

Self-Esteem; a Brief Review

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ABSTRACT: The beliefs and evaluations people hold about them determine who they are, what they can do and what they can become. These powerful, inner influences provide an internal guiding mechanism, steering and nurturing individuals through life, and governing their behavior. People's concepts and feelings about themselves are generally labeled as their self-concept and self-esteem. Self-concept is defined as the sum of an individual's beliefs and knowledge about his/her personal attributes and qualities. Self-esteem is the evaluative and affective dimension of the self-concept, and is considered as equivalent to self-regard, self-estimation, and self-worth. Positive self-esteem is not only seen as a basic feature of mental health, but also as a protective factor that contributes to better health and positive social behavior through its role as a buffer against the impact of negative influences.

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INTRODUCTION

Self-esteem Definition

The most basic task for one's mental, emotional, and social health, which begins in infancy and continues until one dies, is the construction of his/her positive self-esteem (Macdonald, 1994). The beliefs and evaluations people hold about themselves determine who they are, what they can do and what they can become (Burns, 1982). These powerful, inner influences provide an internal guiding mechanism, steering and nurturing individuals through life, and governing their behavior.

In the mid-1960s, Morris Rosenberg and social-learning theorists defined self-esteem as a personal worth or worthiness (Newman and Newman, 1975). Nathaniel Branden in 1969 defined self-esteem as "the experience of being competent to cope with the basic challenges of life and being worthy of happiness." According to Branden, self-esteem is the sum of self-confidence (a feeling of personal capacity) and self-respect (a feeling of personal worth). It exists as a consequence of the implicit judgment that every person has of their ability to face life's challenges, to understand and solve problems, and their right to achieve happiness, and be given respect (Branden, 1987).

People's concepts and feelings about themselves are generally labeled as their self-concept and self-esteem. These, together with their ability to deal with life's challenges and to control what happens to them, are widely documented in literature (Seligman, 1975; Bandura, 1977; Bowlby, 1980; Rutter, 1992; Harter,

1999). Self-concept is defined as the sum of an individual's beliefs and knowledge about his/her personal attributes and qualities. Self-esteem is the evaluative and affective dimension of the self-concept, and is considered as equivalent to self-regard, self-estimation, and self-worth (Harter, 1999).

Positive self-esteem is not only seen as a basic feature of mental health, but also as a protective factor that contributes to better health and positive social behavior through its role as a buffer against the impact of negative influences. It is seen to actively promote healthy functioning as reflected in life aspects such as achievements, success, satisfaction, and the ability to cope with diseases like cancer and heart disease. Conversely, an unstable self-concept and poor self-esteem can play a critical role in the development of an array of mental disorders and social problems, such as depression, anorexia nervosa, bulimia, anxiety, violence, substance abuse and high-risk behaviors.

As a social psychological construct, self-esteem is attractive because researchers have conceptualized it as an influential predictor of relevant outcomes, such as academic achievement (Marsh, 1990) or exercise behavior. In addition, self-esteem has also been treated as an important outcome due to its close relation with psychological well-being. Psychologists usually regard self-esteem as an enduring personality characteristic ("trait" self-esteem), though normal, short-term variations ("state" self-esteem) also exist. Synonyms or near-synonyms of self-esteem include: self-worth, self-regard, self-respect, and self-integrity.

Self-esteem is considered as an influential factor both in physical and mental health, and therefore should be an important focus in health promotion; in particular, mental health promotion. Health promotion refers to the process of enabling people to increase control over and improve their own health (WHO, 1986).

Theories

Many early theories suggested that self-esteem is a basic human need or motivation. American psychologist Abraham Maslow included self-esteem in his hierarchy of needs. He described two different forms of esteem: the need for respect from others, and the need for self-respect, or inner self-esteem (Maslow, 1987). Respect from others entails recognition, acceptance, status, and appreciation, and was believed to be more fragile and easily lost than inner self-esteem. According to Maslow, without the fulfillment of the self-esteem need, individuals will be driven to seek it and unable to grow and obtain self-actualization.

Modern theories of self-esteem explore the reasons humans are motivated to maintain a high regard for themselves. Sociometer theory maintains that self-esteem evolved to check one's level of status and acceptance in one's social group. According to Terror Management Theory, self-esteem serves a protective function and reduces anxiety about life and death (Greenberg, 2008). The importance of self-esteem lies in the fact that it concerns to ourselves, the way we are and the sense of our personal value. Thus, it affects the way we are and act in the world and the way we are related to everybody else. Nothing in the way we think, feel, decide, and act escapes the influence of self-esteem (Bonet, 1997).

Abraham Maslow, in his hierarchy of human needs, describes the "need for esteem," which is divided into two aspects, the esteem for oneself self-love, self-confidence, skill, aptitude, and respect receives from other people recognition, success, etc. The healthiest expression of self-esteem, according to Maslow, "is the one which manifests in respect we deserve for others, more than renowned, fame, and flattery."

