

A new book on self-esteem (1)

I think one of the advantages of our approach is the light it shines on the evolution of the human self-concept. The evolution of self-esteem from vertebrate RHP explains a lot of things. Since RHP is a global concept (there is only an overall figure for each individual) it is possible to make a rapid comparison between own RHP and other's RHP and use this as a basis for deciding between attack and flight. This explains why there is global self-esteem, which others find so puzzling. It also explains why people keep making social comparisons, so that they have an update of RHP differences ready to use as the basis of retaliate/back-off decisions. It also explains the wide variation in self-esteem, and thus why there is so much low self-esteem around, which others also find puzzling. This is because it pays an individual to have a clear RHP difference from any rival he might meet, and so his RHP is likely to be sensitive to favourable and unfavourable feedback during pre-adult development, leading to a wide range of RHP in any population, and to a low incidence of fiercely contested agonistic encounters. Leon Sloman has emphasised the contribution of mood change in amplifying small differences in capacity into large differences in RHP (2).

So the book (1) edited by Roy Baumeister of Case Western Reserve University is of interest, particularly as it has two chapters on the cognitive/affective crossfire described by Thomas Joiner and colleagues (ASCAP Sept. 1994, p. 12 and Oct. 1994, p. 15). To quote the chapter by Chris de la Ronde and William B. Swann (University of Texas at Austin):

"We believe that people are motivated by desires for both positivity and self-verification, and that both of these motives are influential determinants of human behaviour. For people with negative self-views, these forces place them in a crossfire: Just as their positivity strivings cause them to seek favorable feedback, their self-verification strivings cause them to seek unfavorable feedback."

By positivity they mean the affective response (pleasure) that accompanies the receipt of praise or approbation (anathetic signals). By self-verification they mean the cognitive validation which occurs when others confirm their low view of themselves. The strivings are incompatible because to elicit positivity invalidates them, and to elicit validation gives them negativity. Therefore the signals given out by low self-esteem people may be confusing. The authors suggest that a therapist should ensure to validate the patient, and then try to steer the patient into a social environment in which favourable feedback is more likely to be received. Presumably having validation from the therapist, the patient will need less validation from social encounters, and therefore be more receptive to positivity.

Another chapter on the crossfire from Jonathon D. Brown (University of Washington) finds that low self-esteem people get satisfaction from boosting people they are associated with rather than by directly boosting themselves. Hence, presumably, the proliferation of fan clubs. Also, low self-esteem people may in this way become excellent helpers, servants, supporters and lieutenants. The best depiction of this in literature is, I think, William Dobbin in Vanity Fair (by William Makepeace Thackeray, 1848. Penguin, 1968). I challenge readers to offer a better example. Thackeray writes:

"What is the secret mesmerism which friendship possesses, and under the operation of which a person ordinarily sluggish, or cold, or timid, becomes wise, active, and resolute, in another's behalf? As Alexis, after a few passes from Dr Elliotson, despises pain, reads with the back of his head, sees miles off, looks into next week, and performs other wonders, of which, in his own normal private condition, he is quite incapable; so you see, in the affairs of the world, and under the magnetism of friendship, the modest man become bold, the shy confident, the lazy active, or the impetuous prudent and peaceful. What is it, on the other hand, that makes the lawyer eschew his own cause, and call in his learned brother as an adviser? And what causes the doctor, when ailing, to send for his rival, and not sit down and examine his own tongue in the chimney-glass, or write his own prescription at the study-table? I throw out these queries for intelligent readers to answer, who know, at once, how credulous we are and how sceptical, how soft and how obstinate, how firm for others and how diffident about ourselves: meanwhile it is certain that our friend William Dobbin, who was personally of so complying a disposition, that if his parents had pressed him much, it is probable he would have stepped down into the kitchen and married the cook, and who, to further his own interests, would have found the most insuperable difficulty in walking across the street, found himself as busy and eager in the conduct of George Osborne's affairs, as the most selfish tactician could be in

the pursuit of his own." (p. 266). (In 1843 Dr Elliotson published Numerous cases of surgical operation without pain in the mesmeric state.)

