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The Connections Between Self-Esteem and Psychopathology

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Abstract Diagnostic criteria and empirical research suggests an intimate connection between low self-esteem and psychopathology. The purpose of the present work is to provide a review of the literature that focuses on the interconnections between self-esteem and psychopathology. The most prominent explanations for this link are explored including the vulnerability model (low self-esteem increases the probability of psychopathology) and the scar model (low self-esteem is a consequence of psychopathology rather than a cause). Recent advancements in the self-esteem literature concerning distinctions between secure and fragile forms of self-esteem are discussed in terms of their potential implications for psychopathology. Finally, the role of self-esteem in psychotherapeutic interventions is reviewed.

Keywords Self-esteem · Psychopathology · Fragile · Vulnerable · Scar

Self-esteem is one of the most widely studied topics in modern psychology with more than 25,000 publications concerning this construct during the last 30 years. This wide and diverse literature has examined the potential causes, consequences, and correlates of self-esteem and suggests that high levels of self-esteem are associated with an array of outcomes including productivity (e.g., academic achievement, occupational success) and psychological adjustment (e.g., subjective well-being, persistence in the face of adversity; see Baumeister et al. 2003, for a review). In addition to scholarly interest, self-esteem is a popular topic in the mainstream media. For example, the term "self-esteem" is emblazoned across a wide array of book covers in the self-help sections of many bookstores. This considerable interest in self-esteem began to emerge during the 1970s as research found connections between self-esteem and important life outcomes such as substance abuse, teen pregnancy, and unemployment. By the 1980s, the self-esteem movement was well under way with California funding a *Task Force on Self-Esteem and Personal and Social Responsibility* with the goal of raising the self-esteem of its citizens in the hopes that this would reduce some of the social problems that were plaguing the state (Baumeister et al. 2003). A natural consequence of this pervasive interest in self-esteem is to question whether this amount of attention is warranted since it is clear that self-esteem is not the panacea that some once hoped it to be. The purpose of the present work is to address this issue by providing a brief overview of what is currently known about the connection between self-esteem and psychopathology.

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What Is Self-Esteem?

Self-esteem is the evaluative aspect of self-knowledge that concerns the extent to which people like themselves (Brown and Marshall 2006). Self-esteem is considered to be a relatively enduring characteristic that possesses both motivational and cognitive components (Kernis 2003). Individuals tend to desire high self-esteem and will engage in a variety of strategies to maintain or enhance their feelings of self-worth (Crocker and Park 2004). Self-esteem level tends to influence the strategies that individuals adopt to regulate their self-esteem 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; see Baumeister et al. 1989, for a review).

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 cautious, conservative, restrained, and modest (Josephs et al. 1992). Quite simply, it appears that individuals with low self-esteem are uncertain about their feelings of self-worth and are reluctant to risk failure or rejection unless doing so is absolutely necessary. In many ways, any risks taken by individuals with low self-esteem have a greater potential cost for them than for their high self-esteem counterparts because they lack the evaluative resources necessary to buffer themselves from the self-esteem threats that accompany negative experiences such as failure and rejection. In addition, these sorts of experiences are particularly aversive for individuals with low self-esteem because of the uncertainty that typically surrounds their self-concepts (Campbell et al. 1996) and their tendency to make internal attributions for negative outcomes (Tennen et al. 1987).

Self-Esteem and Psychopathology

Self-esteem is an important aspect of our daily experiences. For example, self-esteem generally reflects the interactions that individuals have with their social environments such that they generally feel better about themselves when they believe that others value and accept them (Leary and Downs 1995). In light of this, it is not surprising that self-esteem—and the pursuit of self-esteem—has been tied to both the development and expression of psychopathology (Crocker and Park 2004). The link between self-esteem and psychopathology is evident in the DSM-IV-TR (American Psychiatric Association 2000) which contains numerous references to self-esteem in diagnostic contexts and uses a variety of other "self" terms that overlap substantially with self-esteem (e.g., "grandiose sense of self-importance"; O'Brien et al. 2006). Low self-esteem is included as a diagnostic criterion or associated feature for a variety of disorders including most mood disorders, many anxiety disorders, anorexia, bulimia, schizoaffective disorder, dependent personality disorder, avoidant personality disorder, learning disorders, stuttering, attention deficit-hyperactivity disorder, substance abuse disorders, gender identity disorder, encopresis, and enuresis. There are also disorders that refer to elevated or fragile forms of self-esteem such as narcissistic personality disorder, borderline personality disorder, the manic phase of bipolar disorder, antisocial personality disorder, conduct disorder, and oppositional defiant disorder.

