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Self-Esteem

Edited by
VIRGIL ZEIGLER-HILL



Psychology Press

Self-Esteem

In this edited collection, a distinguished set of contributors present a broad overview of psychological research on self-esteem. Each chapter is written by leading experts in the field, and surveys current research on a particular issue concerning self-esteem. Together, the chapters provide a comprehensive overview of one of the most popular topics in psychology.

Each chapter presents an in-depth review of particular issues concerning self-esteem, such as the connection that self-esteem has with the self-concept and psychological adjustment. A number of further topics are covered in the book, including:

- How individuals pursue self-esteem
- The connection that self-esteem has with the self-concept and psychological adjustment
- The developmental changes in feelings of self-worth over the life span
- The existence of multiple forms of high self-esteem
- The role that self-esteem plays as an interpersonal signal
- The protective properties associated with the possession of high self-esteem.

This collection will be of great interest to researchers and academics, and also to graduate and advanced undergraduate students of social psychology.

Virgil Zeigler-Hill is a social-personality psychologist at Oakland University, USA. He conducts research concerning self-esteem, narcissism, the structure of the self-concept, and interpersonal relationships.

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Each volume is tightly focused on a particular topic and consists of seven to ten chapters contributed by international experts. The editors of individual volumes are leading figures in their areas and provide an introductory overview.

Example topics include: self-esteem, evolutionary social psychology, minority groups, social neuroscience, cyberbullying, and social stigma.

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This book is dedicated to Jennifer and my family for all of their love and support over the years.

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1 The importance of self-esteem

Virgil Zeigler-Hill

Self-esteem is clearly one of the most popular topics in modern psychology, with more than 35,000 publications on the subject of this construct. This exceptionally wide and diverse literature has examined the potential causes, consequences, and correlates of self-esteem. The considerable attention that has been given to self-esteem is most likely due to the fact that self-esteem was once believed to play a causal role in many important life outcomes. Widespread interest in self-esteem began to build during the 1970s as results emerged that linked self-esteem with a variety of social problems including drug abuse, unemployment, academic underachievement, and violence. The so-called *self-esteem movement* was in full swing by the 1980s, as evidenced by the funding of the California Task Force to Promote Self-Esteem and Personal and Social Responsibility (1990). The goal of this Task Force was to raise the self-esteem of Californian citizens with the hope that some of the social problems that were plaguing the state at that time would be reduced if individuals felt better about themselves. Various efforts to raise self-esteem have been implemented but they have not resulted in the societal changes that had been envisioned and, as a result, self-esteem is no longer considered to be the sort of panacea that many once hoped it would be. In fact, there has been considerable debate in recent years concerning the value of self-esteem, with some researchers continuing to argue that self-esteem is a fundamental construct that is associated with a wide array of important life outcomes (e.g., Orth, Robins, & Widaman, 2012; Schimel, Landau, & Hayes, 2008; Swann, Chang-Schneider, & Larsen McClarty, 2007; Trzesniewski et al., 2006), whereas other researchers have adopted a much more negative view of self-esteem and consider it to have – at best – limited value (e.g., Baumeister, Campbell, Krueger, & Vohs, 2003; Boden, Fergusson, & Horwood, 2008; Damon, 1995; Scheff & Fearon, 2004; Seligman, 1993). Most often, those who argue against the utility of self-esteem believe that it is something akin to an epiphenomenon that simply reflects other processes rather than serving as a causal agent. The purpose of the present chapter – as well as this entire volume to some degree – is to provide a relatively concise overview of this expansive and controversial literature in an effort to answer one of the most vital questions in this area of the literature: Does self-esteem play an important role in our lives?

What is self-esteem?