Carl Rogers, the greatest exponent of humanistic psychology, exposed that the origin of problems for many people despise themselves and they consider themselves to be invaluable and unworthy of being

loved; thus the importance he/she gave to unconditional acceptance of client (Bonet, 1997).

Self-esteem and Mental Well-being

Empirical studies over the last 15 years indicate that self-esteem is an important psychological factor contributing to health and quality of life (Evans, 1997). Recently, several studies have shown that subjective well-being significantly correlates with high self-esteem, and that self-esteem shares significant variance in both mental well-being and happiness (Zimmerman 2000). Self-esteem has been found to be the most dominant and powerful predictor of happiness (Furnham and Cheng, 2000). Indeed, while low self-esteem leads to maladjustment, positive self-esteem, internal standards, and aspirations actively seem to contribute to 'wellbeing' (Garmezy, 1984; Glick and Zigler, 1992).

Self-esteem and Academic Achievements

The relationship between self-esteem and academic achievement is reported in a large number of studies (Marsh and Yeung, 1997; Filozof et al., 1998; Hay et al., 1998). In the critical childhood years, positive feelings of self-esteem have been shown to increase children's confidence and success at school (Coopersmith, 1967), with positive self-esteem being a predicting factor for academic success, e.g., reading ability (Markus and Nurius, 1986). Results of a longitudinal study among elementary school children indicate that children with high self-esteem have higher cognitive aptitudes (Adams, 1996).

Self-esteem and Coping with Stress in Combination with Coping with Physical Disease

The protective nature of self-esteem is particularly evident in studies examining stress and/or physical disease in which self-esteem is shown to safeguard the individual from fear and uncertainty. This is reflected in observations of chronically ill individuals. It has been found that a greater feeling of mastery, efficacy and high self-esteem, in combination with having a partner and many close relationships, all have direct protective effects on the development of depressive symptoms in the chronically ill (Penninx et al., 1998). Self-esteem has also been shown to enhance an individual's ability to cope with disease and postoperative survival. Research on pre-transplant psychological variables and survival after

bone marrow transplantation (Broers et al., 1998) indicates that high self-esteem prior to surgery is related to longer survival. Chang and Mackenzie (1998) found that the level of self-esteem was a consistent factor in the prediction of the functional outcome of a patient after a stroke.

To conclude, positive self-esteem is associated with mental well-being, adjustment, happiness, success, and satisfaction. It is also associated with recovery after severe diseases.

Assessing Self-esteem

Those who have high self-esteem are presumed to be psychologically happy and healthy (Branden, 1994; Taylor and Brown, 1988), whereas those with low self-esteem are believed to be psychologically distressed and perhaps even depressed (Tennen and Affleck, 1993). Having high self-esteem apparently provides benefits to those who possess it: They feel good about themselves, they are able to cope effectively with challenges and negative feedback, and they live in a social world in which they believe that people value and respect them. Although there are negative consequences associated with having extremely high self-esteem (Baumeister, 1998), most people with high self-esteem appear to lead happy and productive lives. By contrast, people with low self-esteem see the world through a more negative filter, and their general dislike for themselves colors their perceptions of everything around them. Substantial evidence shows a link between self-esteem and depression, shyness, loneliness, and alienation. Some educators have changed course curricula in their attempts to instill children with high self-esteem, even to the point that in some states students are promoted to a higher grade even when they have failed to master the material from the previous grade. Furthermore, social support is known to be a key ingredient of mental and physical health (Cohen and Wills, 1985).

Measurements

Self-esteem is typically assessed using a self-report inventory yielding a score on a continuous scale from low to high self-esteem.

Among the most widely used instruments, the Rosenberg (1965) 10-item self-esteem scale scores each item on a four-point response system that requires participants to indicate their level of

agreement with a series of statements about themselves. An alternative measure, The Coopersmith Inventory uses a 50-question battery over a variety of topics and asks subjects whether they rate someone as similar or dissimilar to themselves (John and Catherine, 2008).

If a subject's answers demonstrate solid self-regard, the scale regards them as well adjusted. If those answers reveal some inner shame, it considers them to be prone to social deviance (Lauren, 2002).

More recently, implicit measures of self-esteem have begun to be used. These rely on indirect measures of cognitive processing thought to be linked to implicit self-esteem, including the Name Letter Task (Koole and Pelham, 2003). Such indirect measures are designed to reduce awareness of, or control of, the process of assessment.

CONCLUSION AND RECOMMENDATIONS

Positive self-esteem is not only seen as a basic feature of mental health, but also as a protective factor that contributes to better health and positive social behavior through its role as a buffer against the impact of negative influences.

The application of self-esteem in mental well-being, academic achievements, and coping with stress and physical illness is therefore recommended.

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