The inclusion of self-esteem as a diagnostic criterion or associated feature of these disorders in the DSM-IV-TR is consistent with research showing that low self-esteem accompanies a host of psychological disorders and subclinical features of psychopathology. A partial list of the forms of psychopathology associated with low self-esteem includes the following: depression (Orth et al. 2009), anxiety (Henning et al. 2007), social phobia (Izgiç et al. 2004), anorexia (Gual et al. 2001), bulimia (Kuğu et al. 2006), body dysmorphic disorder (Buhlmann et al. 2009), alcohol abuse (Dooley et al. 2005), obsessive compulsive disorder (Wu et al. 2006), schizophrenia (Barrowclough et al. 2003), and borderline personality disorder (Zeigler-Hill and Abraham 2006). It is important to note that this is by no means a comprehensive list of the studies that have examined the associations between self-esteem and psychopathology. Rather, this list is merely intended to provide a somewhat representative sample of these studies.

There are at least two important exceptions to the general pattern that low self-esteem accompanies psychopathology. The first exception is narcissism which is generally associated with relatively high levels of self-esteem (e.g., Brown and Zeigler-Hill 2004). However, the apparent high self-esteem of narcissists may not be the entire story because classic conceptualizations of narcissism have suggested that the grandiose façade of narcissists may disguise underlying feelings of self-loathing and self-doubt (see Zeigler-Hill and Jordan, in press, for a review). Individuals with bipolar disorder have also been found to report relatively high levels of self-esteem during the manic phase of their disorder (Van der Gucht et al. 2009). As with narcissists, however, the high self-esteem reported by those in a manic phase appears to be unstable over time and vulnerable to challenge.

Why Is Self-Esteem Associated with Psychological Disorders?

An array of studies clearly demonstrates an association between low self-esteem and psychopathology but the etiology of this connection remains unclear. At the present time, there are two dominant explanations for this association that are commonly offered in the literature. These explanations are known as the *vulnerability model* and the *scar model*.

Vulnerability Model

The vulnerability model suggests that low self-esteem serves as a risk factor for psychopathology (e.g., Beck 1967). This vulnerability is perhaps clearest with regard to depression. It is believed that low self-esteem may be a cause of depression such that it contributes to its development and maintenance through both intrapsychic processes and interpersonal strategies (Orth et al. 2008). For example, rumination is an intrapsychic process that may provide at least a partial explanation of the role that low self-esteem plays in the development of depression because individuals with low self-esteem are more likely to ruminate (e.g., Neff and Vonk 2009) which may lead to the development of depressive symptoms (Mor and Winquist 2002). There are also interpersonal strategies that may partially explain the link between low self-esteem and depression including excessive reassurance seeking (Joiner et al. 1992), self-verification through negative feedback seeking (Giesler et al. 1996), and rejection sensitivity (Murray et al. 2000).

An important aspect of the vulnerability model is the idea that low self-esteem may increase the probability of poor adjustment in the wake of stressful or negative experiences. This pattern is believed to emerge because individuals with low self-esteem possess fewer coping resources than those with high self-esteem. To put it another way, this stress-buffering hypothesis proposes that self-esteem and stress will interact to produce psychopathology such that high self-esteem buffers individuals from the deleterious consequences of stress, whereas low self-esteem increases their vulnerability to the effects of stress. The stress-buffering hypothesis has been tested in a number of studies but the results of these studies have been inconsistent (see Orth et al. 2009, for a review). Some studies have found support for the stress-buffering hypothesis such that the proposed interaction of self-esteem and stress has emerged (e.g., Brown et al. 1986) but other studies have failed to find this interaction (e.g., Butler et al. 1994) or found more complex interactions that involved additional constructs such as dysfunctional attitudes (Abela et al. 2006).

According to Baumeister et al. (2003), there are three broad points that can be taken from the studies that have examined the vulnerability model. The first point is that the vast majority of these studies found that individuals with low self-esteem reported higher levels of psychopathology and distress than those with high self-esteem. The second point is that the stress-buffering hypothesis tended to receive its best support when the outcomes measured were physical symptoms and anxiety. The third point is that approximately half of the studies for which the interaction of low self-esteem and stress emerged found that low self-esteem increased the vulnerability of individuals to stress, whereas a nearly equal number of studies found that low self-esteem detracted from positive experiences that people reported rather than making their negative experiences even worse.

Scar Model

In contrast to the vulnerability model, the scar model suggests that low self-esteem is a consequence of psychopathology rather than one of its causes. According to this model, psychological disorders tend to erode psychological resources and leave "scars" that distort how individuals feel about themselves. Depression, for example, may impact self-esteem by altering how individuals process self-relevant information (e.g., attention, encoding, storage, and retrieval; Orth et al. 2008). Psychopathology may also influence self-esteem by damaging interpersonal relationships. For example, the stigma associated with psychopathology may lead others to treat individuals with psychological disorders in a manner that conveys less relational value than may have been communicated otherwise (e.g., a child being mocked for his or her stuttering; Blankertz 2001) which may, in turn, lower the self-esteem of the individual.