The construct of self-esteem was first described by William James (1890) as capturing the sense of positive self-regard that develops when individuals consistently meet or exceed the important goals in their lives. More than a century later, the definition of self-esteem that was offered by James continues to be relevant such that self-esteem is generally considered to be the evaluative aspect of self-knowledge that reflects the extent to which people like themselves and believe they are competent (e.g., Brown, 1998; Tafarodi & Swann, 1995). High self-esteem refers to a highly favorable view of the self, whereas low self-esteem refers to evaluations of the self that are either uncertain or outright negative (Campbell et al., 1996). Self-esteem is not necessarily accurate or inaccurate. Rather, high levels of self-esteem may be commensurate with an individual's attributes and accomplishments or these feelings of self-worth may have little to do with any sort of objective appraisal of the individual. This is important because self-esteem reflects perception rather than reality.

Self-esteem is considered to be a relatively enduring characteristic that possesses both motivational and cognitive components (Kernis, 2003). Individuals tend to show a desire for high levels of self-esteem and engage in a variety of strategies to maintain or enhance their feelings of self-worth (see [Chapter 3](#) in this volume, by Park and Crocker, for a review). Individuals with different levels of self-esteem tend to adopt different strategies to regulate their feelings of self-worth, such that those with high self-esteem are more likely to focus their efforts on further increasing their feelings of self-worth (i.e., self-enhancement), whereas those with low self-esteem are primarily concerned with not losing the limited self-esteem resources they already possess (i.e., self-protection; e.g., Baumeister Tice, & Hutton, 1989). In contrast to the self-enhancing tendencies exhibited by those with high self-esteem, individuals with low levels of self-esteem are more likely to employ self-protective strategies characterized by a reluctance to call attention to themselves, attempts to prevent their bad qualities from being noticed, and an aversion to risk. In essence, individuals with low self-esteem tend to behave in a manner that is generally cautious and conservative (Josephs, Larrick, Steele, & Nisbett, 1992). It appears that individuals with low self-esteem are reluctant to risk failure or rejection unless doing so is absolutely necessary. In many ways, the risks taken by individuals with low self-esteem appear to have a greater potential cost for them than for those with high self-esteem because those with low self-esteem lack the evaluative resources necessary to buffer themselves from the self-esteem threats that accompany negative experiences such as failure and rejection.

Who has high self-esteem?

It is sometimes assumed that modern society suffers from rampant low self-esteem. This idea served as the foundation of the self-esteem movement in the 1970s even though there is no empirical support for the idea that society suffers

from low self-esteem. Rather, the average scores for most self-esteem instruments are well above the midpoint of their response scales (more than one standard deviation in many cases; Baumeister et al., 1989). Generational increases in self-esteem have also been observed (Gentile, Twenge, & Campbell, 2010; Twenge & Campbell, 2001) which are consistent with the increasing cultural importance placed on this construct (e.g., parents and teachers are much more concerned about the self-esteem of children than they have been in past generations). This pattern suggests that rather than suffering from low self-esteem, most individuals are actually likely to experience somewhat high levels of self-esteem such that they view themselves in a positive manner.

Although individuals tend to report high self-esteem, their feelings of self-worth show age-related changes across the life span. More specifically, self-esteem is often relatively high during childhood before dropping precipitously at the beginning of adolescence (Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002). From that point, self-esteem follows a quadratic developmental trajectory such that it increases throughout adolescence, young adulthood, and middle adulthood before reaching its peak around age 60 and then declining in old age (Erol & Orth, 2011; Orth et al., 2012; Orth, Trzesniewski, & Robins, 2010; Robins et al., 2002; Shaw, Liang, & Krause, 2010; see [Chapter 4](#), this volume, by Trzesniewski, Donnellan, and Robins, for a review). These developmental changes in self-esteem do not emerge consistently across groups. For example, girls have self-esteem levels that are comparable to those of boys during childhood but boys begin reporting higher levels of self-esteem than girls during adolescence (Kling, Hyde, Showers, & Buswell, 1999; Major, Barr, Zubek, & Babey, 1999; Twenge & Campbell, 2001). Adolescence is the first time that this gender difference emerges and it is also the period of life when the difference is the largest. Following this divergence, women do not report feelings of self-worth comparable to those of men again until old age, when the self-esteem of men drops dramatically (Robins et al., 2002). The pronounced gender difference in self-esteem during adolescence has led to a great deal of speculation concerning the reason for this pattern (see Zeigler-Hill & Myers, in press, for a review). The most likely reasons for the more pronounced drop in the self-esteem of girls during adolescence include subtle forms of sexism that occur in the classroom (e.g., teachers treating boys and girls differently; Sadker & Sadker, 1994), a decline in girls' attitudes about their appearance with boys tending to maintain relatively positive attitudes about their appearance (Harter, 1993), and prescriptive gender norms concerning female modesty (e.g., Rudman, 1998; Rudman & Glick, 1999, 2001).

