

SELF-ESTEEM IN THE HANDS OF SOCIETY
An analysis of the main societal factors that influence our self-esteem

YALE UNIVERSITY SHERWIN B. NULAND SUMMER INSTITUTE IN BIOETHICS

JACK KANOZI

Abstract

The main studies on self-esteem address suffering low self-esteem as a problem in building healthy relationships, having positive self-worth, and successful individual development. We examine these studies and the main problems that arise as direct and indirect consequences of suffering low self-esteem, such as eating disorders and other mental health issues. We investigate different points of view, as well as various societal influences on individual self-esteem. Self-esteem mediates the relationship between three personality traits (conscientiousness, emotional stability, extraversion) and body-esteem, as studies have demonstrated. It is suggested that future experimental and epidemiological research on self-esteem, body-esteem and eating disorders should include all three of these constructs in order to accurately model the ways in which personality influences body image. However, body image isn't exclusive; there are other results that suggest other factors that are addressed as important issues influencing self-esteem more directly. Self-esteem can be malleable. It is suggested that interventions in self-esteem are most effective during transition from elementary and junior high school, mainly when adolescents are experiencing a decline in self-esteem. Understanding the concept of self-esteem raises a series of questions regarding different ages, races, and social structures. The social impact on self-esteem is an important cofactor in this equation, and health in people with low self-esteem continues to decline.

SELF-ESTEEM IN THE HANDS OF SOCIETY

An analysis of the main societal factors that influence our self-esteem

YALE UNIVERSITY SHERWIN B. NULAND SUMMER INSTITUTE IN BIOETHICS

JACK KANOZI

Adolescents and young adults are subject to pressure from their environment, including parents, colleagues, and especially mass media, in order to meet appearance standards in relation to body image. This pressure favors dissatisfaction with self body-image[1] and thus can promote risky health activities, such as development of disordered eating, depression, and anxiety, all of which can continue to develop throughout adulthood.

Body image is the perception of yourself in the mirror or when you picture yourself in your mind encompassing what you believe about your own appearance (including memories, assumptions and generalizations), how you feel about your body (including height, shape and weight), and how you sense and control your body as you move, how you feel in it and not just about your body. The relation in perceptions, feelings and thoughts about one's own body construct in many different ways an example as body-esteem, body dissatisfaction, body distortion, body appreciation or drive for thinness and muscularity. Body-esteem, body dissatisfaction and other similar body image concepts are often used interchangeably; we focus on body image as well as other issues that influence our self-esteem, of which body image is one of the highest predictors.

Studies have suggested that young men and women have been socialized to believe that appearance is a primary basis for self-evaluation and evaluation by others, and low satisfaction with oneself is often related to low self-esteem [4].

To have a better understanding in the subject, theories of personality have been described. According to McCrae and Costa's five-factor theory, personality is composed of 5 dimensions that include agreeableness, conscientiousness, emotional stability, extraversion and openness to experience, which all influence one's self-conceptions. This consistency between personality traits and self-esteem is supported by the showing that these dimensions account for 34% of variance in self-esteem. In particular, three traits are the most related to self-esteem: emotional stability ($r=.50$), followed by extraversion ($r=.38$) and conscientiousness ($r=.24$) [1],[2].

Experimental studies suggest that emotional stability moderates the effect of exposure to idealized images on body-esteem. Women and men who have low emotional stability experienced lower body-esteem after exposure to such images[1]. In clinical populations a link between eating disorders and personality traits and personality disorders with the symptomatic expression has been established. On the other hand, extroverts are generally more outgoing and positive in affect, leading to more positive self-evaluations—in other words, higher self-esteem.

Self-esteem therefore mediates the relationship between three personality traits (conscientiousness, emotional stability, extraversion) and body-esteem, as studies have demonstrated [6]. It is suggested that future experimental and epidemiological research on self-esteem, body-esteem and eating disorders should include all three of these constructs in order to accurately model the ways in which personality influences body image. This theory of the 5 dimensions differs from Freud's psychoanalysis theory of the Id, Ego and Superego—what Freud called the "psychic apparatus".