The scar model has received considerably less attention than the vulnerability model but it has still managed to garner a fair amount of support (e.g., Coyne and Calarco 1995). Studies examining the scar model suggest that various forms of psychopathology may interfere with self-esteem to the extent that these issues prevent individuals from functioning successfully in their daily lives. It should be noted that the vulnerability model and the scar model are not mutually exclusive. For example, it is quite possible that both processes may operate in a simultaneous and reciprocal manner such that low self-esteem contributes to psychopathology at the same time that psychopathology is eroding self-esteem (e.g., Harter 1999). It is also important to acknowledge that many of the studies that have examined the association between self-esteem and psychopathology have been correlational studies conducted at a single point in time which leads to some confusion regarding the underlying causal relationship between self-esteem and psychopathology. This causal uncertainty is exacerbated by studies showing that the association between self-esteem and psychopathology may be largely explained by other factors such as history of family dysfunction, economic disadvantage, and child abuse (Boden et al. 2008). Boden and his colleagues have gone so far as to suggest that self-esteem may be viewed more accurately as a "risk marker" for psychopathology rather than as a potential cause. These findings suggest a need for additional longitudinal studies in order to gain a better understanding of the underlying causal link between self-esteem and psychopathology.

Secure and Fragile Forms of Self-Esteem

In recent years, researchers have realized that there is more to self-esteem than simply whether it is high or low (Kernis 2003). It is possible that this advancement in the conceptualization of self-esteem may shed additional light on its association with psychopathology. For example, individuals with high self-esteem appear to be a heterogeneous group consisting of those who are able to accept themselves as they truly are as well as those who are very defensive concerning their feelings of self-worth. These two forms of high self-esteem are referred to as *secure* high self-esteem and *fragile* high self-esteem, respectively (Kernis 2003). Individuals with secure high self-esteem have a solid and realistic foundation for their feelings of self-worth that does not require constant validation or feelings of superiority with regard to others. Further, their well-anchored feelings of self-worth allow those with secure high self-esteem to recognize and acknowledge their weaknesses without feeling threatened by their own lack of perfection. As a result, these individuals are able to experience success and failure in their daily lives without these experiences having exaggerated consequences for how they feel about themselves. In contrast, fragile high self-esteem refers to feelings of self-worth that are vulnerable to challenge, require constant validation, and rely upon some degree of self-deception. As a result, individuals with fragile high self-esteem have been found to be preoccupied with protecting and enhancing their vulnerable feelings of self-worth.

The existence of secure and fragile forms of self-esteem may explain how high self-esteem can be associated with markers of psychological adjustment such as subjective well-being (Robins et al. 2001) at the same time that it is associated with a variety of negative outcomes including prejudice (Crocker et al. 1987), aggression (Baumeister et al. 1996), and various strategies for maintaining or enhancing self-esteem (Blaine and Crocker 1993). It is often difficult to distinguish between secure and fragile high self-esteem but there are three primary markers that are generally used for this purpose (see Kernis 2003, for a review): discrepancies between implicit and explicit self-esteem (Bosson et al. 2003; Jordan et al. 2003), contingent self-esteem (Crocker and Wolfe 2001), and self-esteem instability (Kernis et al. 1989). Table 1 presents an overview of the fragility markers and how they are used to identify various forms of self-esteem.

Discrepancies Between Explicit and Implicit Self-Esteem

Discrepant high self-esteem (i.e., high explicit self-esteem but low implicit self-esteem) is the first marker of fragile high self-esteem (see Zeigler-Hill and Jordan 2010, for a review). The "discrepancy" refers to differences between explicit self-esteem (i.e., conscious feelings of self-liking, self-worth, and acceptance) and implicit self-esteem (i.e., self-evaluations that may be nonconscious, automatic, and overlearned; Greenwald and Banaji 1995). The positive attitudes toward the self expressed by individuals with discrepant high self-esteem are thought to be fragile and vulnerable to threat as a result of the underlying insecurities and self-doubts associated with their low levels of implicit self-esteem. The discrepancy between explicit self-esteem and implicit self-esteem is interesting because the resulting attitudinal ambivalence about the self may motivate behaviors intended to resolve this inconsistency (Spencer et al. 2005). Individuals with discrepant high self-esteem have been found to display self-enhancing tendencies (Bosson et al. 2003), verbal defensiveness (Kernis et al. 2008), self-protective strategies (Jordan et al. 2003), and fluctuations in moment-to-moment feelings of self-worth (Zeigler-Hill 2006). Discrepancies between explicit and implicit self-esteem—both discrepant high self-esteem as well as discrepant low self-esteem (i.e., low explicit but high implicit self-esteem)—have been found to be detrimental to physical health (Schröder-Abé et al. 2007) as well as mental health as indicated by its association with

