factors beyond his control. (p. 124)

Those who allow others' opinions to dictate their self-esteem, Branden (1969) defines as having pseudo-self-esteem and declares it to be based on irrationality. By irrationality, he means: how can another's opinion, since it is not empirical fact but only subjective assessment determine how you feel about yourself? Branden (1969) calls pseudo-self-esteem "an irrational pretense at self-value. . .by seeking to derive his sense of efficacy and worth from something other than rationality. . ." (p. 135). In this study, the low self-esteem participants live by pseudo-self-esteem. The high self-esteem participants live by Branden's (1969), Campbell's (1984), and Rosenberg's (1979) definitions of self-esteem. As this study will show, these definitions are psychologically healthier. Those with pseudo-self-esteem, as presented by the next category of theorists, are at risk of suffering from mental anguish. Similar to Branden (1969), Sheldon and Kasser (2001) warn that "hinging one's sense of worth on others' opinions and approval. . .can be frustrating and unsatisfying" (p. 42) and is "associated with greater stress" (p.45).

The second category of theorists (Baldwin & Sinclair, 1996; Greenberg et al., 1992; Leary et al., 1998; Leary et al., 1995) posit that self-esteem is derived from the approval or perceptions of others. Thus, in their view, the locus of evaluation resides in the culture or standards set by others.

Greenberg et al. (1992) hold to the Terror Management Theory. This theory proposes that self-esteem is the feeling that one is an object of primary value in a meaningful universe. Individuals sustain self-esteem by maintaining faith in a culturally derived conception of reality (the cultural worldview) and living up to the standards of value that are prescribed by that worldview. (p. 913)
This theory’s emphasis on using the culture as a locus of evaluation, as a way of “living up to the standards. . . prescribed by that worldview” (p 913) resembles the sociometer theory, which states

that the self-esteem system functions as a sociometer that monitors the degree to which the individual is being included versus excluded by other people and that motivates the person to behave in ways that minimize the probability of rejection or exclusion. (Leary et al., 1995, p. 518)

Leary et al. (1995) believe that self-esteem is an attitude or feeling toward one’s self. They emphasize that this attitude or feeling has a direct relation to whether a person is rejected or included by others. Thus, according to the following statement, we can understand Leary et al.’s (1995) position that self-esteem, in order to maintain inclusion, must be derived from external sources:

Successfully maintaining one’s connections to other people requires a system for monitoring others’ reactions, specifically the degree to which other people are likely to reject or exclude the individual. Such a system must monitor one’s inclusionary status more or less continuously for cues that connote disapproval, rejection, or exclusion. (p. 519)

In another study by Leary and colleagues (Leary et al., 1998), they state that “Consistent with the sociometer explanation of self-esteem, research has shown that people’s feelings about themselves are highly sensitive to changes in perceived acceptance and rejection” (p. 1290). And just in case one does not accept their sociometer theory, they add, “Regardless of whether one accepts the notion that the self-esteem system evolved as a mechanism for monitoring social inclusion-exclusion, there is little doubt that feelings about the self are strongly affected by
Likewise, drawing on Leary et al.'s (1995) work, Baldwin and Sinclair (1996) state that depending on one's culture and upbringing.. .most people would have no difficulty identifying socially desirable traits and behaviors (e.g., success, competence, morality, physical attractiveness, and social skills) that generally lead a person to be accepted and included by others and corresponding negative traits and behavior (failure, incompetence, immorality, unattractiveness, and lack of social skills) that lead a person to be rejected or avoided. (p. 1130)

If one follows the thinking of Baldwin and Sinclair (1996) who wrote that if . . . then "contingencies can activate the kinds of troublesome self-concepts associated with low self-esteem" (p. 1139), we can better understand how those who use external standards in an if . . . then context could subject themselves to an experience that may lower their self-esteem. For example, if a man thinks, based on the perceptions of his culture, in the associative terms of "If I had more money, then I would be a more desirable person," he views his ability to be accepted on his financial status. If he views himself as financially poor in a capitalist culture that emphasizes money he may consider himself undesirable. Thus, his emphasis on cultural values determines how he feels about himself. To his detriment he has learned to see himself through the eyes of cultural values rather than through his own.

The one theme common to the above self-esteem literature is the locus of evaluation, which is in external sources. If we look again at the Jamesian theory of "self-esteem=success/pretensions" (James, 1981, p. 296), individuals subscribing to the second category of theorists will most likely define their success in societal terms or standards. Thus their pretensions of themselves may be that they can be societally successful, but when
something occurs that disputes this belief (i.e., a "failure") their self-esteem will be lowered.

As this study explores the relationship between self-esteem and anxiety and depression, it will rely on the first category of theorists, specifically Rosenberg (1979) and Branden (1969), for the following reasons. Rosenberg (1979) states that those with high self-esteem have "self-respect...[and find themselves to be] a person of worth" (p. 54). This definition provides the sense that a person would value themselves for who they are. It implies there are no conditions or standards to be met to accomplish a state of worth. Both the locus of evaluation and control of self-esteem lies within the individual. In support of Rosenberg's (1979) definition, Branden (1969) argues that it is dangerous for a person "...to let his sense of personal worth depend on factors beyond his control" (p. 124).


A common link between anxiety and depression, as they relate to low self-esteem, is perfectionism (Blatt, 1995; Hamachek, 1978; Hewitt, Flett, & Harvey, 2003; Hewitt, Flett, Norton, & Flynn, 1998; Flett, Hewitt, Blanstein, & Gray, 1998). Both participants claiming low self-esteem in this study suffer from perfectionistic tendencies. Flett et al. (1998) define perfectionism as "an achievement-based construct that involves the tenacious pursuit of goals of personal importance" (p. 1364). And according to the *New World Dictionary of the American Language* (1980), perfectionism is "an extreme or obsessive striving for perfection" (p. 1055)
where perfection is defined as an "extreme degree of excellence according to a given standard" (p. 1055). While we may not necessarily find a tendency toward perfection to be destructive, as with many things excessiveness can have adverse effects. Rice, Ashby, and Slaney (1998) distinguish adaptive from maladaptive perfection: adaptive is having "high personal standards" (p. 311) whereas maladaptive involves "excessive concern about making mistakes, [they] doubt their actions... [and] feel tense and anxious..." (p. 311). Similarly, Hamachek (1978) looks at normal versus neurotic perfectionism, describing normal as wanting to do very well but enjoying your labor and feeling free to allow some degree of error, while neurotic perfectionists feel that most things they do are never good enough and that they must improve. Preusser, Rice, and Ashby (1994) distinguish that normal perfectionists are more motivated by success while neurotic perfectionists are motivated by failure. In addition, "Neurotic perfectionists are potentially hypersensitive to social sanctions for failure, have a lower sense of self-esteem than normal perfectionists, and thus, are more vulnerable to depression as a result of socially prescribed perfectionism" (Preusser et al., 1994, p. 90).

"Socially prescribed perfectionism" refers to the work of Hewitt and Flett (1991a, 1991b, 1998). In studying neurotic perfectionism, which is both maladaptive and destructive to one's mental health, Hewitt and Flett (1991a, 1991b) discerned three forms of perfectionism: self-oriented, other-oriented, and socially prescribed. Sherry, Hewitt, Flett, and Harvey (2003) define each as follows:

Self-oriented perfectionism (SOP) is an intrapersonal dimension that involves requiring perfection for oneself. Other-oriented perfectionism (OOP) is an interpersonal dimension that involves unrealistic expectations for and harsh evaluations of others. Socially prescribed perfectionism (SPP) is an interpersonal
dimension that involves the perception that others are demanding perfection of oneself. (p. 373)

In looking at perfectionism as a mediator between low self-esteem and anxiety and/or depression, it appears that these individuals experience a double crisis. By measuring their worth by an external source, what Branden (1969) calls pseudo-self-esteem, they place themselves at the mercy of others’ opinions. In addition, by expecting that they perform these externally imposed behaviors or tasks perfectly they create a difficult situation for themselves. According to Hewitt, Flett, Ediger, Norton, and Flynn (1998), “perfectionistic behavior can enhance the aversiveness of stress responses. This stems from equating perfect performance with self-worth whereby performances other than perfection are interpreted as failures and as indicators of worthlessness” (p. 235). So if self-esteem is evaluating or judging one’s worth, those with perfectionistic thinking are at a serious disadvantage because so much of their evaluation is tied up in difficult expectations and unfairly evaluated failures. Flett et al. (1998) write that “Because perfection is an impossible goal to attain, yet the perfectionist is highly focused on and committed to his or her goals. . .it stands to reason that perfectionists should experience numerous thoughts reflecting their failure to attain perfection. . .” (p. 1364). According to Flett et al. (1998), it is the frequency of these thoughts that can lead to “psychological distress” (p. 1363). Research (Hewitt & Flett, 1991a, 1991b) indicates that a perfectionist’s thoughts are typically centered around others’ opinions or standards, otherwise known as a socially prescribed form of perfectionism. Hewitt and Flett (1991a) found that this dimension involves the perceived need to attain standards and expectations prescribed by significant others. . .Because the standards imposed by significant others are perceived as being excessive and uncontrollable, failure
experiences and emotional states, such as anger, anxiety, and depression, should be relatively common. (p. 457)

Furthermore, Preusser et al. (1994) state that “socially prescribed perfection... [is] most closely and consistently associated to... low self-esteem” (p. 88).

To sum up the scope of this study. Low self-esteem means one feels “deficient as a person” (Rosenberg, 1979, p. 54) and often stems from deriving one’s worth from external sources (Branden, 1969). If self-esteem is about self-respect and accepting one’s self as a person of worth (Rosenberg, 1979), someone who only derives their worth from external sources of approval and conformity with what they believe is expected of them may eventually develop low self-esteem (Branden, 1969). Furthermore, living by external sources rather than one’s own dictates is inauthentic and has been found to lead to “psychological distress” (Sheldon & Kasser, 2001, p. 46). Psychological distress is often assessed and diagnosed on the basis of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which includes the disorders of anxiety and depression (American Psychiatric Association, 2000). For some the issue is compounded as a result of their living a socially prescribed perfectionism because they believe that others are demanding they perform and produce perfect results (Sherry et al., 2003). This also has been associated with low self-esteem and its accompanying anxiety and depression (Blatt, 1995).

The following life portraits will show how some participants’ self-esteem is dictated by others and how some do not fall into that category. What is most noticeable between these categories is the symptoms of anxiety and depression among those who judge themselves by external standards versus those who do not. In addition, what you will see are some individuals living authentically while others do not.
In the context of the cultural and psychological literature provided, a portrait of each participant will be presented including an explanation of their situation as it relates to the literature. At the end of the **low self-esteem** section a chapter will summarize and integrate the material from the two participants. Likewise, the same will follow for the **high self-esteem** section. Before preceding to the **implications** section a high/low self-esteem summary will be presented.

**Methodology**

This study consisted of two male and two female participants. Ages ranged from late twenties to late fifties. All participants were Caucasian. Socioeconomic status ranged from middle to upper middle class.

Participants were located by speaking with others about the research topic. Participants were either encountered directly or through acquaintances. They had to fit the following criteria: 1) Do they feel they have high or low self-esteem and why?; and for those with low self-esteem, 2) Do they attribute any anxiety or depression to this experience? Each of the four individuals were interviewed for a total of 3-4 hours and transcripts were made from our audio-taped sessions. These transcripts were used to provide quotes and dialogue to help reconstruct the following portraits.

**Low Self-Esteem**

**Sophie**

As I drove through the late, gray fall afternoon toward our designated meeting place I began to wonder if this was the right day for it. The continuous lack of sun had me in a funk. My mood felt too fragile to sit with someone who claimed to have low self-esteem and its accompanying anxiety and depression. As I drove into the parking lot I found the small
“Physical Therapy” sign indicating that I was in the right place. Walking through the door, the after-hours silence of the clinic was both deafening and somewhat pleasant. I looked around at the array of exercise equipment and large exercise balls that looked like the superballs I played with as a child, only way overgrown.

Sophie, a woman in her late twenties with a seraphic smile and the subtle energy of a well-honed athlete, approached me with a cordial and upbeat greeting. One of my first thoughts was narrow and somewhat stereotypical. In fact, I had to remind myself to be professional and more objective. Sophie’s beauty and her apparent confidence, combined with her being a well-educated physical therapist, allowed me to betray my prior knowledge of self-esteem. By first impression I could not figure how this well-spoken, lively young woman could suffer the degree of low self-esteem that she claimed over the phone. I had to remind myself that self-esteem is not who one is but something one experiences.