Thackeray emphasises that the motivation to pursue his own goals was absent in Dobbin, but the motivation to pursue the goals of his friend was unimpaired. Hence the altruistic effect of the low self-esteem strategy (3), which has led us to suggest that the low self-esteem strategy might also be called the "helper strategy", in contrast to the high self-esteem strategy which is a "me first" strategy. What would have happened if William Dobbin had not found his George Osborne? Being barely able to cross the road, he might well have attracted a diagnosis of chronic fatigue syndrome. Perhaps some of our fatigue syndrome patients are playing an involuntary helper strategy, and either have not found their Osborne, or perhaps are playing a voluntary "me first" strategy - in which case they are another example of the shivering effect (shivering because they have not turned on the central heating). This should be testable: that high self esteem people have energy for own goals but fatigue for others' goals, whereas low self-esteem people have fatigue for own goals but energy for others' goals.

The chapter by Brett W. Pelham (UCLA) lends support to the view that depression is related to low global self-esteem (and thus to RHP). He studied both global self-esteem and the "best self view" which was the view that people took of their best feature. There was no difference at all between severe depressives and normals in their best self view, in spite of very low global self-esteem in the depressives. He also found that the "depressive attributional style" of global, internal and stable attributions for failure did not apply to the depressives' best self view. This supports our opinion that while depressives are not competing in the general arena, in which high global self-esteem is required, they are nevertheless beavering away in specialised fields and gaining compensation for their competence in these fields. But they are defensive and secretive about these activities, and often do not mention them unless specifically asked.

There is an excellent chapter on the development of self-esteem in childhood and adolescence by Susan Harter (University of Denver). First the child responds to praise and acceptance (or otherwise) by parents. Then, in the latency phase, William James procedure of comparing successes with aspirations takes over - the higher the ratio of success to attempts at success the higher is self esteem; in this phase there also begins the direct comparison of the self with others. Then in adolescence self-esteem is determined by the peer-group which offers acceptance, group membership and leadership roles (or the reverse of these) which lead at the end of adolescence to the final solidification of adult core self-esteem. There are some particularly interesting data on the relationship between appearance and self-esteem in girls. What is surprising about this chapter is that there is no mention at all of size, strength or fighting capacity, even in boys. What has happened to these determinants of RHP? Have they been missed, or is the USA a totally hedonic society, or are we wrong in thinking that self-esteem has anything to do with RHP?

This, I think, is where Paul Gilbert's concept of social attention-holding power (SAHP) is particularly useful (4). SAHP is to "competition by attraction" as RHP is to "competition by intimidation". And competition by attraction is the predominant form of competition within modern social groups. SAHP determines self-assertion versus self-effacement, and thus it controls speaking in the group situation. Without widespread low SAHP human groups would be unmanageable because everyone would be speaking all the time (as in William Golding's Lord of the Flies). It is not a simple calculation of relative SAHP, like relative RHP, but there must be some estimation of whether the would-be speaker has enough SAHP to speak in the kind of gathering which is occurring, and to express views which may be contrary to those of others present who also have high SAHP. Fortunately, only animals complex enough to have language are required to make the calculation of whether or not it is appropriate for them to speak. We may find it difficult to conceptualise the evolution of self-esteem from RHP, but it is not so difficult to see how SAHP could have evolved from RHP, and how global self-esteem could have evolved from SAHP.

The overall findings of these authors are that everyone wants to increase their self-esteem, and everyone is afraid of losing self-esteem. High self-esteem people are more pre-occupied with increasing their self-esteem, whereas low self-esteem people are preoccupied with not losing what self-esteem they have. This result may seem surprising, but it fits with the evolution of self-esteem from RHP and SAHP, because it is only high RHP people who go into the arena of social life, whether this involves fighting or showing off; low RHP people keep out of the arena, and this is experienced subjectively as a fear of losing what little RHP they have. High RHP people go "where the action is" (5), low RHP people seek places where there is no action (when "action" is defined in Goffmann's sense of a place where reputation may be gained or lost).

1. Baumeister, R.F. (Ed) (1993) Self-esteem: The Puzzle of Low Regard. New York: Plenum Press.

2. Sloman, L. (1979) The adaptive role of maladaptive neurosis. Biological Psychiatry, 14, 961-972.
3. Price, J.S., Sloman, L., Gardner, R., Gilbert, P. & Rohde, P. (1994) The social competition hypothesis of depression. British Journal of Psychiatry, 164, 309-135.
4. Gilbert, P. (1992) Depression: The Evolution of Powerlessness. Hove: Lawrence Erlbaum.
5. Goffmann, I. (1969) Where The Action Is. London: Penguin.