Table 1 Terminology for secure and fragile forms of self-esteem

Forms of self-esteem	Fragility markers		
	Implicit self-esteem	Contingent self-esteem	Unstable self-esteem
Secure high self-esteem	High self-esteem level	High self-esteem level	High self-esteem level
	High implicit self-esteem	Non-contingent self-esteem	Stable self-esteem
Fragile high self-esteem	High self-esteem level	High self-esteem level	High self-esteem level
	Low implicit self-esteem	Contingent self-esteem	Unstable self-esteem
True low self-esteem	Low self-esteem level	Low self-esteem level	Low self-esteem level
	Low implicit self-esteem	Non-contingent self-esteem	Stable self-esteem
Uncertain low self-esteem	Low self-esteem level	Low self-esteem level	Low self-esteem level
	High implicit self-esteem	Contingent self-esteem	Unstable self-esteem

anger (Schröder-Abé et al. 2007), body dysmorphic disorder (Buhlmann et al. 2009), eating disorders (Cockerham et al. 2009), perfectionism (Zeigler-Hill and Terry 2007), and narcissism (Jordan et al. 2003; Zeigler-Hill 2006; cf. Bosson et al. 2008).

Contingent Self-Esteem

The second marker of fragile self-esteem is contingent self-esteem. Contingent self-esteem refers to the belief that one must do certain things or be a particular type of person in order to have worth as an individual (Crocker and Wolfe 2001). Contingent self-esteem is a form of fragile high self-esteem because feelings of self-worth are only achieved and maintained when these goals or standards are attained. Contingent self-esteem has been found to be associated with various forms of psychopathology including depression (Cambron et al. 2009), body dissatisfaction (Grossbard et al. 2009), eating disorders (Crocker 2002), anxiety (Bos et al. 2010), workplace deviance (Ferris et al. 2009), narcissism (Zeigler-Hill et al. 2008), and self-objectification (Breines et al. 2008).

Self-Esteem Instability

Self-esteem instability is the final marker of fragile high self-esteem and it refers to fluctuations in the moment-to-moment feelings of self-worth reported by individuals (Kernis 2003). Self-esteem instability is characterized by enhanced sensitivity to evaluative events, increased concern with self-image, and over-reliance on social sources of evaluation (see Kernis 2005, for a review). Previous research has found individuals with unstable high self-esteem to exhibit elevated levels of hostility and anger (Kernis et al. 1989), possess impoverished self-concepts (Zeigler-Hill and Showers 2007), and utilize immature defense styles (e.g., splitting; Myers and Zeigler-Hill 2008; Zeigler-Hill et al. 2008). In terms of psychopathology, self-esteem instability has been found –by itself or in conjunction with either self-esteem level or stress—to predict depression (see Roberts 2006, for a review), violence (Boden et al. 2007), bipolar disorder (Knowles et al. 2007), attachment anxiety (Foster et al. 2007), paranoia (Thewissen et al. 2007), and borderline personality features (Zeigler-Hill and Abraham 2006).

These results suggest that fragile self-esteem may be an important moderator of the association between self-esteem level and psychopathology. That is, the secure or fragile nature of self-esteem may clarify the link between feelings of self-worth and psychopathology. For example, individuals who possess fragile self-esteem may be more vulnerable to psychopathology because of their tendency to utilize maladaptive intrapsychic processes (e.g., ineffective coping, negative representations of self) or interpersonal strategies (e.g., anger, excessive reassurance seeking; Roberts 2006). Of course, it is also possible that psychopathology may lead to the development of fragile self-esteem rather than being one of its consequences. Future research should continue to examine the extent to which these fragility markers help us understand the connection between self-esteem and psychopathology.

Self-Esteem and Psychotherapy

Self-esteem plays a key role in many types of psychotherapy (see Roberts 2006, for a review). It is considered to be an integral component of modern treatment approaches including humanistic therapy (Rogers 1959), motivational enhancement therapy (Vitousek et al. 1998), and cognitive-behavioral therapy (Beck 1995). For example, cognitive-behavioral therapy influences self-esteem by focusing attention on the recognition and correction of negative "self-talk" as well as correcting errors such as all-or-none thinking, overgeneralization, and selective attention to negative life experiences (Young et al. 2001). In addition, there are a number of therapeutic techniques that specifically target self-esteem (McKay and Fanning 1992; Mruk 2006; Newns et al. 2003). As an example, the therapeutic program developed by Mruk (2006) includes a psychoeducational component that increases awareness of self-esteem and addresses issues related to self-esteem such as resistance to change, alteration of self-defeating behaviors, and acquisition of new competencies. The results of interventions that directly target self-esteem appear promising (e.g., Hakim-Larson and Mruk 1997) but it is important that clinicians remain sensitive to the multifaceted nature of self-esteem and the function of self-esteem in the lives of their clients (Roberts 2006).