She led me toward the back office into a small room where we sat across from one another at a little, round table. Sophie sat quietly as her demeanor changed from upbeat to stillness as she awaited the start of our conversation. This change was quite noticeable. Upon first meeting minutes earlier she was larger than life, and now just before we began she sat unobtrusively, almost caved-in on herself: hands planted together, prayer-like, sandwiched between her thighs as her feet were crossed and her legs folded under the chair. Her facial expression was one of patience, yet an underlying anxiety seeped through the gazed focus of her eyes.

Sophie was raised in a white-collar home where her father was a civil engineer and her mother was employed at the local community college. She grew up “liking the nicer things.” “My mom had good taste and liked to shop and spend money. We didn’t have to go to Wal-
Mart. She would take us to Marshall Field’s.” Sophie had a good childhood with parents who showed her love and support. They attended her athletic events and took an active interest in her schoolwork. They were never critical but encouraged her to “do the best you can.” While Sophie earned A’s and B’s in school (“my parents were ecstatic with it”), her two older siblings were more like “B, C, D, students.” As a result, Sophie was aware of her difference from them, noting that she felt bad when her siblings were punished and their parents were more patient with her.

While Sophie does not recall experiencing low self-esteem early in life, she was “always an introvert” and remembers that in high school she was always “giggly and fun so that people would like me.” She admitted that this was done to fit in. It was not how she truly felt. She defines high self-esteem as being “confident in every situation” and low self-esteem as “just not feeling good about yourself.” and that for her it increases situationally. “It increases with school, peers, and around other women. I get very self-conscious and worry about what other people will think. I have a huge fear of failure in front of other people. I don’t want to look like an idiot. I want to be accepted. I want to be seen as competent and likeable.” I questioned her further about this, inquiring where and when she thinks this began.

Sophie believes her low self-esteem may have been there all along, lurking like a stealthy force, but what brought it to the surface was an ex-boyfriend. Sophie stated, “I always compare myself to others. I have always done this. It started mostly in college, particularly after a break-up. He was very critical of my appearance, my body weight, that kind of stuff. He broke up with me for somebody thinner; prettier. I felt rejected, not good enough. I questioned, ’What is wrong with me?’”

As I looked back over the interview transcript, what struck me was the following
question/answer: “How much do you think this [low self-esteem] is about fear of rejection?” I asked. “A huge part. I always worry about people judging me. I worry because I want to feel like I belong.” It appears that the incident with her ex-boyfriend tore the lid off any underlying doubts Sophie had about herself.

In addition, it triggered a body-image issue for Sophie. Wilson and Blackhurst (1999) state that for women this dissatisfaction often leads to a preoccupation with weight and sets up “inevitable, unfavorable comparisons between women’s own bodies and the thin ideal” (p. 113). As Sophie said, “I am excessively self-conscious. I ponder most about my body weight (emphasis added). . . . When my weight goes up I don’t get looked at as much by guys. It’s not that I want that but it’s like a reinforcement of feeling good about myself. . . . But now I’m fortunate that I have a man in my life that doesn’t care anything about my weight [Sophie has been married for about a year].”

This frightened me. Sitting before me was a woman that I would say, by physical appearances, is healthy. She is not a waif or a clothes hanger. She is not obese nor does she appear to need to lose any weight. In our culture, the ideal is “the cultural norm of thinness. . . . where women are exposed to ultrathin fashion models. . . . [and we live in a] cultural milieu in which body dissatisfaction, the drive for thinness, and dieting are the norm among girls and women” (pp. 112-113). For a moment I became unaware of my gender, and that in this country it seems that men are given much greater leeway regarding bodyweight.

While Sophie did not think anything in her childhood could have planted the seed for her low self-esteem, I was intrigued by the idea that she knew she was different from her siblings (in terms of school grades) and that she didn’t get punished like they did. Combine that awareness with the following about her family of origin and a picture begins to emerge: “Our house wasn’t
always perfect. We didn’t get yelled at if we left out a dish or anything like that. But when my mother cleaned, she liked to be thorough. . . We would get rewarded if our bedroom was cleaned. Mom would give us an allowance or some money to go do things.” In addition, Sophie has always been aware of the negative views held toward her sister by the family. “My mom calls me a lot about my sister and how she treats her kids. How horrible she is with them.” Sophie’s sister appears to be the Scapegoat, “acting out antisocially” (Bradshaw, 1996, p. 33) for much of her life. Speaking of when she was younger, Sophie said, “I didn’t act and take advantage of the fact that I could do no wrong, but [in my parent’s eyes] I could do no wrong. I had a sister ahead of me that caused problems and was really hard on my parents, so I don’t know if that made feel like I needed to be better to my parents because she wasn’t. When we got older, my sister was always coming home drunk, passing out in church, and physically fighting with my dad. . . . When I think of my sister it’s sad, it’s pathetic.” Sophie’s tone while talking about her sister is one of avoidance, with an “I want to avoid being like that or being thought of like that” sentiment. While her tone is not one of disdain, it conveyed a frustration with the way her sister has lived her life. Sophie was not sure if these are the seeds of her struggle for self-esteem (“I don’t know if subconsciously that affected me”), but I believe that her need to be accepted and thought of highly have a seed that goes back to her family of origin.

It was during college that her ex-boyfriend left her for another woman. By her own account her struggle for self-esteem began in earnest around this time. It is as if what she had feared her whole life, being rejected (like her sister seemed to be), came to fruition. She received a lashing to her self-esteem. The wound was open and her way of viewing the world, i.e., taking her sense of worth solely from others, would only exacerbate the problem. All of this appears to have escalated when she entered the physical therapy (P.T.) program. The following words from
Sophie were quite emotionally charged.

"The worst was P.T. school. Undergrad was pretty easy. I didn’t really study a lot and got A’s and B’s. High school was easy also. Everybody always copied off each others papers or it wasn’t that difficult. Then when I got into grad school it was a whole new world and I wasn’t prepared. The first semester was really bad for me. I wasn’t getting along with my boyfriend at the time. I didn’t like P.T. school. I wasn’t the smart one anymore. I wasn’t the smartest previously, but I felt I could hold my own comfortably. I ended up flunking my first semester of P.T. school. I had test anxiety so I failed a test and during the second one [semester] my grandmother died and I think I was resentful of school at the time that I couldn’t leave to go and see her. She died finals week, so it was like I went to the funeral and came back and flunked the test so I couldn’t go on in P.T. school. And I didn’t care, it was almost like a sense of relief where the decision was made for me. I didn’t have to make the decision. That’s another big thing, I am highly indecisive. I fear making the wrong decisions. I fear doing the wrong thing. I guess it’s the fear of failure.”

With these words and the look on her face, I gained a deeper sense of her uncertainty about herself. She so desperately does not want to feel uncertainty but from her words you could sense that she does. At this point, with those words, like the tide erasing footprints on a beach the emotion had erased any confidence displayed prior. It was like witnessing the birth of anxiety. This description of herself is what I saw: “I don’t understand what is going on in my head. I have times where I get really anxious and begin biting my lip and digging my nails into my hands.” From her actions and the changed tone in her voice I could tell that this issue is something that has deeply affected her life and sense of self. She continued.

“After I graduated from P.T. school, when all the big stuff was over, I felt great. It was
over. I had done it. One of my big fears was getting through until it was over. It was validation
that I was good enough to pass. Then I had my clinicals. I had a clinical that was the worst thing
that could have happened for my self-esteem. My very first day I found that one of the therapists
had breast cancer, she was out, they were short a therapist. I don’t remember much of the first
day but I remember that I didn’t get an orientation of anything. On the second day I was asked to
go up by myself to evaluate a patient. I didn’t know where the charts were, nobody knew me, I
didn’t know where to call for help, and I didn’t know where the equipment was. I knew nothing.
I figured I had to face my fears. Maybe this was God showing me this is how I’m going to have
to do it. I had a penile implant [patient] that became infected and gangrene set in. I was
supposed to get this person up and walking. I had to laugh because this could only happen to me.
I was going to get him up but I didn’t know as an inpatient what I could unplug. I didn’t know or
didn’t feel confident in getting this person going. What if this person had some reaction? Or
had a blood pressure change? I didn’t know what to do! I didn’t feel competent in the situation.
So I went to the next person. And he was just rigid. He couldn’t talk. I drew a blank on what to
put for subjective assessment. Instead of stopping and thinking that the patient couldn’t
verbalize or answer subjective info, I just blanked. Again, it just reinforced my anxiety and fear.
I went downstairs to speak with my clinical instructor and she just seemed pissed. The third day
I had an outpatient come in, and all I asked was that my clinical instructor sit with me so that I
knew if I was missing something. She told me ’No.’ She kind of had me out on my own and
made me feel like an idiot. I felt I was regressing. I was getting worse. Some basic things I
wasn’t catching onto. I was aware of that. I think it was because of the anxiety. The constant
cycle I was in: I was anxious, my clinical instructor reinforced it, I would get more anxious, again
she would reinforce it. One time, she came into the room and there were curtain dividers. I
could hear her listening to what I was doing. She actually whipped the curtain open, walked in and started grilling me in front of the patient. So what would you look like if you were wrong? What kind of credibility would you have with the patient? It was bad.

"My second clinical was also rough because they felt I should have been further along clinically than I was. My self-esteem was pretty shitty. I was questioning everything. I was told by one of the therapists, 'You need to stop asking questions and just do it. Just make your decisions and go with it.' It was like a slap in the face to wake me up. My first job was no better. It was in this shit-hole clinic in which I was with the ex-husband of the owner who slept with patients and everything else."

Recalling some of these memories, it became apparent to Sophie how her self-esteem had been damaged. While she had a sense of humor about it (and a fun, giddy smile), I sensed some sadness underneath it all, like, "Why did it have to happen that way?" I struggled to remain focused. It brought to light my past, and how I too relied on others for validation and the toll it took on me. Caught in the emotion of Sophie's story, I glanced back to a confused sixteen year old that had been rushed to the hospital for what was thought to be a cardiac emergency (which turned out to be strained cardiac muscles from vomiting due to the flu), who laid on a gurney being poked and prodded but feeling safe and well-cared-for by the doctors and nurses. Days later, with this awesome image in his mind, he approached the high school chemistry teacher to sign up for her class. "You?" she inquired, with a hint of arrogance and disdain in her voice. "You want to be in my class? Why?" "I want to be a doctor," the sixteen year old me replied. "I want to help people." "No. You can't take my class. It's a waste for me to have you in here. You don't have what it takes to be a doctor. You would be best to find something more suited to your abilities." I eventually entered medical school.
Sophie proceeded to tell me about her current work situation. While it appears to be infinitely better, the wounds of her training do not seem to have healed. Her current work environment is fun and caring. She is well liked and accepted. Both her colleagues and patients find her to be of great worth. In fact, it is not uncommon for patients to bring cards or other gifts as a sign of appreciation for her skill and care. Yet despite this Sophie still compares herself, mostly to her colleague and clinic director, Jack, a well-respected therapist and teacher in the physical therapy community. While Sophie feels inferior to Jack because of his skill and stature as a therapist, she looks up to him. She respects him greatly and respects his judgment, more than her own. Sophie admits doubting herself enormously at times, but stated that the greatest amount of doubt manifests when Jack is in the room while she is treating a patient.

"If Jack walks in I get real flushed. I can’t really talk appropriately. I can’t verbalize very well. I start coming up with layman’s terms instead of the technical terms. I lose my professional tone. I really don’t think I know of a way to make it go away. So if he comes into the room for five minutes and then leaves, my symptoms will linger a little while. Some of the physical symptoms, the heat and the flush and the initial panic will subside, but my heart rate will stay elevated for a while and my thought process will be like, 'You idiot. Why don’t you know this stuff?'. . . I’m not that confident in myself. What really gets everything going is somebody else judging me. But then I will judge myself. I will get down on myself for how other people see me. I do a lot of it to myself. I’ll be at home thinking 'God, I wish I would have done this or that with my life.' I can get upset with myself and get down on myself. . . . Like this past weekend, I remembered that Jack was going to see one of my patients this week, and this worried me. I knew he wouldn’t say anything to me and I wouldn’t even have to deal with it. I knew he wouldn’t confront me on anything. But I still got nervous about what he might think of how I do
my evaluations or how I’ve been treating my patients so far. Even though I knew I would never have to be confronted with it, it still made me anxious... I want to do it right... I want to do it perfectly.”