The focus on body image isn't exclusive; there are other results that suggest other factors that should be addressed as important issues influencing self-esteem more directly. Self-esteem is difficult to change and is partially hereditary (30% of variance is due to genetic variation [7]; however, self-esteem can be malleable, with prior work suggesting that it decreases slightly during a transition from elementary to junior high school, but then it rises progressively through high school and college [1]. It is suggested that interventions in self-esteem are most effective during transition from elementary and junior high school, mainly when adolescents are experiencing a decline in self-esteem (which is also the time when psychiatric disorders involving disordered eating increase in prevalence), not only by making an impact on self-esteem itself but also by preventing potential downstream effects on body-esteem [1].

Understanding the concept of self-esteem raises a series of questions: How can the social structure, age and race difference the trajectories of self-esteem? How can low self-esteem caused by society's pressure encourage behaviors that risk rejection to increase interdependence? Is this social pressure playing a main role in relational self-control? Can all of these issues contribute to low self-esteem and its role as a risk factor for depression? The social impact on self-esteem is an important cofactor in this equation, and health in people with low self-esteem continues to decline.

How can the social structure, race, and age difference the

trajectories of self-esteem?

Recognizing the potential impact of self-esteem on well-being raises important questions about how levels of self-esteem vary throughout the population. A theoretical perspective in this regard has been that self-esteem is shaped within the context of the social environment and that levels of self-esteem are likely to be patterned by one's position in the social structure (Marmot, Ryff, Bumpass, Shipley, & Marks, 1997)[8]. Therefore, the possibility of gaining access to opportunities for achievement afforded by one's social position should be correlated with levels of self-esteem. However, inconsistencies with this general perspective have been found. While normative losses in functional capacity and social roles associated with aging might be expected to lead to declines in self-esteem later in life, researchers have failed to reach a consensus on the nature of changes in self-esteem across the adult life-course. Past studies have provided evidence of stability, declines and increases in self-esteem during old age [8]. Findings suggest that there may be substantial heterogeneity in the population with respect to self-esteem trajectories throughout adulthood, with some adults experiencing declines in self-esteem during the aging process, and others growing older without accompanying declines in self-esteem (Nelson & Dannefer, 1992), [8].

With respect to race, given the prevalence of substantial socioeconomic disadvantages, one might expect the self-esteem of African Americans to be lower than that of Caucasians [8]. However, reviews of several studies on race differences in self-esteem conclude that despite these socioeconomic disadvantages, African American adults tend to have levels of self-esteem that are at least as high as Caucasians' (Gray-little & Hafdahl, 2000).

Focusing on race differences in self-esteem, while many investigators characterize African American culture as collectivistic (Allen & Bagozzi, 2001), a recent metanalysis indicates higher levels of independence among African Americans compared to Caucasians (Oyserman, Coon, & Kemmelmeier, 2002). Twenge and Crocker (2002) suggest that African Americans may maintain high levels of self-esteem in spite of disadvantaged conditions because of this strong endorsement of a culture of independence. In particular, independence is associated with a relatively high level of self-esteem because people tend to construe their own successes and failures as being independent of the outcomes of others. Thus, such independence may allow individuals to maintain a relatively stable sense of self-esteem that is not entirely reliant on external conditions affecting as a group (Twene & Crocker,

2002). It will be useful to observe whether this increase in self-esteem is part of the independent struggle or if it is a reaction to a disadvantage that builds a strong character.

The notion of a stable or gradually increasing sense of self-worth across age-growth and throughout adulthood matches theories of adult development that suggest that one's self-acceptance throughout life is expressed in a pattern that shows an increase in stability and self-esteem, which is believed to improve by gaining emotional coping skills that are developed during the aging process [8]. On the other hand, the acquisition and later loss of social roles would seem to predict a pattern of increasing self-esteem in young adulthood followed by a decrease during old age.

It is possible that these observed declines throughout life may be related to one's achievement in society, socioeconomic status, and social position, or even how one views oneself in the future. In an effort to gain a more precise understanding of why self-esteem declines in life, a study explored the effects of three potential age-related challenges – functional limitations, financial strain, and withdrawals from the work force – that have well-established associations with self-esteem (Collins&Smyer,2005). Declines from the work force appear to have played the most substantial role in explaining this decline [8].