Other therapeutic techniques are concerned with self-esteem but only as a means for enacting behavioral change (Roberts 2006). That is, self-esteem is the focus of treatment only insofar as it helps clients reach some other goal. This way of thinking is consistent with previous findings showing that self-esteem promotes positive affective experiences, the attainment of goals, and relationship functioning (e.g., Leary et al. 1995). Research concerning treatment efficacy has found that self-esteem is a commonly used outcome measure (Smith et al. 1980) and that interventions targeting self-esteem in this way are at least as effective as other treatments for modifying behavior (Haney and Durlak 1998).

Another perspective for addressing self-esteem in therapy is to help clients focus less attention on their feelings of self-worth (Roberts 2006). This approach suggests that it is important to assist clients with accepting themselves as

they are rather than being preoccupied with the pursuit of self-esteem (Ciesla and Roberts 2002). There is considerable appeal to this idea because there are concerns that interventions intended to raise self-esteem may lead to unintended consequences such as fragile high self-esteem and narcissism (Baumeister et al. 1996). It is important that therapists and researchers focus more attention on developing self-esteem enhancement programs that do not inadvertently foster fragile forms of high self-esteem.

Conclusion

Self-esteem is intimately connected with psychopathology. High self-esteem appears to act as a resource that buffers people from negative experiences. Those with low self-esteem, in contrast, may be more likely to experience various forms of psychopathology because they lack these resources. However, it is also possible that low self-esteem is a consequence of psychopathology or that both self-esteem and psychopathology may be the result of factors such as early life experiences (e.g., family dysfunction). Regardless of the underlying nature of the connection between self-esteem and psychopathology, modern therapeutic techniques often address self-esteem issues in some capacity with many of these approaches focusing on increasing self-esteem, whereas other interventions are concerned with either decreasing the preoccupation of individuals with self-esteem or helping them understand and accept themselves as they are. Future research should continue to explore the connections between self-esteem and psychopathology through the use of longitudinal studies that account for factors related to both constructs (e.g., early life experiences) and that incorporate recent advancements in the self-esteem literature such as the distinction between secure and fragile forms of self-esteem.

References

Abela, J. R. Z., Webb, C. A., Wagner, C., Ho, M. H. R., & Adams, P. (2006). The role of self-criticism, dependency, and hassles in the course of depressive illness: A multiwave longitudinal study. *Personality and Social Psychology Bulletin, 32*, 328–338.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text Revision). Washington, DC: American Psychiatric Association.

Barrowclough, C., Tarrier, N., Humphreys, L., Ward, J., Gregg, L., & Andrews, B. (2003). Self-esteem in schizophrenia: Relationships between self-evaluation, family attitudes, and symptomatology. *Journal of Abnormal Psychology, 112*, 92–99.

Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science in the Public Interest, 4*, 1–44.

Baumeister, R. F., Smart, L., & Boden, J. M. (1996). The relation of threatened egotism to violence and aggression: The dark side of high self-esteem. *Psychological Review, 103*, 5–33.

Baumeister, R. F., Tice, D. M., & Hutton, D. G. (1989). Self-presentation motivations and personality differences in self-esteem. *Journal of Personality, 57*, 547–579.

Beck, A. T. (1967). *Depression: Clinical experimental and theoretical aspects*. New York: Harper & Row.

Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford Press.

Blaine, B., & Crocker, J. (1993). Self-esteem and self-serving biases in reaction to positive and negative events: An integrative review. In R. F. Baumeister (Ed.), *Self-esteem: The puzzle of low self-regard* (pp. 55–85). New York: Plenum Press.

Blankertz, L. (2001). Cognitive components of self-esteem for individuals with severe mental illness. *American Journal of Orthopsychiatry, 71*, 457–465.

Boden, J. M., Fergusson, D. M., & Horwood, L. J. (2007). Self-esteem and violence: Testing links between adolescent self-esteem and later hostility and violent behavior. *Social Psychiatry and Psychiatric Epidemiology, 42*, 881–891.

Boden, J. M., Fergusson, D. M., & Horwood, L. J. (2008). Does adolescent self-esteem predict later life outcomes? A test of the causal role of self-esteem. *Development and Psychopathology, 20*, 319–339.

Bos, A. E. R., Huijding, J., Muris, P., Vogel, L. R. R., & Biesheuvel, J. (2010). Global, contingent, and implicit self-esteem and psychopathological symptoms in adolescents. *Personality and Individual Differences, 48*, 311–316.

Bosson, J. K., Brown, R. P., Zeigler-Hill, V., & Swann, W. B., Jr. (2003). Self-enhancement tendencies among people with high explicit self-esteem: The moderating role of implicit self-esteem. *Self and Identity, 2*, 169–187.