Several articles correspond well to Sophie’s description of her experience. In thinking that Jack will hold her work to some critical standard, Sophie is displaying socially prescribed perfectionism. Blatt (1995) writes;

Socially prescribed perfectionism is the belief that others maintain unrealistic and exaggerated expectations that are difficult, if not impossible, to meet, but that one must meet these standards to win approval and acceptance. Because these excessive standards are experienced as externally imposed, they can often feel uncontrollable. They result in feelings of failure, anxiety, anger, helplessness, and hopelessness -- feelings associated with depression... (p. 1006)

This quote correlates well with when I asked Sophie if she wants to be perfect so that others don’t judge her. She replied, “Yeah.” This is what is called “impression management... [and] involves self-presentational attempts to create an image of perfection in public situations” (Hewitt, Flett, Sherry, Habke, Parkin, Lam, McMurty, Ediger, Fairlie, & Stein, 2003, p. 1303).

Baldwin and Sinclair (1996) describe Sophie’s experience in this way:

The sense that one’s social world is characterized by highly conditional acceptance, or contingent acceptance, has been identified as a significant contributor to self-esteem problems, depression, and anxiety. This type of expectation can make an individual overly concerned and perfectionistic about his or her performance outcomes, highly vigilant for interpersonal feedback, and prone to instability in self-esteem and related affects. (p. 1130)
Similarly, Burns (1980) states that perfectionists are at higher risk for low self-esteem, depression, performance anxiety, social anxiety, and test anxiety. All things that Sophie has experienced.

Sophie did make it clear at several points, though, that much of her perfectionistic tendencies are situational. “I don’t feel that everybody has to accept me, but people I admire or that I want to accept me, those are the people that I have to be perfect around. But if there is somebody who doesn’t like me, but I don’t really care or I don’t like them, then I’m not bothered by it and don’t let it affect me. All of the people that I like and admire, I want them to like and admire me.”

I wanted to take the issue of her feeling judged by others, or her judgment of herself, one step further. Did she evaluate herself globally or only categorically? “Well, I’m personally not comfortable with my P.T. skills. When I feel they are judging me, I feel they are judging me, not just my skills, because my skills are based on me. They are a reflection of me. My hands are controlled by me.” From here we discussed that while she is aware that other “parts” of her are really good, such as she is a good wife, daughter, and friend, she is not sure that others see this when they pass a judgment on her. I came to realize that while Sophie recognizes the “good parts” of her, the judgment passed on her by others, particularly those she admires, tends to override the benefits she may derive from focusing on her strengths. That negative judgment, if it comes at all, is enough to set Sophie into an emotional tailspin. So while she may understand that judgments on her may be global or categorical, the effect on her seems to be global in terms of affect and self-esteem.

Sophie was very forthcoming about her attempts to overcome her low self-esteem. She has seen a therapist but did not derive much from the experience. “I felt I did all of the talking
and never got anything back." In addition, while in P.T. school she was put on medication to help with the symptoms. "I went and saw a psychiatrist and they gave me anti-anxiety meds. Paxil and Ativan. I went from sleeping five hours a night to thirteen. It totally put me to sleep."

She is no longer on medication nor is she seeing a therapist. But what has been a positive change is her recent marriage to a supportive partner. She does not feel any anxiety of judgment from him. He accepts her as she is and seems to have been beneficial in helping her gain perspective over her worries. "Everything stresses me out. Nothing stresses Don out. He’ll say, 'What’s the worst that can happen?' 'I can get fired.' 'So you get fired.' 'Then I won’t have a job or an income.' 'So, what can happen -- I make enough to support us both.' You see, I worry over the littlest things. I’m not dying. My life is not falling apart. He doesn’t worry. And that helps."

One last note on something I found interesting that Sophie shares in common with Dave (the next portrait of a participant who claimed low self-esteem). When I asked Sophie to describe how she alleviates this sense of low self-esteem, she replied, "I sleep. Watch T.V. Do things that tune me out from having to deal with it. I try not to think about myself. It’s an avoidance thing. I guess I just don’t deal with it." During another interview session I asked her to tell me more about how she experiences her depression from low self-esteem. She answered, "I get down on myself and sleep a lot. I watch T.V. all the time. I just zone-out so I don’t have to deal with my reality."

Are these similar? Are they identical? Only Sophie’s subjective experience can tell us for certain. But it appears that they are the same. Furthermore, her depressive feelings are symptoms of exactly what she said, "I try not to think of myself." These symptoms are the "psychological distress" (Sheldon & Kasser, 2001, p. 46) of inauthentic living, or living in bad faith. Ofman (1976) writes:
Bad faith... is to lie to oneself: it is from me, from myself, that I intend to hide the truth... Bad faith is the converse of authentic existence.

Essentialistic strivings, socially accepted norms, normative-statistical thinking, living for others, and "oughts" in general are often used to deny the validity of a person's vision and help him not trust what he actually feels. (p. 46)

... a symptom expresses the way a person chooses life... The person must see that the symptom is his unique way of expressing the truth of him for him... The only real way a person can be freed of his frigidity, his inferiority, or his depression is by rechoosing his basic cosmology [view of world and universe]

... He can put his choice in the past, live in the now and suffer the contingencies of an authentic real being. It takes courage, and that touches upon the real riddle of life: how to live in-the-now, to fully experience life in all its immediacy. (pp. 94-95)

It appears that in order to prevent the full immediacy of her situation, Sophie tries to hide from herself, from her experience of herself. Her worldview is that she must live up to some arbitrary standard of being that she sees as set forth in the minds of others. She does not fully value her own opinion and as a result lives by the opinion of others.

Sophie said she believes she has to appear perfect to be fully admired and accepted as a therapist by Jack. But Jack has never explicitly given her this message. In fact, she acknowledged that Jack would accept her any way she performs as long as she is not harming patients. Prior to one of our interview sessions, I had the opportunity to meet Jack and observe him with colleagues. He did not appear harsh or judgmental. He appeared gentle, understanding,
and fun-loving with a wonderful sense of humor. Sophie, though, lives from a *socially prescribed perfection* which "entails the belief that others have perfectionistic expectations and motives for oneself" (Hewitt & Flett, 1991b, p. 98). It appears that this worldview contributes to her low self-esteem and the resulting anxiety and depression. Until she comes to understand that perfection only applies to unicorns and mermaids she will continue to entrap herself in a no-win situation. Until she experiences the self-affirmation of her individual self she will continue to feel oppressed by her harsh judgment of herself and the perceived judgment of others. As long as she continues to find her self-worth in externals she will feel the consequences of doing so (Branden, 1969).

Sophie, though, does have a stronger sense of herself when she is alone -- away from judgment. "I'm really happy when I'm alone... I don't get depressed when I'm alone." In this spirit, Tillich (1952) writes:

> Individualism is the self-affirmation of the individual self as individual self without regard to its participation in its world. As such it is the opposite of collectivism, the self-affirmation of the self as part of a larger whole without regard to its character as an individual self. (p. 113)

If Sophie felt the pressure from judgment cease when she is alone, has anything else provided a sense of self and happiness? Sophie stated that not long ago, when her schedule allowed, she volunteered at an animal shelter. She cared for the animals and helped find them homes. Sophie described this experience as "being involved in something greater than yourself. It provided perspective. It told me how insignificant all the little things I worry about really are."

> "What has this taught you about yourself?", I inquired.

> "That I can make a difference."
“It sounds like you experience some confidence in being able to make a difference.”

“Well, yes. I’ve realized that what I do there makes a difference. It matters. It helps the animals, helps people find a pet.”

“And what about you?”

“Yeah. It helps me too.”

_Dave_

As I had to travel for these interviews, they took place in the cramped and dimly lit room of a hotel. The mass printed paintings on the wall coupled with the old, almost moldy carpet gave a seedy feeling to the place. With the knock on the door I was not sure what to expect. Over the phone Dave presented as kind and intelligent. Upon first meeting my impressions were correct. He presented as gentle and polite with gray hair, a beard, and eloquent speech. He has manners and puts you at ease. In his late fifties, married with two grown children, Dave currently works as an accounts manager for an independent business. While each word he utters is pronounced as if it were a masterpiece, I was pleasantly surprised when he arrived quite casually wearing jeans, a t-shirt, and running shoes. He came prepared to talk -- “if it’ll help others.”

Dave is one of three children. He has an older sister and a younger brother. He grew up in a poor factory town in Michigan where both of his parents worked the factory lines. He stated that as a result of two incomes they were “more middle than lower class.” Despite the two incomes his parents fought incessantly over money. “That was the biggest thing. Fighting about money. My mother couldn’t save a penny no matter what. She just seemed to know how to spend it.” Regardless of the fighting, Dave stated his family was loving. He felt supported and well-fed (literally). “I was really fat as a kid. Polish mothers just love to feed you. That’s how
they show you they love you. So I was really fat, and I was picked on a lot."

Throughout his childhood Dave learned to work hard, to strive to be his best. "You were always pushed to be the best. By everybody. Parents and teachers -- they always wanted you to do really well. Everything is a competition. You were encouraged to be the best at everything for your whole entire life." The message for Dave was clear: do well. "My parents would praise me for doing well. They would always introduce me to other people, 'This is our son, he's on the honor roll and he's does very well in school.' To do well in school became one of the major focuses. I guess to do well at everything. If you did well in school your parents and teachers treated you better than those who didn't." And he did do well. He went on to graduate with honors from high school and to be in the top ten percent of his graduating college class.

Despite his accomplishments -- businesses, family, grandchildren, friends, volunteer work with AIDS patients -- he still feels he has very low self-esteem. When I asked him to describe his low self-esteem he said, "It's like you just feel worthless. You feel that you don't even need to be around. You feel like if you died it wouldn't matter. You feel like you would be better off dead, to be honest with you."

Taken aback by this strong statement, I asked, "You feel there is no value to your life?"

"Yeah, that's the way I see it. There is no value to me. My value to anybody else is worthless."

Dave's statement rang of what De Rosis (1973) thought when he wrote about a person's struggle for being in the face of self-esteem issues: "They doubt their existence even though they may be replete with accomplishment and talents. . ." (p. 20).

Dave's worldview began in childhood and it was infused with a sense of worthlessness. "Because I was fat, I didn't have any self-worth. I mean, everybody had to look nice and trim
and then they would be liked. So when you’re fat you are made fun of.” Despite the changes he
made, this trauma remained with him, gnawing at his self-esteem until it became almost nothing.
As he matured he lost weight and gained muscle, becoming quite athletic and skilled in sports.
But the die was cast. He saw himself as worthless and undesirable. Imagine this boy beginning
to hate himself, to feel he is worthless while those around him thrive and feel good about
themselves.
Th
Then comes along, around age ten (he thinks?), the television show “To Catch A Thief”
with Robert Wagner. Dave said: “It was like a James Bond movie, but not exactly. They used
all these modern things and everything was high class. He was a millionaire who owned a
beautiful boat, a gigantic, gorgeous house, and for some reason everything about that series I
loved; it was my favorite show. I would never miss it. And a part of me was like ’Wow, if I
could be like that’. . . .It had a real big effect on me. Here was this guy, he dressed well, was so
self-assured and in-command of everything. He knew what he wanted. I really loved that series
so much and I knew that’s what I wanted to be like in life. I knew that’s what you had to be in
order to be successful.”

It is obvious that this television show had quite an impact on Dave, as the media often
does on many people. Wilson (1999) writes: “As the public increasingly relies on the media, the
media and their messages gain greater influence over our individual beliefs and behaviors, as
well as over our collective expectations about the world around us” (p.69). This became more
apparent to me when, in a prior interview, I asked Dave how he defined high self-esteem. His
response was remarkably similar to that used to describe the television show: “Those with high
self-esteem, I think they always feel in-command. They always feel assured of the decisions they
make. About them being the right decisions. I just think in their heads they’re right.”
With his education and drive Dave worked hard to become successful. He set out to find his worth in what society said was worthwhile: money and material things (Henry, 1963; Jourard, 1974; Lichtman, 2001). According to Leary et al. (1995), “People strive to excel in domains that will enhance their inclusion by certain other people. As a result, they adopt others’ standards, and their self-esteem is affected by performance in domains that others value” (p. 520). Dave stated, “I saw success as the total measure of a person’s worth. I believe that, unfortunately, in this world the majority of people look at you as either being successful or not by the amount of monetary things you have. In this culture, money is the thing, and you value it and are judged by it. I think it comes from our capitalist system. And I began to judge myself by this. If others thought I was doing well then I must be doing well. So it all became about being successful. And the way I showed it was through monetary things. For a while it was real good. Everything I touched seemed to be successful. It was like for ten short years I did real well. I was the golden boy. I was from a somewhat poor family and I did well in terms of materialistic things. I had eleven businesses and in my best year I made $600,000.” Since this time, Dave has sold many of his businesses for personal reasons.