The expanding heterogeneity is consistent with more general aging theories suggesting that as people age, differences between them become more pronounced (Nelson & Dannefer,1992), [8].

How can low self-esteem caused by society's pressure encourage behaviors that risk rejection to increase interdependence? The role of this social pressure.

Behaviors that risk rejection, such as expressing affection and asking for support, are required when increasing interdependence in an intimate relationship [9]. The effects of self-esteem on behaviors that risk rejection to increase interdependence depend on relational self-construal.

Engaging in such behaviors tends to increase the closeness, intimacy, and satisfaction that intimates feel in their relationships (Collins, & Miller, 1994), [9]. However, responses to behaviors can be undesirable or constitute rejection. There is a need to choose between risking rejection by engaging these behaviors to meet their connection goals and risking the less fulfilling relationship by avoiding behaviors to meet their self-

protection goals [9].

Self-esteem has been negatively associated with behaviors that risk rejection to increase interdependence among people who were relatively high in relational self-construal but positively associated with behaviors that risk rejection to increase interdependence among people who were relatively low in relation self-construal [9].

This behavior may not only appear in intimate relationships, but it is society's pressure on individuals that may also affect other kinds of relationships in a similar way.

The question of to what extent individuals with low self-esteem tend to hide their nature in order to fit into a society that abuses their insecurities opens the door to a dilemma that is still to be studied.

How can low self-esteem contribute as a risk factor for depression?

To explain why low self-esteem has been related to depression, two dominant models have been described: The Vulnerability model and The Scar model.

The vulnerability model states that low self-esteem is a casual risk factor for the development of depression [11]. Conversely, the scar model proposes that low self-esteem is a consequence, rather than a cause. This means that experiences of depression may leave permanent scars in the self-conception of the individual [12]. These two models may also operate simultaneously.

In Ulrich & Company's (2014) research to advance the field, the relationship between low self-esteem and depression was examined. The results supported the vulnerability model, which states that low self-esteem is a prospective risk factor for depression. Furthermore, these results suggested that this effect is driven mostly by general evaluations of worth rather than by domain-specific evaluations of academic competence, physical appearance, and competence in peer relationships.

The vulnerability effect of low self-esteem was not confounded by effects of social support, maternal depression, stressful events, relational victimization, and their interactive effects with self-esteem. The results suggest that low self-esteem and depression are not related simply due to a link with maternal depression or lack of social support. [13]

Further findings in this field are required for interventions to prevent or decrease depression [13]. Interventions should aim to

enhance a person's overall sense of self-worth, rather than improving an adolescent's perceptions of his or her intelligence, attractiveness, and social skills. The results suggest that improving self-esteem reduces risk of depression regardless of specific circumstances such as whether the adolescent has strong or weak social support or whether he or she experiences stress [13], and regardless of the location of birth.

Conclusion

Self-esteem involves a variety of beliefs about oneself such as appraisal of self-worth. It is often seen as a personality trait, stable and enduring but also malleable.

The conflict exists between one's self appraisal and how society's pressure maneuvers it. This concept becomes important in order to know better when and how to intervene and prevent low self-esteem from happening. The pathway by which this happens mediates the relationship between the personality traits and how we think about ourselves, thus reflecting on how individuals think about their bodies, as a whole. Therefore the understanding of this process is necessary for its prevention.

Poor self-esteem leads to poor body image and consequently to eating disorders and depression. Emotional stability, extroversion and conscientiousness stand out over the rest of the personality traits that form this pathway. If personality traits can be identified, intervention can take place, and finally prevention of eating disorders and other negative mental health issues due to low self-esteem, regardless of the age, race or social structure.

Young men and women have been socialized to believe that appearance is a primary basis for self-evaluation and evaluation by others, especially during transition from elementary and junior high school. It is this time frame when low self-esteem can be prevented from precipitating a domino effect that may lead to undesirable consequences in adulthood. The complex social problem depends not only on individuals themselves, but also on the images, messages and experiences to which they are exposed.