Bosson, J. K., Lakey, C. E., Campbell, W. K., Zeigler-Hill, V., Jordan, C. H., & Kernis, M. H. (2008). Untangling the links between narcissism and self-esteem: A theoretical and empirical review. *Social and Personality Psychology Compass, 2*, 1415–1439.

Breines, J. G., Crocker, J., & Garcia, J. A. (2008). Self-objectification and well-being in women's daily lives. *Personality and Social Psychology Bulletin, 34*, 583–598.

Brown, G. W., Bifulco, A., Andrews, B., & Bridge, L. (1986). Life events, chronic subclinical symptoms, and vulnerability to clinical depression. *Journal of Affective Disorders, 11*, 1–19.

Brown, J. D., & Marshall, M. A. (2006). The three faces of self-esteem. In M. H. Kernis (Ed.), *Self-esteem issues and answers: A source book of current perspectives* (pp. 4–9). New York: Psychology Press.

Brown, R. P., & Zeigler-Hill, V. (2004). Narcissism and the non-equivalence of self-esteem measures: A matter of dominance? *Journal of Research in Personality, 38*, 585–592.

Buhlmann, U., Teachman, B. A., Naumann, E., Fehlinger, T., & Rief, W. (2009). The meaning of beauty: Implicit and explicit self-esteem and attractiveness beliefs in body dysmorphic disorder. *Journal of Anxiety Disorders, 23*, 694–702.

Butler, A. C., Hokanson, J. E., & Flynn, H. A. (1994). A comparison of self-esteem lability and low trait self-esteem as vulnerability factors for depression. *Journal of Personality and Social Psychology, 66*, 166–177.

Cambron, M. J., Acitelli, L. K., & Pettit, J. W. (2009). Explaining gender differences in depression: An interpersonal contingent self-esteem perspective. *Sex Roles, 61*, 751–761.

Campbell, J. D., Trapnell, P. D., Heine, S. J., Katz, I. M., Lavallee, L. F., & Lehman, D. R. (1996). Self-concept clarity: Measurement, personality correlates, and cultural boundaries. *Journal of Personality and Social Psychology, 70*, 141–156.

Ciesla, J. A., & Roberts, J. E. (2002). Self-directed thought and response to treatment for depression: A preliminary investigation. *Journal of Cognitive Psychotherapy: An Interpersonal Quarterly, 16*, 435–453.

Cockerham, E., Stopa, L., Bell, L., & Gregg, A. (2009). Implicit self-esteem in bulimia nervosa. *Journal of Behavior Therapy and Experimental Psychiatry, 40*, 265–273.

Coyne, J. C., & Calarco, M. M. (1995). Effects of the experience of depression: Application of focus group and survey methodologies. *Psychiatry: Interpersonal and Biological Processes, 58*, 149–163.

Crocker, J. (2002). The costs of seeking self-esteem. *Journal of Social Issues, 58*, 597–615.

Crocker, J., & Park, L. E. (2004). The costly pursuit of self-esteem. *Psychological Bulletin, 130*, 392–414.

Crocker, J., Thompson, L., McGraw, K., & Ingerman, C. (1987). Downward comparison, prejudice, and evaluations of others: Effects of self-esteem and threat. *Journal of Personality and Social Psychology, 52*, 907–916.

Crocker, J., & Wolfe, C. T. (2001). Contingencies of self-worth. *Psychological Review, 108*, 593–623.

Dooley, D., Prause, J., Ham-Rowbottom, K. A., & Emptage, N. (2005). Age of alcohol drinking onset: Precursors and the mediation of alcohol disorder. *Journal of Child and Adolescent Substance Abuse, 15*, 19–37.

Ferris, D. L., Brown, D. J., Lian, H., & Keeping, L. M. (2009). When does self-esteem related to deviant behavior? The role of contingencies of self-worth. *Journal of Applied Psychology, 94*, 1345–1353.

Foster, J. D., Kernis, M. H., & Goldman, B. M. (2007). Linking adult attachment to self-esteem stability. *Self and Identity, 6*, 64–73.

Giesler, R. B., Josephs, R. A., & Swann, W. B. (1996). Self-verification in clinical depression: The desire for negative evaluation. *Journal of Abnormal Psychology, 105*, 358–368.

Greenwald, A. G., & Banaji, M. R. (1995). Implicit social cognition: Attitudes, self-esteem, and stereotypes. *Psychological Review, 102*, 4–27.

Grossbard, J. R., Lee, C. M., Neighbors, C., & Larimer, M. E. (2009). Body image concerns and contingent self-esteem in male and female college students. *Sex Roles, 60*, 198–207.

Gual, P., Pérez-Gaspar, M., Martinez-González, M. A., Lahortiga, F., de Irala-Estévez, J., & Cervera-Enguix, S. (2001). Self-esteem, personality, and eating disorders: Baseline assessment of a prospective population-based cohort. *International Journal of Eating Disorders, 31*, 261–273.