From Dave’s expression I knew he could read my face. Here was a man who, while polite, kind, and well-spoken, had an air of sadness about him. My face must have begged the question because after a shared glance he answered it: “But I wasn’t happy inside. I was looking at and valuing things totally from the way they should not be. The big homes and the nice cars were my way of showing others that I was successful. Material things were my way of saying I made it, I made a success of myself. That I have worth. When I got my first two-seater Mercedes I said to myself, ‘You finally made it.’ But I wasn’t really happy. I was fooling myself. I still felt inferior... .Looking back, I think how could I have been so stupid as to let
myself measure my worth, my value to other people, by how much money I make?” Despite this realization, Dave still finds himself “worthless” because he has not been as financially “successful” as he would like. Although he knows, by his own account, that he should not find his worth in money, he continues to do so.

I was reminded of my own struggle. When I was admitted into medical school I immediately felt better about myself. Not only for the accomplishment but for the “royal” treatment I received. It seemed that everyone I spoke with was either impressed or jealous. Suddenly people wanted my opinion on matters for which I could not possibly have had knowledge. That one thing, medical school acceptance, seemed to be enough to change how most people reacted to me -- even my father. Upon entering I could not believe how well I was treated at the institution. I no longer felt like myself. What I realized, looking back some years after leaving the program, was how much what others thought of me improved my self-acceptance. However, the real Fall came when I left the Garden of my own free will (as opposed to flunking out). The same people who once trusted my judgment seem to become skeptical of even my “Hello.” My sanity was suspect. How could one willingly and knowingly leave medical school? What followed were years of self-doubt and emotional turmoil, made all the worse by my strained relationship with my father as a result of my dropping-out.

While Dave and I have similarities, we differ on this next point. Despite the fact that he is relatively wealthier than many Americans he stills sees himself as poor and unsuccessful because, as he said repeatedly, “I look at things like the glass is half-empty. I seem incapable of seeing it as half-full.”

Curious, I inquired a little further trying to better understand his worldview. “What if someone offered you a million dollars a year and all you would have to do is work thirty hours a
week? Would you see that negatively?"

"Wow! There is my number! First of all, I would look at the negative immediately with that offer. A job like that you normally work like 24/7. Mentally, even if you’re not in the building you’re still thinking about it. And with that kind of responsibility I’d be taking time away from my wife."

This response was both impressive and surprising. While he had spoken as if money were the end-all-be-all, his wife and their relationship has great value to him, enough to consider what effect the hypothetical offer would have on them.

"Were your parents like that? Did they see things negatively?," I inquired.

"I think my dad was like that. I think because I never saw him really happy. But he and I never really talked. I never got to know him well. That generation didn’t talk much."

"Okay," I thought to myself, "he sees things as half-empty and he’s not certain why. In addition, he values money, an external thing, and allows that external thing to determine his worth in his own and others’ eyes." But I couldn’t get the earlier value statement about the importance of his wife out of my mind. It suggested that there may be more to his value system than appearances had revealed. To better understand his value system I pushed the issue further. I wanted to see if at some point he would shift directions.

"How do you look at Gandhi, Martin Luther King, Jr., or Mother Theresa? They had relatively little when they died but they did great things (my apparent bias) with their lives?," I asked.

With a thoughtful look, fingers to his lips, eyes softly squinting, he gazed for a moment at the mass printed water color hanging on the wall. "I admire them, for sure, but it’s not the way I would like to be. Still, in my head, I feel it’s the money thing: even today, we are still ruled by
the almighty dollar. Then I look at Bill Gates (president and CEO of Microsoft), and I think, that man is unbelievable, he's worth almost $60 billion."

"So does he have more worth than a man working at a fast food restaurant earning $8 an hour?"

"Absolutely."

"Do you have side of you somewhere, deep down, that says these two men are of equal worth just by their both being human?"

"No, I wouldn't say they're equal. Bill Gates has more worth. Partly because he has the money, and partly because he had the brains to come up with a computer company that has done so well."

Again, this answer only highlighted externals. I wanted to push this further in order to understand. I wanted to know if there was someway Dave could find worth in anything but the external. "Let's say the man earning $8 an hour is walking home and sees a building burning and rushes in and saves two children who are absolute strangers, does he still have less worth than Bill Gates?"

Without a pause, in what appeared to be absolute certainty, Dave replied, "Yes."

I decided not to probe any further. Even asking "why" would have been off the point. He answered what I wanted to know: he values externals to such an extent that he, and others, if they don't achieve some financial standard are considered to have less worth than those who do achieve it. I was beginning to see the mechanism of his low self-esteem. If self-esteem is a value-judgment on oneself, a judgment by which one finds themselves either acceptable or unacceptable, Dave, by his means of determining worth would certainly create low self-esteem in his life. While I did probe further about his "glass half-empty" viewpoint, Dave felt it may have
come from his father but stated, "And that may be pushing it a bit. I really don't feel too certain about that." I decided to let it be as I was beginning to get the feeling that his not knowing was irritating him.

Dave was certain that his feelings of depression and anxiety stemmed from his low self-esteem ("If I felt better about myself, I wouldn't feel so bad"). I asked him if he could recall anything that boosted his self-esteem. He spoke of an incident that made him feel better at the time, but immediately afterward he still felt "like a piece of shit." He and his wife had attended a benefit at the Detroit Institute of Arts (DIA). "We were there for a charity event. We had just donated a lot of money to the cause. This room was gorgeous, all the tables and everything were lit by candlelight; the whole place was lit like this. It was great. It was one of the most magnificent things. And I'm sitting next to some TV reporters. We start talking and soon they want to do a TV spot on me. Or at least an article. It was going to be one of those 'local boy does good' things. You know, local boy from a middle class factory family works his way up in the business world. It was flattering at the time but afterward I didn't feel any better about myself. I still wasn't happy."

Dave's history over the years, as a result of his low self-esteem (he says), has been to abuse alcohol quite heavily. "When I drink I drink to disappear. To be nonexistent. I don't want to feel. It's almost like suicide without the suicide. I drink so that I don't have to think at all." He has been this way for almost twenty years. While he has always drank heavily, he said it has gotten worse. The psychologist Rollo May (1953) writes of Dave's situation: "The human being cannot live in a condition of emptiness for very long: if he is not growing toward something, he does not merely stagnate; the pent-up potentialities turn into morbidity and despair, and eventually into destructive activities" (p. 22).
Dave is now in therapy to help him through his pain. In addition, he is on an antidepressant which he stated has not helped him much. “Therapy, though, has helped. It’s like all my life these blocks were placed on me, or I placed them on myself, and they kind of began to weigh me down. And now I’m slowly removing some of them and keep trying to convince myself that I do have some worth. That my life has some benefit to others. That my life isn’t totally wrong. It’s given me a bit of strength or insight, or whatever you want to call it, to slowly lift myself out of this deep cavern.” With these words I saw Dave as having the courage to adjust his worldview, to learn that his ways have been causing him pain. Dave’s judgment of himself by external standards have led him to overlook his own inherent worth. Therapy has allowed him to shift his focus from the external to the internal. He admits that this is a struggle, that he always goes back to money as the yardstick by which he measures worth. And unlike Sophie, Dave’s low self-esteem is more global rather than situational. “It’s there all the time, no matter the situation. It’s more of an overall of who I am and how I feel.” Dave feels there is a connection between his feelings of worthlessness and depression. De Rosis (1973) writes that “A sense of unwantedness and unworthiness is generated and is transformed into self-despising -- so much at the heart of depression” (p. 20). While his depression appears to stem from a feeling of worthlessness, or a sense that he failed (because he has not earned enough money), his anxiety appears to arise from a lack of security. For Dave security comes from money. “Money gives you security.” In this sense I could not attribute his anxiety to low self-esteem alone, unless I looked to the fact that he finds security in externals rather than an inner sense of security. While this may be the case I am not certain enough to state it as empirical fact, and neither was Dave.

As we have seen, Dave’s low self-esteem with its accompanying depression appear to be the result of his external locus of evaluation. Reviewing Leary et al.’s (1995) sociometer theory,
Dave’s desire to fulfill cultural values becomes apparent: “...self-esteem functions as a sociometer that monitors the degree to which the individual is being included versus excluded by other people and that motivates the person to behave in ways that minimize the probability of rejection or exclusion” (p. 518). Inclusion most often means being in accord with cultural values, whereas exclusion is more consistent with counter-cultural values. Greenberg et al.'s (1992) theory proposes that self-esteem is the feeling that one is an object of primary value in a meaningful universe. Individuals sustain self-esteem by maintaining faith in a culturally derived conception of reality (the cultural worldview) and living up to the standards of the value that are prescribed by that worldview.

(p. 913)

Looking at Dave’s childhood we can see the seed for his desire to be accepted. Being overweight, he struggled for acceptance. And then came the show “To Catch a Thief” in which the main character was wealthy (millionaire, boat, big house) and to the young Dave appeared to have it all. Dave’s life reflects both the desire to be included and the emphasis on a culturally acceptable standard, i.e., money: “In this culture, money is the thing, and you value it and are judged by it.” This echoes Henry’s (1963) statement that “Ours is a driven culture. It is driven by its achievement, competitive, profit, and mobility drives, and by the drives for security and a higher standard of living” (p. 13). In addition, the story of the television reporter at the DIA who wanted to feature Dave based on his business and financial success only served to reinforce his worldview.

And recall that, according to the New World Dictionary of the American Language (1980), perfection is defined as an “extreme degree of excellence according to a given standard”
In this case the standard is financial wealth. Therefore, Dave’s desire to achieve great financial wealth (financial excellence), while seemingly unconscious, nonetheless presents as a form of perfectionism, specifically socially prescribed perfectionism. Just as Dave said, he feels that he and everyone are judged by money; that those who have more are looked upon more favorably, just as he looks highly on Bill Gates. In Dave’s worldview this is the standard he believes we are judged by and expected to achieve. He believes our worth is determined financially. Based on this, according to Hewitt and Flett (1991a), Dave lives a socially prescribed perfection which “involves the perceived need to attain standards and expectations prescribed by significant others” (p. 457). According to the literature (Blatt, 1995; Hamachek, 1978; Hewitt et al., 2003 & 1998; Flett et al., 1998), Dave’s depression and low self-esteem are related to his perfectionism. To begin with, Dave feels he has no worth. As he struggles to attain what he feels will give him worth (money) and finds himself falling short of the cultural ideal (Bill Gates as seen by Dave), he begins to feel like a failure. This leads to both lower self-esteem and symptoms of depression. Hewitt et al. (1998) write that “perfectionistic behavior can enhance the aversiveness of stress responses. This stems from equating perfect performance with self-worth whereby performances other than perfection are interpreted as failures and as indicators of worthlessness” (p. 235). As one sees themselves as worthless their self-esteem decreases (Rosenberg, 1979). Similarly, Flett et al. (1998) found that perfectionistic thinking is “associated with higher levels of depressive symptomatology and anxiety, as well as more general forms of negative affectivity and life dissatisfaction” (p. 1377). The effect of Dave’s striving for financial perfection and never attaining his ideal may have given rise (or at least reinforced) his “glass half-empty” approach.

In short, Dave’s low self-worth is exacerbated by his not achieving what he feels is a
culturally sanctioned degree of financial wealth. In Dave’s mind he is “missing the mark,” not achieving the ideal (perfect) standard. This only serves to decrease his sense of personal worth.

Furthermore, Dave exhibits what Kierkegaard (1980) called despair. Barrett (1990), in looking at Kierkegaard’s writings, stated that despair is “the sickness in which we long to die but cannot die; thus, it is the emotion in which we seek to escape from ourselves” (p. 169). If you will recall, Dave drinks “To disappear. To be nonexistent. . . It’s almost like suicide without the suicide.” From Dave’s tone and seriousness, these were not just metaphors. It appears that Dave is missing, or is afraid of, a part of himself. Kierkegaard (1980) suggested that despair is not about an external object but has more to do with ourselves. This suggests that Dave, by not trusting in or having the courage to be (Tillich, 1952) himself, for fear that he is worthless or inadequate, has come to rely on money -- a cultural symbol for power -- to provide a sense of efficacy and worth.