The possibility that cultural differences in self-esteem exist has often captured the interest of researchers. A number of articles have compared the self-esteem levels of individuals from collectivistic cultures (e.g., East Asian countries) with those from individualistic cultures (e.g., Western countries). The results of these studies have been mixed with some studies finding that individuals from individualistic cultures report higher levels of self-esteem than those from collectivistic cultures (e.g., Heine, Lehman, Markus, & Kitayama, 1999), whereas others have

not found any difference (Cai, Wu, & Brown, 2009). Similar mixed results have emerged for the connection that low self-esteem has with important outcomes such as psychopathology in these cultures (see Cai et al., 2009 for a review).

In addition to these cross-cultural comparisons, researchers have also been interested in self-esteem differences that may exist between majority group and minority group members within the same culture. The reason for this interest is that minority groups often serve as targets for discrimination and prejudice with one notable consequence being that members of these stigmatized groups often report lower levels of self-esteem than majority group members (see Major & O'Brien, 2005, for a review). The fact that individuals from stigmatized groups often report low levels of self-esteem has been observed for various groups including overweight individuals (Miller & Downey, 1999), individuals with physical abnormalities (Van Loey & Van Son, 2003), and individuals with severe mental illnesses (Markowitz, 1998). The most prominent explanation for the low levels of self-esteem reported by individuals who belong to stigmatized groups is that they internalize the negative views of their groups that are held by wider society.

It is important to note, however, that the internalization of stigma explanation does not appear to apply to all stigmatized groups. Perhaps the most notable exceptions to this pattern is that Black individuals (i.e., African Americans of sub-Saharan biological ancestry) report higher levels of self-esteem than any other racial group in the United States including White individuals (i.e., non-Hispanic Caucasians of European heritage; see Gray-Little & Hafdahl, 2000, or Twenge & Crocker, 2002, for meta-analyses concerning this issue). This pattern led to the development of another explanation for the influence that being a member of a stigmatized minority group member may exert on self-perception which is referred to as *stigma as self-protection* (Crocker & Major, 1989). This explanation suggests that membership in a stigmatized group may serve as a buffer against negative experiences because members of devalued groups have the capacity to attribute these events to discrimination or prejudice which may bolster or protect their feelings of self-worth. This explanation is appealing but it is at least somewhat limited because it only appears to apply to the members of very few stigmatized groups, with Black individuals in the United States being among the most prominent. It is generally assumed that the increases in self-esteem reported by Black individuals during recent decades suggest a positive shift in how these individuals view themselves stemming from cultural events such as the Civil Rights movement and the Black Power movement. However, a recent series of studies suggests that these racial differences in self-esteem may be at least somewhat more complicated because the high levels of self-esteem reported by Black individuals appear to be relatively fragile (Zeigler-Hill, Wallace, & Myers, in press) and may sometimes reflect narcissistic tendencies (Foster, Campbell, & Twenge, 2003; Pickard, Barry, Wallace, & Zeigler-Hill, in press; Zeigler-Hill & Wallace, 2011).

Why do individuals want to feel good about themselves?