Hakim-Larson, J., & Mruk, C. (1997). Enhancing self-esteem in a community mental health setting. *American Journal of Orthopsychiatry, 67*, 655–659.

Haney, P., & Durlak, J. A. (1998). Changing self-esteem in children and adolescents: A meta-analytic review. *Journal of Clinical Child Psychology, 27*, 423–433.

Harter, S. (1999). *The construction of the self: A developmental perspective*. New York: Guilford Press.

Henning, E. R., Turk, C. L., Mennin, D. S., Fresco, D. M., & Heimberg, R. G. (2007). Impairment and quality of life in individuals with generalized anxiety disorder. *Depression and Anxiety, 24*, 342–349.

Izgiç, F., Akyüz, G., Doğan, O., & Kuğu, N. (2004). Social phobia among university students and its relation to self-esteem and body image. *The Canadian Journal of Psychiatry, 49*, 630–634.

Joiner, T. E., Alfano, M. S., & Metalsky, G. I. (1992). When depression breeds contempt: Reassurance seeking, self-esteem, and rejection of depressed college students by their roommates. *Journal of Abnormal Psychology, 101*, 165–173.

Jordan, C. H., Spencer, S. J., Zanna, M. P., Hoshino-Browne, E., & Correll, J. (2003). Secure and defensive high self-esteem. *Journal of Personality and Social Psychology, 85*, 969–978.

Josephs, R. A., Larrick, R. P., Steele, C. M., & Nisbett, R. E. (1992). Protecting the self from the negative consequences of risky decisions. *Journal of Personality and Social Psychology, 62*, 26–37.

Kernis, M. H. (2003). Toward a conceptualization of optimal self-esteem. *Psychological Inquiry, 14*, 1–26.

Kernis, M. H. (2005). Measuring self-esteem in context: The importance of stability of self-esteem in psychological functioning. *Journal of Personality, 73*, 1–37.

Kernis, M. H., Grannemann, B. D., & Barclay, L. C. (1989). Stability and level of selfesteem as predictors of anger arousal and hostility. *Journal of Personality and Social Psychology, 56*, 1013–1023.

Kernis, M. H., Lakey, C. E., & Heppner, W. L. (2008). Secure versus fragile high selfesteem as a predictor of verbal defensiveness: Converging findings across three different markers. *Journal of Personality, 76*, 477–512.

Knowles, R., Tai, S., Jones, S. H., Highfield, J., Morriss, R., & Bentall, R. P. (2007). Stability of self-esteem in bipolar disorder: Comparisons among remitted bipolar patients, remitted unipolar patients and healthy controls. *Bipolar Disorders, 9*, 490–495.

Kuğu, N., Akyüz, G., Doğan, O., Ersan, E., & Izgiç, F. (2006). The prevalence of eating disorders among university students and the relationship with some individual characteristics. *Australian and New Zealand Journal of Psychiatry, 40*, 129–135.

Leary, M. R., & Downs, D. L. (1995). Interpersonal functions of the self-esteem motive: The self-esteem system as a sociometer. In M. Kernis (Ed.), *Efficacy, agency, and self-esteem* (pp. 123–144). New York: Plenum.

Leary, M. R., Tambor, E. S., Terdal, S. K., & Downs, D. L. (1995). Self-esteem as an interpersonal monitor: The sociometer hypothesis. *Journal of Personality and Social Psychology, 68*, 518–530.

McKay, M., & Fanning, P. (1992). *Self-esteem*. Oakland, CA: New Harbinger.

Mor, N., & Winquist, J. (2002). Self-focused attention and negative affect: A metaanalysis. *Psychological Bulletin, 128*, 638–662.

Mruk, C. (2006). *Self-esteem: Research, theory, and practice* (3rd ed.). New York: Springer.

Murray, S. L., Holmes, J. G., & Griffin, D. W. (2000). Self-esteem and the quest for felt security: How perceived regard regulates attachment processes. *Journal of Personality and Social Psychology, 78*, 478–498.

Myers, E. M., & Zeigler-Hill, V. (2008). No shades of gray: Splitting and self-esteem instability. *Personality and Individual Differences, 45*, 139–145.

Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality, 77*, 23–50.

Newns, K., Bell, L., & Thomas, S. (2003). The impact of a self-esteem group for people with eating disorders: An uncontrolled study. *Clinical Psychology and Psychotherapy, 10*, 64–68.

O'Brien, E. J., Bartoletti, M., & Leitzel, J. D. (2006). Self-esteem, psychopathology, and psychotherapy. In M. H. Kernis (Ed.), *Self-esteem issues and answers: A sourcebook of current perspectives* (pp. 306–315). New York: Psychology Press.

Orth, U., Robins, R. W., & Meier, L. L. (2009). Disentangling the effects of low selfesteem and stressful events on depression: Findings from three longitudinal studies. *Journal of Personality and Social Psychology, 97*, 307–321.