Since a socially prescribed perfection implies a significant consideration of others’ opinions, those who live by this, like Dave (and Sophie), develop what Branden (1969) calls pseudo-self-esteem, which means they measure their worth by external standards. In doing so they place themselves at the mercy of others’ opinions. Rather than relying on themselves, as a result of a lack of self-confidence, they rely on the myriad of opinions offered by both individuals and the culture as a whole.

Low Self-Esteem Summary

While this study does not focus on the origin of one’s self-esteem, through Sophie and Dave’s stories we can see that they developed low self-esteem as a result of allowing externals to determine their worth. To find worth they learned to look outward rather than finding their worth
on an internal basis. These facts are consistent with the findings of Baldwin and Sinclair (1996). Having developed low self-esteem, Sophie and Dave continued to look outward for their worth as those with low self-esteem most often do (Baldwin & Sinclair, 1996). Their low self-esteem is perpetuated by their continually looking outward (Baldwin & Sinclair, 1996). According to Branden (1969), this cycle can be broken by shifting their locus of evaluation from externals to an inner determination of worth.

Neither of them appears to feel a sense of personal worth. As Rosenberg (1979) says, they feel “unworthy, inadequate, or otherwise seriously deficient as a person” (p. 54). In a culture driven by competition, productivity, and standards (Henry, 1963), those unable to hold firm in themselves may search for certainty and worth in the approval or opinions of others (Branden, 1969). Sheldon and Kasser (2001) state that the search for certainty in external goals is motivated mostly by “defensiveness and security needs and are reflected in pursuits of wealth, possessions, status, popularity, attractiveness, and image. Ultimately, such goals involve hinging one’s sense of worth on others’ opinions or approval, and thus, they can be frustrating and unsatisfying” (p. 42) and “associated with greater stress” (p. 45).

Sophie and Dave search for certainty by not only trying to attain cultural standards, but trying to do so perfectly. They live what Hewett and Flett (1991a) call a socially prescribed perfection, whereby they live in a “dimension that involves the perception that others are demanding perfection of oneself” (p. 373). Sophie and Dave believe perfection is expected of them and/or try to achieve it to feel some worth. They are what Preusser et al. (1994) call neurotic perfectionists: “Neurotic perfectionists are potentially hypersensitive to social sanctions for failure, have a lower sense of self-esteem than normal perfectionists, and thus, are more vulnerable to depression as a result of socially prescribed perfection” (p. 90). In living by a
socially prescribed perfection Sophie and Dave are living by what they feel will give them worth in others' eyes, and hence, in their own. If they do not achieve these standards not only do they feel worthless, they feel this is how others will view them.

In addition, in living by external sources rather than their own inner dictates, Sophie and Dave are living inauthentically which has been found to lead to “psychological distress” (Sheldon & Kasser, 2001, p. 46), of which anxiety and depression are addressed by the American Psychiatric Association (2000). Both Sophie and Dave have experienced anxiety and/or depression as a result of the inauthenticity associated with their low self-esteem behavior, i.e., looking outward for their worth and self-respect (Rosenberg, 1979).

High Self-Esteem

Sue

Sue is a married high school teacher in her late twenties. She lives and works in a suburb of Detroit, the same suburb where she was raised. She is a gentle woman with the appearance of a strong sense of self. She is kind, welcoming, and polite. Underneath her polished exterior lay a humorous and appreciative view of life. Our meetings took place at her home, a residence that she and her husband share with numerous animals, some farm and some domestic.

This topic had great appeal for Sue. As a teacher she has come to realize how important the development of self-esteem is and how we must be sure to care for the self-esteem of the children we work with. “If you tell a kid that they’re less than adequate at something, whether you do it in a nice way or a not so nice way, it can be damaging. You have to be very careful when critiquing a child. You have to somehow convey that you are helping them by choosing words very carefully. You have to avoid trigger words like ‘dumb.’ One thing you say can really
Recall my incident with the high school chemistry teacher. Even when I did get into medical school, while in my classes I would look around the room and hear those words over again, “You don’t have what it takes to be a doctor. Choose something more suitable to your abilities.” From Sue’s dead-on assessment of what can happen to a child, it was clear that self-esteem is something she must be aware of on a daily basis. We talked a while about self-esteem and how it affects our lives. How different things can be for one who has higher self-esteem than for those who do not. I asked about her own self-esteem which she believes to be relatively high, but clarified that statement.

“Outwardly it seems like I’m definitely a pretty high self-esteem person. But I know, internally, that there are times when I totally question every little thing I do. Sometimes I question what I’ve said or done. Mostly to be sure that I haven’t offended anybody. So I don’t see myself as having super high self-esteem, but I know that I don’t ever have low self-esteem.”

“How would you define high self-esteem?”

“Probably not being afraid to fully express yourself, to try new things, to interact with people. For me, I know that it’s mainly been about having no fear. There is not a lot of fear of failing. There always is to some extent but I know that if I do something and do it to the best of my ability, then at least it will be decent. I hope, anyway. This might sound extremely egotistical but I don’t mean it to. It’s just that I’ve never really failed at anything I’ve put 100% effort into. One way or another if I want to do something, I’ll find a way of getting it done.”

Consistent with Sue’s words, Di Paula and Campbell (2002) found that “High self-esteem individuals have relatively high expectations of success and high levels of self-efficacy” (p. 712). Furthermore, it was obvious that Sue has confidence in herself, that she feels a sense self-
efficacy. When called upon she feels she can perform effectively. According to Branden (1969), it is her confidence that provides for her self-esteem: "Self-esteem... is the integrated sum of self-confidence and self-respect" (p. 104). In addition, as we will see, this provides a buffer against anxiety and depression (Greenberg et al., 1992). Low self-esteem, for Sue, would be feeling the fear of trying new things; doubting herself and her ability to effectively accomplish tasks. In short, she views it as lacking the confidence to engage fully in life.

And to what does she attribute her sense of confidence? "My parents. For sure." Sue is the eldest sibling. She has a brother five years younger. Her father is a construction foreman and her mother a full-time homemaker. "We grew up like the Cleaver's" (from Leave it to Beaver). "My parents are like Barbie and Ken. They are the most sickeningly sweet people you have ever seen, even to this day. That used to bother me when I was younger, but now that I'm older I'm okay with it." What Sue likes most about her childhood is that her parents were always there for her and her brother. "We had total love, support, and appreciation. It told me that we were the most important thing in their lives. We never had to worry about our parents not being there. I see kids [at school] that are sicker than a dog and they can't go home because there is nobody for them to call. Their mom and dad are working and they can't come and get them. We never had that. We were always the first priority and we knew it."

Not only were her parents present physically, but emotionally and mentally as well. "They have always been encouraging. They have always encouraged me to try and do whatever I wanted. Not try for two weeks and quit. They didn't allow me to do that. But by God I did try many things and they were wonderful. They've always been very supportive. They would want me to try new things but they never pushed, unlike so many parents who I see dragging their kids into things that they want them to do."
With the remarkable memories of her childhood, it seemed obvious that Sue sees her self-esteem as deriving from her upbringing. One of the stories she told of her father’s support and love was moving as much for its poignancy as its humor.

"When I was a senior in high school the swim team had a parent/daughter swim meet. My mom can’t swim. I mean she can, but it’s a joke. And she never really wanted to. She would have swam in the meet but for her to get into that pool would have been, for her, the ultimate humiliation. But my dad can swim. And at the time he was working on a project in Chicago. He would work all week and then come home on the weekends. This swim meet was during the week, though. I think on a Tuesday. His boss was really kind and flew him home for it. He actually came back on a plane and he hates to fly. So it became a father/daughter swim team. We did well. Second place. The other team was one where the father swam everyday. He had his little Speedo and his goggles. And his daughter had every record on the record board. And here is my dad, this construction guy with his big belly. Well we, the swimmers, had to wear clothing to give ourselves a handicap. And this other girl, who can swim better than anybody anyhow, had on these little tights and there’s me in my long john’s and sweatshirt -- I actually followed the rules, unlike her. It was a fun experience. My dad swam back in and said he was ready to have a heart attack and throw up. It was great. It was funny. We got a big second place medal. But that didn’t even affect me. It was that my dad came all the way from Chicago on a little, tiny plane for two hours and swam that event when he could have just as easily said ‘I’m sorry, I can’t make it.’ He really supported me in that. Even though we didn’t necessarily win it was still an extremely winning experience. For the bonding between us, nothing could replace it. His efforts showed me so much love."

After the laughter of this story, which she told with such passion and appreciation, I
wondered if there was anything else that she felt her family imparted to her. She felt that, in part, her parents are responsible for her moral code. It stems back to her childhood when her mother enrolled her in the Catholic Church catechism classes. “She was hoping we would get something out it.” Sue definitely did. I was impressed at how much of her life is centered on this foundation, which is no longer religious but nonetheless very noble.

“I wouldn’t say that I’m 100% based in religion. I did go to Catholic religious education classes when I was little. I’m not going to say it’s like if I do ‘this’ I’m going to go to hell. I don’t believe in a God like that. I don’t think I’ve ever taken one religion and been so impressed by it that it was 100% right for me. My life is based on the fact that I do believe there is something after this life. I believe we are here for a purpose. I believe that if you waste your time here that is probably one of the biggest crimes you could commit. I believe there is a certain way to treat other people: treat others as you want to be treated.”

“What do you mean by ‘waste your time here’?”

“I think if you’re here and you can’t contribute something back, whether it be to the planet, animals, people, whomever -- it’s a waste. If you are here for eighty years and you never contribute anything to anyone else’s life, which I can’t see how you could do that, I think perhaps, in God’s eyes, or in the whole scheme of things, is not right. Perhaps if we were all a little more conscious, if we contributed more, the world would be better. There would be less suffering and more equality. . . .I feel that I’ve been blessed with so much, caring and loving people and everything. I’m pretty lucky. If I don’t contribute at least a little bit to the rest of society than it’s just a waste. Because you can go through life and say ‘All for me, all for me,’ but what does that get you in the end? Nothing. It doesn’t help you make friends, build respect, or change society for the better. You just die with lots of stuff.”
Sue’s moral code is important because it is, in large part, what she values and, therefore, how she judges her own value as a person. High self-esteem “Individuals often seek out social situations in which they can express characteristics and behaviors that they believe are self-defining” (Setterlund & Niedenthal, 1993, p. 769). Out of this desire to express and contribute, Sue volunteers in underserved neighborhoods and in numerous school organizations. “I have this desire never to hurt anybody else -- at the very least. I guess that’s driven a lot of the choices I’ve made as far as a profession and family and the way I choose to live my life and what I choose to do extracurricularly. I see helping people as probably the most noble thing you can do, the best thing you can do, versus, say, being a professional athlete. And it makes me feel better about myself to help someone else, and that’s how my morals feed into my self-esteem. I would have to say that’s why teaching fits in so well with my life philosophy. It’s so important to me ethically.” Sue’s experience and statements are consistent with Wilson’s (2000) findings that volunteering is “a self-validating experience” (p. 14). In addition, Wilson (2000) found that volunteering “yields positive mental health effects. . .[and can act to] buffer people from depression” (p. 14).

“Did you develop this viewpoint more or less on your own, or was it something you felt you had to do?”

“Well, like I said, at an early age I had religious ed. classes. My parents are good to others as well. They were a good example. But beyond that, when I look at the world and see what I want to happen I realize how we need to act. At this point even if my family and friends didn’t approve of my lifestyle, my efforts to improve others’ lives, I would still do it. It’s just too important to me not to.”

Sue’s identity development, while initiated and catalyzed by her parents, has become her
own. She displays a certainty in who she is, as do others with high self-esteem. According to Campbell (1990), high self-esteem individuals have a more well-defined “concept of who or what they are” (p. 544) than those with low self-esteem. Campbell’s (1990) research indicates that they have greater clarity of their attributes and what they are capable of.

Sue’s sense of herself comes from this knowledge of her purpose. It is part of her identity. She compared this to her husband, Tom. “When we were first married, I would ask what is important to him, what are his goals in life? What dictates how he makes decisions? He couldn’t tell me. He could not verbalize what exactly it was. If he had to pick three things that guided his principles it was very hard. And looking back, he had very low self-esteem. It was because he had no direction, no sense of himself. We talk about it a lot more now and it seems that he feels better about himself.”

Listening to her certainty, I asked, “Do you feel you have a great deal of self-confidence?”