Self-esteem is often considered to be a fundamental human need (e.g., Allport, 1955). Consistent with this view, individuals show a clear preference for high levels of self-esteem under most conditions (see Swann, Griffin, Predmore, & Gaines, 1987, for an exception) and even prefer self-esteem boosts over other pleasant activities when given a choice (e.g., eating a favorite food, engaging in a favorite sexual activity; Bushman, Moeller, & Crocker, 2011). Further, increases in self-esteem are often considered to be one of the most important elements of the most satisfying events in the lives of individuals (Sheldon, Elliot, Kim, & Kasser, 2001). However, the underlying reasons for this desire to possess high levels of self-esteem have only recently become the subject of serious empirical attention. Two of the possible benefits associated with the possession of high self-esteem are that it may: (1) be a means for transferring information between the individual and the social environment; and (2) serve a protective function that buffers individuals from negative experiences (e.g., social rejection, achievement failure). These potential functions of self-esteem will be reviewed in the following sections. It is important to note that this is by no means intended to be an exhaustive list of the benefits associated with the possession of high self-esteem. Rather, the goal is simply to review two of the commonly identified benefits that accompany high self-esteem.

Transfer of information between the individual and the social environment

One possible explanation for the desire to possess high self-esteem is that feelings of self-worth may play a role in transferring information concerning social status between the individual and the social environment. The most widely studied informational model of self-esteem is the sociometer model developed by Leary and his colleagues (e.g., Leary, Haupt, Strausser, & Chokel, 1998; Leary, Tambor, Terdal, & Downs, 1995). According to the sociometer model, self-esteem has a *status-tracking property* such that the feelings of self-worth possessed by an individual depend on the level of relational value that the individual believes he or she possesses. This model argues that self-esteem is an evolutionary adaptation that allows individuals to monitor the degree to which they believe they are valued by others. In essence, the sociometer model suggests that self-esteem is analogous to a gauge that tracks gains in perceived relational value (accompanied by increases in self-esteem) as well as losses in perceived value (accompanied by decreases in self-esteem). A variety of studies have shown that feelings of self-worth tend to change in accordance with the perception of social acceptance and rejection (e.g., Downie, Mageau, Koestner, & Liodden, 2006; Leary et al., 1995, 1998; Murray, Griffin, Rose, & Bellavia, 2003). However, it is important to note that a recent meta-analysis found that even though individuals are likely to report an increase in self-esteem following social acceptance, they are unlikely to display any evidence of a significant

decline in self-esteem following rejection (Blackhart, Nelson, Knowles, & Baumeister, 2009). This is a potentially important finding because it directly conflicts with one of the basic ideas underlying the sociometer model. That is, it has generally been accepted that individuals tend to experience decreases in their self-esteem when they experience social rejection. This is an important issue that we will return to later in the chapter.

Although the sociometer model has been extremely influential, it may provide only a partial representation of the way this information is transferred between the individual and the social environment. That is, status-tracking models of self-esteem have focused exclusively on the influence that perceived standing has on feelings of self-worth (e.g., Does feeling valued by others lead to higher self-esteem?) without addressing the possibility that self-esteem also influences how others perceive the individual (e.g., Are individuals who appear to feel good about themselves more highly valued by others?). The *status-signaling model of self-esteem* (Zeigler-Hill, 2012; Zeigler-Hill, Besser, Myers, Southard, & Malkin, in press) provides a complement to the sociometer model by addressing the possibility that self-esteem influences how individuals present themselves to others and alters how those individuals are perceived by their social environment. According to this model, the feelings of self-worth possessed by individuals may influence how they are perceived by others such that those with higher levels of self-esteem will generally be evaluated more positively than those with lower levels of self-esteem. The existing data has supported this basic idea (e.g., Zeigler-Hill et al., in press; Zeigler-Hill & Myers, 2009, 2011). Cameron, MacGregor, and Kwang (Chapter 8, this volume) provide an extended discussion of the role of self-esteem as an interpersonal signal.

Protective function of self-esteem

Another possible function of self-esteem is that it may serve as a resource that protects individuals from potential threats such as rejection or failure. That is, those with high self-esteem are thought to be less affected by negative experiences and to recover from these sorts of experiences more quickly than individuals with low self-esteem. This basic idea has been referred to using a variety of labels such as the stress-buffering model of high self-esteem and the vulnerability model of low self-esteem (see Zeigler-Hill, 2011, for a review). The underlying rationale of models that emphasize the protective properties of high self-esteem is that negative experiences may be less detrimental for individuals with high self-esteem because of their enhanced coping resources (Arndt & Goldenberg, 2002) and the certainty they have regarding their positive characteristics (Campbell et al., 1996). In essence, the stress-buffering model proposes that self-esteem and stress will interact in such a way that high self-esteem protects individuals from the deleterious consequences of stress, whereas low self-esteem increases their vulnerability to the effects of stress. The stress-buffering model has received support from a large number of studies (e.g., Brown, 2010; Brown, Cai, Oakes, & Deng, 2009; Brown & Dutton, 1995). For example,