Future research should seek to identify the cognitive, emotional, and behavioral processes that mediate the effect of low self-esteem on depression. A possible intrapersonal pathway is that low self-esteem may increase the tendency to ruminate about negative aspects of the self, and rumination, in turn, may

intensify depressive affect (Nolen-Hoeksema,2000).

The knowledge provided about this trajectory suggests that interventions aimed at increasing global self-esteem among early adolescents, when interventions during transition from elementary and junior high school are malleable, are worthwhile and likely to decrease risk for development of depression. Aiming to enhance a person's self-esteem during this period raises as a possible solution to a problem that is taking over academic achievement during high school transition, that ultimately loops into this domino effect with no end, regardless of interventions during the latest course of life.

Although more research is needed on this topic, studies suggest that global self-esteem may positively influence important outcomes, besides adjustment, in domains such as health and interpersonal relationships (Orth, Robins, & Widaman, 2012). Findings by O'Mara (2006), suggest that the most powerful self-esteem interventions use attributional feedback, helping adolescents attribute outcomes to effort, goal feedback, promoting realistic goals, and contingent praise, praising individuals for effort and improvements in performance. However, findings suggest that it is not effective to tell adolescents that they are great in the absence of real accomplishments and mastery experiences [13].

Self-esteem therefore is one of the most essential components of life. It can have a profound impact on your life and the lives of those around you.

Bibliography

[1] Self-Esteem as a Mediator between Personality Traits and Body-esteem: Path Analyses across Gender and Race/Ethnicity. Małgorzata Skorek,1,* Anna V. Song,1 and Yarrow Dunham2 Cosimo Urgesi, Editor

[2] McCrae RR, Costa PT Jr (1988) Age, personality, and the spontaneous self-concept. *J Gerontol: Soc Sci* 43: S177–S185doi:10.1093/geronj/43.6.S177 [PubMed]

[3]. Silberstein LR, Striegel-Moore RH, Timko C, Rodin J (1988) Behavioral and psychological implications of body

dissatisfaction: Do men and women differ? *Sex Roles* 19: 219–232doi:10.1007/BF00290156 [Ref list]

[4] Thompson JK, Heinberg LJ, Altabe M, Tantleff-Dunn S (1999) *Exacting beauty: Theory, assessment and treatment of body image disturbance*. Washington: American Psychological Association. [Ref list]

[5] Grogan S (2010) Promoting positive body image in males and females: Contemporary issues and future directions. *Sex Roles* 63: 757–765doi:10.1007/s11199-010-9894-z [Ref list]

[6] Robins RW, Tracy JL, Trzesniewski K, Potter J, Gosling SD (2001) Personality correlates of self-esteem. *J Res Pers* 35: 463–482doi:10.1006/jrpe.2001.2324 [Ref list]

[7] A population-based twin study of self-esteem and gender.. Kendler KS, Gardner CO, Prescott CA. *Psychol Med*. 1998 Nov; 28(6):1403-9.

[8] Age and Race Differences in the Trajectories of Self-Esteem. Benjamin A. Shaw, Jersey Liang, and Neal Krause

[9] When Low Self-Esteem Encourages Behaviors that Risk Rejection to Increase Interdependence: The Role of Relational Self-Control. Levi R. Baker and James K. McNulty

[10] Optimizing assurance: the risk regulation system in relationships. Murray SL, Holmes JG, Collins NL *Psychol Bull*. 2006 Sep; 13

[11] Beck AT. *Depression: Clinical, experimental, and theoretical aspects*. New York, NY: Harper and Row; 1967.

[12] Depressive symptoms erode self-esteem in severe mental illness: a three-wave, cross-lagged study. Shahar G, Davidson L *J Consult Clin Psychol*. 2003 Oct; 71

[13] Is Low Self-Esteem a Risk Factor for Depression? Findings from a Longitudinal Study of Mexican-Origin Youth Ulrich Orth, Richard W. Robins, Keith F. Widaman, and Rand D. Conger