“It hasn’t always been this way. For a long time I doubted myself. I had to build that confidence in myself. It really came through a process of maturity. I was not good with criticism. I would take it incredibly personally. Sometimes it would linger for days. But eventually I learned to look and see what that was doing to me. I needed to stop doing that because it would really take its toll.”

“Increasing your confidence became protective?”

“Yeah. My ability to be able to think about what I was doing and think about what I was going through psychologically. My ability to say ‘Okay, look at what you’re doing to yourself. You’re letting one person’s little back-handed comment or off-handed comment that really wasn’t important affect you way too much.’”
“If the confidence is protective, where did this new-found confidence come from?”

“Time. Maturity. I began to slowly trust in myself more. To realize that what I thought was no less than any other. And also, I got realistic. I began, rather than obsessing, to weigh out what was said. Perhaps what someone said about me was dead-on. And so what. Maybe it was good advice and it would be good to heed it. Then on the other hand, maybe it wasn’t. Then I’d let it go. Confidence, to me, is not about arrogance. It was about learning that I’m not a piece of crap just because I am wrong about something. It just means that I had something to learn.”

“Can you give me an example of that?”

“Sure. I do National Honors Society and we have about 100 staff members at the school. About 95 of them are almost always behind what I do, always praising us and how much our organization does, and then there are five who always have criticism. They are always throwing some kind of crap at us. But I’ve learned to tell myself, ‘You know, that’s just 5 out of 100 people.’ I’ve learned to weigh that out. Granted, if it was 95 out of 100, then I’d probably take the criticism and think, ‘Wow, maybe we are making mistakes. Maybe we do need to change.’ In the past, though, just that five with criticism would have been enough to bother me horribly. I used to think that I had to shoot for 100%. It had to be perfect. But now I’ve realized that you are never going to get everyone’s approval. Nor do you need it.”

Over the years as her confidence, perspective, and self-esteem changed, her prior anxieties lessened. While she admits that anxiety plagues her in times of uncertainty, having confidence and accepting herself and her mistakes has decreased the intensity of her anxiety.

“Yeah, I get anxious. But it’s nothing like in the past. My stomach used to go into knots. Now it’s more like, ‘Okay, how can I get through this? What am I missing?’ I know things are not the end of the world. Again, I think it’s the maturity thing. Life experience counts for a lot.” Sue’s
experience of decreased anxiety with a gain in confidence has been researched by Greenberg et al. (1992) who found that “self-esteem provides a buffer against anxiety” (p. 920) by increasing a “feeling of personal value” (p. 921). Regarding depression, Sue does not feel that she has ever suffered anything she would call “depression.” She admits that it felt “crummy” to get down on herself in the past but did not believe it would be accurate to describe this as depression.

The difference between the “old,” anxious, and insecure Sue and the “new,” self-confident and higher self-esteem Sue is, in her words, “a sense of myself.” “I no longer have this constant fear of being a failure or caring so much what others think. I know my strengths and weaknesses as a person. I’ve definitely come to know myself. I’m no longer just this blobbed jumble of insecurity.” Sue’s experience is consistent with Campbell’s (1990) findings that high self-esteem individuals have a more well-defined self-concept than low self-esteem individuals.

With maturity, it appears that Sue has grown into a state of high self-esteem. From her words we can see that she fits the following definitions of high self-esteem: “a good opinion of self” (Campbell, 1984, p.7); “self-respect . . .[and] a person of worth” (Rosenberg, 1979, p. 54); and “the feeling that one is valuable” (Greenberg et al., 1992, p. 921). In addition, Sue, in accordance with Branden (1969) and Campbell (1984), controls herself rather than allowing the opinions of others’ to control her.

**Bob**

Bob is one of the those rare people who strike you with their confidence. It hits like a missile. My first reaction was, “Is this guy for real?” His sense of himself was so solid and profound. His every gesture and word seemed to arise from an ancient pool of wisdom that gave birth to certainty. And as I was virtually sure he hadn’t been reading the literature on this topic
(like I had), I was astonished at how similar his responses were to what I had found.

Bob is a middle class auto parts worker in his mid-thirties. He lives a quiet life in a small town with his wife and two sons. At first he comes off as a “man’s man,” tough and gruff with a physique that echoes of the Viking warriors. But as you sit with him his exterior melts away and a larger-than-life compassionate personality reaches out and embraces you. While with him you get the sense that nothing can harm you, that nothing could possibly go wrong in the world with a man like this in its presence.

Our meetings took place at his home, a warm and cozy environment full of hospitality and fun. Wildly humorous and fun-loving, Bob is playful with child and adult alike, embracing both his children and wife with the same bear-like excitement (and even me a couple of times). When his wife inquired about my research, I asked how she thought Bob would fit. She replied, “Oh, he’s confident all right. He has high self-esteem. At times I think it borders on down-right arrogance,” as she glanced at Bob and laughed. While she assured me she was joking, I was curious to spend time with Bob to learn how he got this way.

Bob was not born this way but rather is the product of a solid, loving father and a trying situation as a child. Bob’s parents divorced when he was six or seven years old. “I remember realizing something was wrong with my parents. Here I was, like six years old, having to break up fights where plates and glasses are flying. I had to be the voice of reason. At six! It’s bizarre, even at that age I knew something was wrong. So not long afterwards my parents got divorced. Every other weekend, I’d see my dad and it was happy times. That’s when I liked it. I loved it. You know, because I never wanted to go with my mom and step-dad. I didn’t even know that guy. I wanted to stay with my dad but back then the courts were like ’No way, you belong with mom.’ Now this is where I think my strength came from: my step-dad and mom were a real
volatile situation. I got out of the way. I spent a lot of time alone [Bob is an only child]. I began
to internalize a lot, and then sat back and analyzed. Even at young ages, like 7, 8, 9, 10, 11, I
began to count on myself for answers, to figure things out. I counted on myself as the one to
trust. . . . I believe this helped me out. It helped me become strong. It helped me say, 'You know,
I don't need somebody else to protect me.' But I also had insecurities growing up. When you
have instability every day, it doesn't give a stable sense of home. And your parents are supposed
to be the stable factors in your life. So what you do, without even knowing it you create your
own control. You either escape someway, whether it is in music or art or imagination, you kind
of get sucked into trying to create your own stable environment.' For Bob, creating his own
sense of control appears to have helped him escape the control of the deleterious effects of a
toxic environment. As he said: ‘I just learned to cope.’ But Bob is a product of more than just a
strong and determined mindset. His father provided an enormous amount of love and validation
to the young Bob.

When I heard him speak of his father it amazed me how much he appeared to be
describing what I had seen earlier as Bob played and spoke with his own sons. It is obvious that
Bob strives to raise them the way his father raised him. And when Bob spoke of his father (who
is recently deceased), a wave of calm and pride came over him. ‘I had my dad. He was rock
solid. He was strict with school, strict with 'right' and 'wrong', there were no in-betweens. But
he was who I looked up to. We were happy. We had fun, we played, he took time for me, taught
me -- it was good. It’s amazing, though, all this positive stuff from my dad, then I would go back
and see my step-dad. He would always say stuff to me like, 'You’re the only reason we have
problems; you always side with your mother.' That sort of stuff. And you know, I thought about
it. I was like gosh, ‘Is he right? Am I doing something wrong?’ But it just didn’t piece together.
I knew better than that. I knew who I was. I did good in school. I was good to my friends. I did good in soccer. What he said about me never seemed to fit. I weighed it and then let it go...

Then I would go back and see my dad. It was a whole different world. He was always so positive. He never got down. You never saw him depressed or bummed out. There was never an obstacle that couldn’t be overcome. He had a sense of strength and stability. He taught you to handle yourself. If there’s a problem, don’t worry, we can fix it. He gave me a sense of the positive. . . I remember he was always there for my soccer games. Even if I didn’t play a good game and I knew it, he’d say, ‘That’s all right, you know for the next time. Next time you’ll do it.’ I knew he knew if I wasn’t playing my best or if I wasn’t putting my heart into it. I knew he knew. And he was always like ‘If you’re going to do something, then do it. Don’t half-ass anything.’

I am not the only one who has noticed Bob’s sense of strength and identity. Since high school he has always been the “counselor” among his friends. And to this day, “At my job, there are guys who have been there for thirty years and I’ve been there for a year and a half. For some reason, I can get further with some of them than the guys who have worked with them for the full thirty years. I can’t explain it. I guess I’m just a people person. I act naturally. I don’t get afraid to talk to others. It’s weird, some of these guys are calling me at home for personal advice about their wives and such.” So what is it about Bob that gives him his strength of identity and certainty that draws others to him? I must admit, I have seen numerous therapists over the years, but my time with Bob was more “therapeutic” than most of my past endeavors.

With Bob I believe it goes back to the wisdom of Epictetus (1994), “We cannot choose our external circumstances, but we can always choose how we respond to them” (p. 10). Bob seems to have mastered this wisdom. He seems to have learned this through his own
experience. Bob continued. "Generally speaking, self-esteem is how you perceive yourself alone. Just who you are. Then you can look to who you are as far as your roles go with people close to you, and then how you perceive yourself within your surroundings -- the world, business, your church. I think low self-esteem people count on acceptance or behaviors from other people to dictate what their self-esteem is. 'Does this person hate me? Does this person like me? Does this person accept me?' I think that's dangerous. It's like back in school when they would ask who your role model was. Who do you look up to? My answer was always: myself. Because you could be stripped of everything in one day or over time. When you wake up or go to bed, you're stuck with yourself. That's who you are. Every day and every night. So, guaranteed, you better get comfortable in your own skin. . . . With low self-esteem I believe someone feels they have inadequacies, that they are not up to par with whatever they are basing themselves off of. Whether it's society's standards, business standards, family standards, whatever. People with low self-esteem have these scales, have these internal comparison charts. It says they have to be this kind of person, or they have to be some other way. And if they feel they are falling short, they feel inadequate. It carries through into all parts of their life. I really think they just need to find that chart and burn it. It's about their insecurities and they can overcome it. High self-esteem, on the other hand, is about knowing who you are and being comfortable with who you are. It's about accepting yourself for who you are."

Bob's recognition of the danger of looking to others for acceptance and worth was also found to be true by Branden (1969): "...it is profoundly dangerous to a man's self-esteem, and therefore to his psychological well-being, to let his sense of personal worth depend on factors beyond his control" (p. 124). Branden (1969) calls deriving your worth from others pseudo-self-esteem and believes it is "irrational" (p. 135) because another's opinion is not empirical fact but
only subjective assessment.

“How does that work for you?”, I asked. “How do you avoid falling into the trap of low self-esteem?”

“I don’t place a higher value on other people’s perceptions of who I am when I know who I am. When they see me, they only see one itty bitty little part of who I am. So for me to sit there and rethink who I am based on another -- No, that’s not me.”

“You don’t ever consider what others say? You just take it all from within yourself?”

“Well, no. I don’t live in a bubble. If somebody has a problem with me, I’ll think about it, and maybe I did something, like stepped on someone’s toes or made the wrong decision, but it’s certainly not going to make me rethink the foundation of who I am. I am who I am. And that’s good enough for me.”

“So nobody’s opinion of you really affects how you feel about yourself?”

“Not how I feel about myself. But I realize I make mistakes. If someone I admire and care about says I did something wrong, or if I get the feeling they are disrespecting me, I first do a self inventory. What did I do? Was it me, or something else? I try to get perspective. And if I’ve done nothing wrong and they still aren’t respecting me, then it’s their issue, not mine. If I realize that I have done something wrong, then I fix it immediately. If it involves another person, I go to them right away. I go and say, ‘You know, I’ve been thinking about this, what do you think?’ Or ‘I was wrong and I apologize.’ I take responsibility for what went wrong, but I won’t base my worth on some mistake or miscommunication. That’s ludicrous.”

In recognizing that he makes mistakes but not allowing others’ opinions to dictate his worth, Bob’s mindset is consistent with the findings of Rhodes and Wood (1992): “...that recipients of high self-esteem were more resistant to influences than those of low self-esteem. . .
[that they] yield less to the message [of others] because they are especially confident of their own opinions" (p. 164). Likewise, Di Paula and Campbell (2002) found "that people who are higher in self-esteem engage in more effective self-regulatory strategies" (p. 722). Bob does not let himself get down about his mistakes. His self-regulation involves being option-oriented; he looks at what he did wrong (or may have done), fixes it, and leaves it at that. Unlike those with chronic low self-esteem, he does not allow his mistakes to determine his worth but rather uses them to improve himself and his relationships.