Orth, U., Robins, R. W., & Roberts, B. W. (2008). Low self-esteem prospectively predicts depression in adolescence and young adulthood. *Journal of Personality and Social Psychology, 95*, 695–708.

Roberts, J. E. (2006). Self-esteem from a clinical perspective. In M. H. Kernis (Ed.), *Selfesteem issues and answers: A sourcebook*

of current perspectives (pp. 298–305). New York: Psychology Press.

Robins, R. W., Hendin, H. M., & Trzesniewski, K. H. (2001). Measuring global selfesteem: Construct validation of a single-item measure and the Rosenberg Self- Esteem Scale. *Personality and Social Psychology Bulletin, 27*, 151–161.

Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of science* (Vol. 3, pp. 184–256). New York: McGraw-Hill.

Schröder-Abé, M., Rudolph, A., & Schütz, A. (2007). High implicit self-esteem is not necessarily advantageous: Discrepancies between explicit and implicit self-esteem and their relationship with anger expression and psychological health. *European Journal of Personality, 21*, 319–339.

Smith, M. L., Glass, G. V., & Miller, T. I. (1980). *The benefits of psychotherapy*. Baltimore, MD: Johns Hopkins University Press.

Spencer, S. J., Jordan, C. H., Logel, C. E. R., & Zanna, M. P. (2005). Nagging doubts and a glimmer of hope: The role of implicit self-esteem in self-image maintenance. In A. Tesser, J. V. Wood, & D. A. Stapel (Eds.), *On building, defending and regulating the self: A psychological perspective* (pp. 153–170). New York: Psychology Press.

Tennen, H., Herzberger, S., & Nelson, H. F. (1987). Depressive attributional style: The role of self-esteem. *Journal of Personality, 55*, 631–660.

Thewissen, V., Myin-Germeys, I., Bentall, R., de Graaf, R., Vollebergh, W., & van Os, J. (2007). Instability in self-esteem and paranoia in a general population sample. *Social Psychiatry and Psychiatric Epidemiology, 42*, 1–5.

Van der Gucht, E., Morriss, R., Lancaster, G., Kinderman, P., & Bentall, R. P. (2009). Psychological processes in bipolar affective disorder: Negative cognitive style and reward processing. *British Journal of Psychiatry, 194*, 146–151.

Vitousek, K., Watson, S., & Wilson, G. T. (1998). Enhancing motivation for change in treatment-resistant eating disorders. *Clinical Psychology Review, 18*, 391–420.

Wu, K. D., Clark, L. A., & Watson, D. (2006). Relations between obsessive-compulsive disorder and personality: Beyond axis I-axis II comorbidity. *Journal of Anxiety Disorders, 20*, 695–717.

Young, J. E., Weinberger, A. D., & Beck, A. T. (2001). Cognitive therapy for depression. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders: A step-bystep treatment manual* (3rd ed., pp. 264–308). New York: Guilford Press.

Zeigler-Hill, V. (2006). Discrepancies between implicit and explicit self-esteem: Implications for narcissism and self-esteem instability. *Journal of Personality, 74*, 119–143.

Zeigler-Hill, V., & Abraham, J. (2006). Borderline personality features: Instability of self-esteem and affect. *Journal of Social and Clinical Psychology, 25*, 668–687.

Zeigler-Hill, V., Chadha, S., & Osterman, L. (2008a). Psychological defense and selfesteem instability: Is defense style associated with unstable self-esteem? *Journal of Research in Personality, 42*, 348–364.

Zeigler-Hill, V., Clark, C. B., & Pickard, J. D. (2008b). Narcissistic subtypes and contingent self-esteem: Do all narcissists base their self-esteem on the same domains? *Journal of Personality, 76*, 753–774.

Zeigler-Hill, V., & Jordan, C. H. (2010). Two faces of self-esteem: Implicit and explicit forms of self-esteem. In B. Gawronski & B. K. Payne (Eds.), *Handbook of implicit social cognition: Measurement, theory, and applications* (pp. 392–407). New York: Guilford Press.

Zeigler-Hill, V., & Jordan, C. H. (in press). Behind the mask: Narcissism and implicit self-esteem. In W. K. Campbell & J. Miller (Eds.), *Handbook of narcissism and narcissistic personality disorder: Theoretical approaches, empirical findings, and treatment*. Hoboken, NJ: Wiley.

Zeigler-Hill, V., & Showers, C. J. (2007). Self-structure and self-esteem stability: The hidden vulnerability of compartmentalization. *Personality and Social Psychology Bulletin, 33*, 143–159.

Zeigler-Hill, V., & Terry, C. (2007). Perfectionism and explicit self-esteem: The moderating role of implicit self-esteem. *Self and Identity, 6*, 137–153.