Brown (2010) found that individuals with high self-esteem were more resilient than those with low self-esteem when confronted with negative social feedback (i.e., receiving a negative evaluation from a confederate) or negative achievement feedback (i.e., receiving bogus negative feedback about their performance on an intellectual task). A wide array of studies have shown clear and consistent evidence that individuals who report more positive feelings of self-worth are also more emotionally stable and less prone to psychological distress than those who do not feel as good about themselves (e.g., Sedikides, Rudich, Gregg, Kumashiro, & Rusbult, 2004).

Terror Management Theory (Greenberg, Pyszczynski, & Solomon, 1986) offers a more specialized view of the protective function of high self-esteem. Although Terror Management Theory has been used to explain a range of phenomena, it was initially developed to explain the desire that individuals have for possessing high levels of self-esteem. The foundation of this theory is that humans have a unique ability to understand their mortal nature and this recognition that they will eventually die has the potential to cause them extreme and paralyzing terror. It is believed that humans have learned to cope with this existential anxiety by developing an image of themselves as having value as a member of a social system that will never end. In essence, Terror Management Theory argues that an important function of self-esteem is that it serves as a buffer that protects individuals from the existential anxiety that stems from their awareness of their own eventual deaths (e.g., Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004; Schimel et al., 2008). This is a very interesting perspective on the function of self-esteem and Pyszczynski and Kesebir (Chapter 7, this volume) provide an excellent overview of the connection between Terror Management Theory and self-esteem.

Is self-esteem associated with important life outcomes?

The idea that high self-esteem serves as a buffer that protects individuals from negative experiences suggests that self-esteem should be associated with a wide range of positive outcomes. This assumption is most likely the reason for the considerable empirical attention that has been devoted to self-esteem. However, this seemingly straightforward issue has led to considerable controversy, with some researchers arguing that self-esteem is connected with important life outcomes (e.g., Orth et al., 2012; Trzesniewski et al., 2006), whereas others have challenged these connections (e.g., Baumeister et al., 2003). There is little debate that self-esteem is positively associated with outcomes such as self-reported happiness (Furnham & Cheng, 2000) and overall life satisfaction (Diener & Diener, 1995), so the following sections will focus on the connections that self-esteem has with other important life outcomes (e.g., psychopathology, crime).

Psychopathology

The link between self-esteem and psychopathology is evident in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR, American Psychiatric

Association, 2000), which contains numerous references to self-esteem and related terms (e.g., “grandiose sense of self-importance”) in diagnostic contexts (O’Brien, Bartoletti, & Leitzel, 2006). Low self-esteem is included as either a diagnostic criterion or an associated feature for a variety of disorders (see Zeigler-Hill, 2011, for a review). A partial list of the forms of psychopathology associated with low self-esteem includes depression, anxiety, social phobia, anorexia, bulimia, body dysmorphic disorder, alcohol abuse, obsessive compulsive disorder, schizophrenia, and borderline personality disorder.

Although there is a clear link between low self-esteem and psychopathology, the reason for this connection remains unclear. The most popular explanation for this association is the vulnerability model of low self-esteem, which suggests that low self-esteem serves as a risk factor for various forms of psychopathology (e.g., Beck, 1967). The clearest illustration of the vulnerability model can be seen for depression. It is believed that low self-esteem may play a causal role in the development of depression through both intrapsychic processes (e.g., ruminative tendencies) and interpersonal strategies (e.g., excessive reassurance seeking; Orth, Robins, & Roberts, 2008). An important extension of the vulnerability model is that low self-esteem may increase the probability of poor psychological adjustment in the wake of stressful experiences because individuals with low self-esteem do not have positive feelings of self-worth to provide a buffer that protects them from the deleterious consequences of negative experiences such as failure or rejection. DeHart, Peña, and Tennen (Chapter 6, this volume) offer an extended review of the connections between self-esteem and psychological adjustment.