Throughout our conversations Bob used the words "respect" and "disrespect." From the self-esteem literature I knew they were important (Rosenberg, 1979). But I wanted to understand better how Bob viewed them.

"You mentioned respect. What does it mean for you to respect yourself?"

"To be able to look at myself every single day and be okay with who I am and what I’m doing."

"How much is self-respect a part of self-esteem?"

"Enormous. They are intertwined. They are of the same fiber."

"And where does this self-respect come from?"

"For me, it’s when I realize my responsibilities and live up to them. I want to be honest and upright. Right, wrong, or indifferent, I know that doing this allows me to respect myself. I know I’m a good person: I don’t lie, cheat, or steal; I pay my taxes; I’m good to myself, my family, my neighbors. Those are what I feel my responsibilities are, and I base my self-respect on how much I live up to them."

"How did you come to realize that these are your responsibilities?"

"Life. Learning. Conscience. They felt like me. It’s who I am."
By this point, I was certain that Bob was not arrogant but rather extremely grounded in himself. He has high self-esteem. Bob certainly displayed a “good opinion of self” (Campbell, 1984, p.7), “self-respect” (Rosenberg, 1979, p. 54), and “a sense of personal efficacy and personal worth” (Branden, 1969, p. 104). Since this study sought to look at low self-esteem as it relates to anxiety and depression, we discussed Bob’s experience of these and how he handled them.

“Bob, what makes you anxious?”

“This is one of the problems my wife and I have. If there’s a problem, I don’t or won’t say a word about it. Let’s say it’s financial. I internalize it and she wants to talk about it. But I like to internalize it for a while. There is always a solution. So I work it out within. But I don’t get anxious about it.”

“When you’re internalizing, do you ever feel anxious?”

“Oh, I get nervous, like ‘Oh gosh, are we going to be able to do this financially?’ But there is a breaking point. My breaking point is if I were to lose my children. They can kill you but they can’t eat you. You know what I mean? Everything you deal with, good or bad, builds character. It builds who you are. It’s a daily thing. If you fold and throw in the towel and say you can’t do it anymore, you’ve given up. And for anxiety, all you’re doing is adding weight to whatever is getting you worked up. It’s useless to add more weight.”

“So instead of being anxious you look at the possibilities?”

“Exactly. I say, ’Okay, what can I do? What’s realistic? What’s not? Out of the realistic, what’s feasible and what’s not, now and down the road? What am I willing to do, and not willing to do?’ Just use your list. You have to.”

Switching tracks. “What gets you depressed or sad?”
"I get sad. Everybody does. I know I get real sad when I hear that a child has been lost or hurt. That bums me out. As far as depressed, I'm not sure I do. When I think of depressed I think of a lack of hope. For me, if anything, I get bummed out some days but I wouldn't call this depressed."

"What's 'bummed out' mean? What's that feel like?"

"It's when things just suck. When I get hammered all day. You know, things coming at you a mile a minute. It gets to be just too much. So I shut down. I stop for a second. That's one thing about the way I grew up -- I can detach instantly. Absolutely positively detach from every situation."

"Detach?"

"Yeah. I can literally go 'blink' and shut the lights off on my feelings. I can shut it off where I don't allow it to bother me until I'm ready. You know, like if you have a fight with someone and you have all that emotion and you're just worked up? Shut it off for a minute. Sit back a little, then go back to it. If you're having issues with people or a situation, shut it off. Don't take a ride on the emotional rollercoaster. It won't get you anywhere. You'll make irrational decisions. You'll get yourself worked up and you'll start feeling hopeless or whatever. Instead, step back and look at it from a fresh angle. I guess I don't get depressed because I try and see things from a more hopeful angle."

It appeared that Bob's option-oriented approach helps prevent the hopelessness he associated with depression. "Is this something you figured out on your own or something you learned somewhere else?"

"Both. I learned it from my own experience but my dad was also big into this. My mom was all emotion. An explosive temper. I didn't like that. So I learned to let it all go. All the
crap we get angry about as adults is just insane. Let it go. What did the guy say -- ‘Don’t worry, be happy’?”

In his characteristic way Bob went off onto a profound tangent, almost spiritual in nature, about how we as a society have lost our focus. He said we have become too outwardly focused; that we have lost a sense of ourselves as individuals as well as in our collective humanity. In addition, Bob believes this is damaging our children. It is teaching them to only look toward the tangibles of life and the opinions of “experts” rather than their own sense of truth. In short, Bob said “People need to learn to trust themselves and their own experience of life. It doesn’t need to be bounced off of some master plan of making the grade. Your life is what it is. And for me, that’s good enough.”

“Do you ever doubt yourself? Do you ever wonder if you’re doing something ‘right’ or ‘wrong’?”

“No, I never doubt myself because I never let myself down. I may have failed at things or didn’t do as well as I could of, but I don’t doubt myself because I know what I’m capable of. I know who I am and just because I don’t know something or do something well, I’m not going to doubt myself. What I’ll do is be honest with myself that I need to improve, that I need to work harder.”

Bob seemed to be living-proof of Di Paula and Campbell’s (2002) findings that as a result of greater confidence in themselves those with high self-esteem are more likely to persist with certainty that they will succeed in the face of difficulty.

“How do you think your approach to life has helped you avoid having low self-esteem?”

“It’s the people that base everything they are on what other people think of them that are run by self-esteem. It dictates their whole life. I feel I know who I am, that I trust in myself
enough. Those with low self-esteem don’t have a sense of themselves. They don’t know who they are and they’re still searching for the answers. They’re expecting other people to shape who they are. It’s the same thing as the kid who never heard his dad say he was proud of him. At fifty years old he is still trying to gain acceptance from his father rather than from himself.”

“For you, knowing who you are is tightly woven to your self-esteem?”

“Absolutely.”

“What if you woke-up one day and your self-esteem was gone, how do you feel your life would be different?”

“Probably a loss of identity.”

“What if you woke-up one day and your self-esteem was gone, how do you feel your life would be different?”

“Having a higher self-esteem is synonymous with having a strong identity?”

“No question. It is absolutely interwoven. People with low self-esteem can be incredible people, but they are relying on other people to infiltrate their core. They are relying on many different variables controlling who they are.”

“They are incredible people but they don’t know who they are?”

“Exactly. They don’t know it because they are looking outward for others’ interpretation of who they are. It’s like dressing a child. One of the best things for a kid’s self-esteem is to let them dress themselves. It doesn’t matter if it matches or not. If he’s comfortable wearing it and all good with it, let him do it. Eventually the matching and color coding will happen. But these people who rely on other people dressing them, it’s not right. And what low self-esteem people don’t understand is -- what makes those they look toward for opinions a god? We don’t know what’s in their own private little closet, their core identity, because you admire whatever qualities they put forth. They could be full of shit. But someone may overlook that and all of a sudden they see that person’s opinion as the Absolute. It’s ridiculous. I’m not trying to be judgmental of
people with low self-esteem. I’m just saying that it’s absolutely ridiculous. We are each beautiful people. We need to trust that. We need to identify with ourselves.”

Once again, as with Sue, we see that a clear self-identity is crucial to one’s self-esteem (Campbell, 1990). Bob’s inner strength appears to derive from this certainty of his identity. Throughout our interviews he displayed great depth, the depth of one who intimately knows himself, while never saying a word of which he seemed unsure. He was the converse of those Campbell (1990) wrote about: “Low self-esteem people have less clearly defined concepts of who or what they are” (p. 544).

After our last interview, I asked Bob about his deep knowledge on the subject and where it came from. He said that he has known people with low self-esteem and has discussed it with them. Also, knowing that he is fortunate to have high self-esteem, he looks at the converse of his own experience and can better understand what those with low self-esteem live with on a daily basis.

**High Self-Esteem Summary**

Sue and Bob demonstrated that high self-esteem includes having confidence and certainty in one’s self (Branden, 1969). As mentioned, both Sue and Bob fit the definitions set forth for high self-esteem: both had self-respect and personal worth (Rosenberg, 1979) and found their worth internally rather than externally (Branden, 1969). While their stories may appear different, upon second glance there are some striking similarities between them.

First, both Sue and Bob had at least one parent that was a supportive role model. Both were forthright and certain of the effect this had on them. They heard positive messages and were encouraged to be themselves; encouraged to explore and discover who they are. In
addition, the messages they received were that they are of worth. For example, they both had parents that attended their athletic events and inquired about their homework. Their stories are consistent with the findings of Baldwin and Sinclair (1996) who said that “truly high self-esteem is assumed to be based in unconditional self-acceptance, derived in large part from secure, affectionate relationships with parents” (p. 1138). But this is not the whole picture. As we saw with Sophie, who had loving and supportive parents, other factors and people can step in and wreak havoc on one’s sense of self. For Sophie it appears to have been her ex-boyfriend. This demonstrates that there may be more than parental nurture to consider: there is school, teachers, life events, the culture as a whole, etc.

For Bob and Sue life events seemed to play a large role in their strong development. For Bob it was having to cope with his parents’ divorce at an early age. For Sue it was time and experience that resulted in a mature self-view and a more realistic worldview. A good question for future research would be: why are some individuals affected more than others by certain events? Perhaps it may be a combination of the age at which it occurs, the incident itself, the result, the personality of the individual, and their sense of self at the time, which includes their self-regulatory mechanisms.

Sue and Bob did demonstrate authenticity. Van Deurzen-Smith (1988) stated that authenticity is “...becoming increasingly capable of following the direction that one’s conscience indicates as the right direction and thus becoming the author of one’s own destiny. Quite simply, being authentic means being true to oneself” (p. 48). It includes knowing one’s self and acting on this knowledge (Sheldon & Kasser, 2001). For example, Sue knows her life philosophy and acts accordingly. Thus she teaches and volunteers to help the underserved. Bob is certain of his responsibilities and judges his life based on these. He is certain that he has worth
and will not let others' opinions change how he feels about himself. Their certainty appears to allow them to act by their own dictates rather than the standards or expectations of others. Feeling secure in themselves, they do not need to rely as heavily on external securities to feel worth, thus they are better able to act authentically (Sheldon & Kasser, 2001). These findings are consistent with those of Setterlund and Niedenthal (1993): “Individuals with high self-esteem tend to feel certain about their self-defining attributes” (p. 769).

Comparison: High vs. Low Self-Esteem

High self-esteem has been defined as having “self-respect...[and finding one’s self to be] a person of worth” (Rosenberg, 1979, p. 54) and is most often derived from determining one’s worth on the basis of internal factors rather than external (Branden, 1969). This allows an individual to have control over their own self-esteem rather than relegating it to others.

Therefore, one of the primary differences between the low and high self-esteem participants has been their loci of evaluation. Consistent with Branden (1969), high self-esteem participants have an internal locus of evaluation. Low self-esteem participants have an external locus of evaluation (Baldwin & Sinclair, 1996). To the detriment of those with low self-esteem “it is profoundly dangerous to a man’s self-esteem, and therefore to his psychological well-being, to let his sense of personal worth depend on factors beyond his control” (Branden, 1969, p. 124). According to Branden (1969), it is dangerous because it is irrational: how can another’s opinion, since it is not empirical fact but only subjective assessment determine your worth?

High self-esteem individuals, on the other hand, “tend to feel certain about their self-defining attributes” (Setterlund & Niedenthal, 1993, p. 769) and are “more resistant to influences than those with low self-esteem...[as a result they] yield less to the messages [of others] because
they are especially confident of their own opinions” (Rhodes & Wood, 1992, p. 164). Focusing more internally, they are able to be truer to themselves thus they are able to live authentically (van Deurzen-Smith, 1988). Sue did this by acting in accordance with her life philosophy of helping the underserved; Bob by living the responsibilities that he realized through his conscience. Both Sue and Bob demonstrated that authentic living is psychologically healthier than inauthenticity and promotes well-being (Sheldon & Kasser, 2001).

In contrast, in living by externals rather than their own inner dictates low self-esteem individuals behave inauthentically (Sheldon & Kasser, 2001), resulting in “psychological distress” (p. 46). For example, Dave found his worth in financial wealth. Continually attempting to increase his wealth and comparing himself to wealthier individuals, Dave allowed external factors to determine how he views his personal worth. As a result, Dave stated that he feels worthless. He feels that he has not been financially successful. He believed this was related to his feelings of depression.