Physical health

Self-esteem has been found to be associated with various aspects of physical health (e.g., Mann, Hosman, Schaalma, & de Vries, 2004; Stinson et al., 2008; Trzesniewski et al., 2006). For example, low levels of self-esteem have been shown to be associated with a number of indicators of poor health, including higher body mass (Trzesniewski et al., 2006), cardiovascular problems (Forthofer, Janz, Dodge, & Clark, 2001), smoking (Yang & Schaninger, 2010), and negative consequences of alcohol consumption (Zeigler-Hill, Madson, & Ricedorf, in press). It has been argued that the reason for these connections is that low self-esteem is a psychological risk factor that leaves individuals vulnerable to health problems or concerns, whereas high self-esteem is a psychological resource that protects individuals from these potential problems and supports good health (Stinson et al., 2008). There are various avenues by which high self-esteem may offer health-related protection including better health maintenance behaviors (Conn, Taylor, & Hayes, 1992) and improved social relationships (Stinson et al., 2008). It is also important to note that the protective properties of high self-esteem may be associated with physiological mechanisms. For example, research has found self-esteem to be connected with cortisol reactivity following stress (Seeman, Berkman, Gulanski, & Robbins, 1995), failure (Pruessner, Hellhammer, & Kirschbaum, 1999), and rejection (Ford & Collins,

2010), as well as cardiovascular responses to performance feedback (Seery, Blascovich, Weisbuch, & Vick, 2004) and general heart rate variability (Schwerdtfeger & Scheel, 2012). Taken together, these results suggest that high self-esteem may produce health benefits by protecting individuals from the deleterious effects of negative experiences by affecting the neuroendocrine system as well as the sympathetic and parasympathetic branches of the autonomic nervous system.

Interpersonal relationships

The connection between self-esteem and interpersonal experiences can be traced back to the earliest thinking about the nature of the self (e.g., James, 1890). An important example of this connection is that interpersonal experiences are generally thought to have a profound impact on self-esteem such that individuals who feel valued and accepted by others generally experience higher levels of self-esteem than those who do not (e.g., Leary et al., 1995). However, a recent meta-analysis found that even though individuals are likely to report an increase in self-esteem following experiences that denote social acceptance, they are unlikely to display any evidence of a significant decline in self-esteem following social rejection (Blackhart et al., 2009). One potential explanation for the confusion in the literature concerning how self-esteem changes in the aftermath of social rejection is that the manner in which individuals respond to rejection may depend to some extent on the feelings of self-worth they possessed prior to the rejection. That is, individuals with low and high levels of self-esteem may process information about rejection quite differently, which is consistent with the protective properties of high self-esteem. These differences in the response to rejection may begin to emerge quite early in the processing of these experiences such that individuals with low self-esteem are more likely than those with high self-esteem to anticipate rejection (Downey & Feldman, 1996), devote more attentional resources to potential rejection cues (Dandeneau & Baldwin, 2004, 2009; Li, Zeigler-Hill, Yang, Luo, & Zhang, in press; Li, Zeigler-Hill, Yang, Xiao, Luo, & Zhang, in press), fail to engage in strategies to prevent rejection (Sommer & Baumeister, 2002), and react more strongly when rejection actually occurs in terms of self-reported responses (Murray, Rose, Bellavia, Holmes, & Kusche, 2002) and physiological reactions (Gyurak & Ayduk, 2007; Somerville, Kelley, & Heatherton, 2010). In addition, the degree to which individuals with low self-esteem feel accepted or rejected is highly contingent on current cues, and their heightened sensitivity to rejection interferes with their ability to form and maintain fulfilling interpersonal relationships, which may perpetuate their feelings of low self-esteem (see Murray, 2006, for a review).

Academic outcomes

The educational system in the United States has focused a great deal on self-esteem due to the belief that high levels of self-esteem contribute to academic