Another factor that affects low self-esteem individuals is a socially prescribed perfectionism (Blatt, 1995). Hewitt and Flett (1991a) describe it as living in a “dimension that involves the perception that others are demanding perfection of oneself” (p. 373). Again, this is an external focus: trying to perform perfectly because it is believed that others expect it of you. It is not acting on an internal basis but on what they feel will give them worth in the eyes of others. This also contributes to inauthenticity because it is not following one’s own conscience but rather the perceived views of another (van Deurzen-Smith) which results in “psychological distress” (Sheldon & Kasser, 2001, p. 46), such as anxiety and/or depression (APA, 2000). While there is no literature stating that a socially prescribed perfection is a necessary component of the relationship between low self-esteem and anxiety and depression, it appears to contribute to the
psychological stress as a result of the participants inauthentic behavior (Sheldon & Kasser, 2001). The following diagram schematically summarizes the above material.

\[ \text{Origin of Low SE} \]
\( \text{Earlier Event} \rightarrow \text{Low SE} \rightarrow \text{Find worth/approval} \rightarrow \text{Inauthenticity} \rightarrow \text{Psychological Distress} \)
\( \text{Derived worth} \rightarrow \text{in externals.} \)
\( \text{Act according to externals} \rightarrow \text{-- anxiety} \)
\( \text{Distress from an external source} \rightarrow \text{-- depression} \)
\( \text{Socially Prescribed Perfection} \)
\( \text{-- Act according to perceptions of Inauthenticity} \rightarrow \text{Psychological Distress} \)
\( \text{what believe others want/expect,} \rightarrow \text{-- anxiety} \)
\( \text{which is acting according to externals.} \rightarrow \text{-- depression} \)

* Denotes starting point for this study.

\textit{Implications for Social Work Practice}

The findings of this research have provided some useful answers. It has opened a window into the various experiences of self-esteem. We have heard the struggles of those with low self-esteem in their own words and have been given a picture of the difficulties they face. Some suggestions can now be made as to how to prevent low self-esteem and help those currently experiencing it. Considering a multi-systemic perspective, we will look at this issue from all three levels: macro, mezzo, and micro.

\textit{Macro.} This research indicates that childhood and adolescence is a very important time in setting a solid foundation for self-esteem. It is consistent with Baldwin and Sinclair (1996) who state that “truly high self-esteem is assumed to be based in unconditional self-acceptance, derived in large part from secure, affectionate relationships with parents” (p. 1138). This is evidenced by the experiences of both Sue and Bob, the high self-esteem participants. They both
attributed their sense of self and subsequent identity development to their parental foundation.

Parents, though, may not realize the effect their words and behavior can have on a child. And since it is unrealistic to make laws controlling the minute details of how parents speak to children, education is a viable route to providing children what they need. Education is part of a culture's "...learned [and shared]. ...attitudes" (Hall, 1959, p.20), the "intangibles" (Malinowski, 1944, p. 69) that influence values, ideas and beliefs.

Both Sue and Bob had at least one parent that was a supportive role model. They heard positive messages and were encouraged to explore who they are. This data suggests that educating parents about ways to enhance a child's sense of self is beneficial. Directing parents to resources such as the National Association for Self-Esteem (NASE) website (http://www.self-esteem-nase.org) where they can learn about self-esteem and its effects in an easily accessible format may have benefits. In addition, the NASE website provides a Parent Link Network to provide education on self-esteem and parenting. Furthermore, the data from Sue and Bob suggests that parenting programs should implement material on self-esteem, identity development, and the benefits to a child's overall well-being. Particularly, encouraging a child to try new things such as sports or other endeavors. The data from Sue and Bob suggests that just encouraging and allowing a child to experiment with various activities can be a growing experience.

Self-esteem education should also be directed toward the field of education. By including material on self-esteem and psychological development in college teaching programs, newly trained teachers can understand the importance of avoiding certain words or phrases, and of encouragement and support. Several teachers I spoke with (Paul Bosma, Kim Herula, Hayley Rasegan, personal communications, March 2, 2004) stated that their program never explicitly
stated anything regarding children, adolescents, and the development of self-esteem. In addition, the National Education Association (NEA) (http://www.nea.org) and other national organizations that influence the culture of education can provide information pamphlets to both educators and parents regarding self-esteem. Furthermore, the NEA conducts professional workshops nationwide for educators. Implementing workshops presenting how to integrate knowledge on self-esteem and working with children and adolescents may concretize it for educators. At this writing, the NEA website provides on-line articles regarding education and self-esteem as well as links to workshops that include exercises and information designed to increase students’ self-esteem.

It may not be enough to educate only teachers and parents. Children and adolescents must also be taught. Just as curriculums have classes on physical and sex education, a course on emotional/mental health could be added. The data from Sophie and Dave suggests that they feel a greater responsibility to achieve or satisfy an external standard than toward their own emotional well-being. Sue, on the other hand, realized with time and experience that allowing her worth to be determined by external sources, such as criticism from colleagues, was only creating distress. She learned to consider her situation more realistically. She became responsible to herself because, as she said, otherwise “it would take its toll.” Therefore, the data suggests that we must learn to be responsible to ourselves. It is what Viktor Frankl calls the “education to responsibility” (Fabry, 1994, p. xix). By discussing the importance of self-esteem and its effects, educators can teach students to be responsible for themselves.

Mezzo. The data from Sophie suggests that “being involved in something greater than yourself” can provide perspective. Sophie stated that she felt better when volunteering at the animal shelter; she realized that she matters and can make a difference. In addition to her solitary
time, volunteering also provided Sophie a stronger sense of self. This suggests that, for Sophie, an experiential component can counteract the experience of low self-esteem. While volunteering she felt better about herself. Sophie’s data is consistent with Sue’s experience of volunteering as well as Wilson’s (2000) findings that volunteering can yield “positive mental health effects... be a self-validating experience... [and can act to] buffer people from depression” (p. 14).

The data is consistent with Wilson’s (2000) findings that involvement with community organizations can impact community members’ well-being. While Sophie and Sue have both benefited from volunteering, other community activities state increased self-esteem as a result of participation. For example, the Boy Scouts of America (http://scouting.org) and Girl Scouts of America (http://girlscouts.org) believe that participation can lead to increased self-esteem. Royse (1998) studied Girl Scout participation and its effects on adolescent self-esteem. While he stated that his findings are not fully conclusive, there are indications to support that scouting organizations increase self-esteem. The 4-H club (www.4-h.org) also states that their organization helps build the self-confidence of youth. Diana DeGentenaar (personal communication, April 9, 2004) participated for many years in the 4-H club working with animals and gardens. She stated that it had a profound effect on her sense of self and self-esteem. In addition, there are organizations that provide similar experiences for adults. For example, Outward Bound (http://www.outwardbound.org), an experiential wilderness organization, states that participation in their programs can lead to increased self-reliance and an ability to accept responsibility. No data or literature was found to support this claim.

Wilson’s (2000) findings and the data from Sophie and Sue suggest that organizations that foster community involvement, or as Sophie said “something greater than yourself,” can have positive effects on self-esteem and mental health. However, it is important to note that this
does not apply equally to all participants. Dave’s volunteer work with AIDS patients had a negligible effect on his self-esteem. This suggests that there are exceptions to the data and literature findings.

Micro. The data and literature on the individual level suggests that both cognitive and rational emotive behavior therapy (REBT) may be beneficial in working with low self-esteem. Cognitive treatment helped improve clients’ attitudes, self-esteem, depression, and overall psychological distress (Peden, Rayens, Hall, & Beebe, 2001; Watson, Gordon, Stermac, Kalogerakos, & Steckley, 2003). The data from Sophie and Dave suggests that they suffer from what cognitive therapy labels cognitive distortions (Sharf, 2000). For example, Sophie stated, “I have a huge fear of failure in front of people. I don’t want to look like an idiot. I want to be accepted. I want to be seen as competent and likeable.” This is what cognitive therapists refer to as an overgeneralization, or “making a rule based on a few negative events” (Sharf, 2000, p. 379). Sophie’s statement implies that she believes making a mistake or failing in front of others will lead them not to accept her. Sophie’s low self-esteem leads her to find acceptance and worth in external sources (Branden, 1969). According to Leary et al. (1995), not feeling accepted, or included, would lower Sophie’s self-esteem. Thus her cognitive distortion has a negative impact.

Similarly, Dave displays dichotomous thinking, or “thinking that something has to be exactly as we want it or it is a failure...[which is] all-or-nothing thinking” (Sharf, 2000, p. 378). For example, Dave stated that he felt worthless because he has not been as financially successful as he would like. This implies that Dave believes himself to be worthless as a person because he had not attained a financial goal. This is all-or-nothing thinking because until he attains that goal it appears that Dave will continue to find himself worthless. This perpetuates his low self-esteem because, according to (Branden 1969), finding worth solely in external sources can lead to low
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self-esteem. Thus, as with Sophie, Dave’s cognitive distortion has negative consequences.

Regarding Sophie and Dave’s socially prescribed perfection, Ellis and Harper (1997) believe that addressing perfectionistic thinking is important because it is irrational, or not based on reality or fact, and thus is “self-defeating” (p. 199). For example, Sophie’s thought-process in the following example closely corresponds to what Ellis (1987) labels as “Irrational Beliefs About Competence and Success” (p. 371). Regarding Jack, Sophie stated: “But I still got nervous about what he might think of how I do my evaluations or how I’ve been treating my patients so far... I want to do it right... I want to do it perfectly.” Ellis (1987) labels the following similar example an “obvious or blatant irrationality” (p. 371): “Because I strongly desire to perform important tasks competently and successfully, I absolutely must perform them PERFECTLY WELL!” (p. 371) (emphasis and capitals Ellis’).

The data suggests that both Sophie and Dave have low self-esteem and live a socially prescribed perfection, both of which, as we have just seen, involve cognitive distortions. Peden et al. (2001) and Watson et al. (2003) indicate that cognitive treatments improve self-esteem and psychological distress. Sharf (2000) writes that “The basic goal of cognitive therapy is to remove biases or distortions in thinking so that individuals may function more effectively... Patients’ cognitive distortions are challenged, tested, and discussed to bring about more positive feelings, behaviors, and thinking” (p. 380). Similarly, “The goals of REBT are to assist people in minimizing emotional disturbances, decreasing self-defeating self-behaviors, and becoming more self-actualized...” (Sharf, 2000, p. 340). If, as we have seen, it is Sophie and Dave’s cognitive distortions that contribute to their looking toward external sources for approval and worth, and perpetuating their low self-esteem, it is possible that challenging these “self-defeating self-behaviors” (Sharf, 2000, p. 340) will lead to authentic behavior, or acting according to their own
inner dictates (van Deurzen-Smith, 1988). According to the data from Sue and Bob as well as from Sheldon and Kasser (2001), authentic behavior has been “associated with greater positive affect in daily life...[as well as] higher self-esteem” (p. 44). Higher self-esteem, in turn, has been associated with decreased anxiety (Greenberg et al., 1992) and depression (Hartlage et al., 1998).

Limitations of Study

From the outset my personal interest in this study has been clear. I have had to take precautions to prevent its personal nature from contaminating the presentation of this material. The primary precaution is in accordance with another limitation of this study: generalizability. In order to prevent my own experience from shaping the material I have had to remind myself that these results are not generalizable; that not matter how similar the participants’ experiences may be to my own or another’s, the findings are considered to apply only to the participant mentioned. Therefore, it was imperative that I kept in mind that the facts of my own experience had no empirical applicability to the lives of either Sophie or Dave. The findings of each of them apply only to their situation. However, it must be noted that regardless of this precaution the human element of fallibility did not allow for a purely objective view of the findings. My personal experience undoubtedly influenced this study to some degree.

Future Research Issues

This study contained issues that were not directly addressed. While the participants were Caucasian men and women of varying ages, since it was not the focus of this research, the effect of race, age, or gender on self-esteem were not studied. Furthermore, the data did not reveal any
patterns associated with age and gender and their effects on self-esteem. In addition, the issue of an innate capacity or tendency toward self-esteem was not addressed. Nevertheless, these issues are believed to have an effect on self-esteem.

Based on this study, these issues generate future research questions. For example, what effect does culture have on the self-esteem of minorities such as African-Americans, Latinos, Arab-Americans, and Asian-Americans? How does age affect an individual’s self-esteem regulation? What effect does culture have on the self-esteem development of both men and women? What role does gender play in self-esteem development? Is there an innate capacity toward self-esteem? If so, to what degree does it affect self-esteem?
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