The Genesis and Nature of Self-Esteem*

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This article aims to encourage the systematic exploration of self-esteem as an empirical foundation for expanding our understanding of human motivation in daily life as well as in the psychotherapeutic situation. It is suggested that self-esteem is a construct with a broader observational platform than the prevailing formulation of conflict.

Self-esteem as a Cognitive Matrix

Self-esteem as discussed here is a multifaceted phenomenon that governs people's thinking and behavior in a variety of ways. It constitutes a longitudinal as well as a transactional mode of self-appraisal beyond the boundaries of concretization and quantification. In my judgment, self-esteem should be a key target area for all forms of psychotherapeutic intervention.[1,2]

The term self-esteem (Selbstachtung) appears only casually in Freud's psychoanalytic writings.[3] By contrast, self-esteem has turned into a slogan that has permeated the field of pop psychology and has found its way into a number of self-help recipes. It is difficult, therefore, to discuss the topic of self-esteem scientifically or objectively since the term is not defined in the original psychoanalytic scripture; in our daily language it is used indiscriminately, with only a vague appreciation of its meaning.

In recent years a number of thoughtful investigators[4-9] have documented that the language of psychoanalysis is ill suited for the task implicit in its basic tenets. The problem is not what we call a particular phenomenon since words *per se* do not possess any magical powers. What matters most is that a term remain open-ended rather than be reified and dogmatized. For instance, the trouble with terms like Id, Ego, and Superego is that they have been pronounced to be structures of the human mind that have been concretized as if they were anatomical units. Accordingly, the structural model of psychoanalysis and its derivatives are greatly limited as a potential platform for learning about the nature of self-esteem and ways and means to improve its basic quality.[10]

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Conflict as a Basic Model

Psychoanalysis in its original form as well as in most of its modifications has viewed emotional disorders predominantly as manifestations of internal conflict. The majority of psychotherapeutic approaches focus on conflicting aspects of desired and required actions, feelings, and attitudes. In addition, contradictory affective and communicative signals are commonly blamed for a host of maladjustments and maladaptations.

One of the obvious reasons for neglecting the phenomenon of self-esteem in the classical scheme is Freud's hypothesis of conflict; that is, the Id–Ego clash whereby the instinctual, nonsocialized inner strivings encounter Ego censorship. The Id follows the pleasure principle wanting what it wants when it wants it while the Ego senses danger and blows the whistle (anxiety signal). Libido and aggressive impulses constitute major offenders. The Id is the main source of energy (drives) while the mind is an apparatus, i.e., a computerized system in which Id, Ego, and Superego are agencies of the mind. It is like a vast bureaucracy kept busy by far too many functions to concern itself with its self-image. Among the Neo-Freudians,[11] Horney takes a different position. According to Horney, a major conflict results from the real Self clashing with the idealized Self, which is a compensatory self-deception that obscures a lost self-esteem. The idealized or inauthentic Self alienates the person from his real Self and interferes with genuine self-esteem and legitimate pride.

Erich Fromm conceives of an option between life affirming and life negating modes of living. To Fromm, deeply rooted humanistic strivings in people must prevail over weaker instinctual forces. In Sullivan's scheme, conflict is defined as the battle between security and satisfaction. Mental disorder results once the balance shifts excessively in the direction of security at the expense of concomitant elementary needs. Adlerian, Jungian and existential conceptions of conflict all have their particular point of view as have a host of other psychological postulates of conflict.

The change to Ego-psychology has not been an advance since patients do not shed their difficulties just because of the concept of the so-called conflict-free sphere of the Ego and its greater autonomy.[10]

In his recent book Kohut[12] makes a plea for adding a psychology of the Self as a new dimension to the established prineiples of Ego-psychology, the psychology of the structural model of the mind, and the psychology of the drives. I fail to see how any psychology of the Self can lead to progress in the field since it has not emancipated itself from its stultifying metapsychology.

It is obvious that not all conflicts are clashes between wishes and reality. Numerous conflicts are justified and real, and there is considerable evidence that a person's self-esteem is a more tangible reality than a person's Ego. We can understand now why psychoanalysis as a therapeutic procedure has

been increasingly confronted with a credibility gap. The field has been surrounded by so much mystique that therapeutic results have not been well documented so far, at least not in terms of any consensual validation.

One of the key questions is whether any particular area is amenable to psychotherapeutic intervention, and by what means. In our present state of knowledge it seems to me that there are only two major areas that could be modified: the area of focal awareness, namely, of cognition and its reverse phenomenon of selective inattention, namely, the personal attitude or stance taken toward what is being perceived.

Construct of Self-Esteem

In my judgment, the construct of self-esteem offers a broader observational basis with a yield of more reliable clinical data than prevailing theoretical constructs. The question is how we can best transcend our own prejudices, expectations, and assumptions by placing them on a firmer empirical basis.

As practicing clinicians in the psychotherapeutic field, we encounter a number of situations where conflict *per se* does not seem to be a central factor in the presenting disturbance. There is growing clinical evidence that a more or less consistent self-image as it emerges in a person's development plays a major part in coping with a variety of life situations. I am referring here to a self-reflecting, individual monitoring system pertaining to feelings of personal worth. This ever-present mirror of oneself carries the terms self-esteem, self-regard, self-respect, or similar names. In the broadest sense, self-esteem is a validly favorable image of oneself based on a fair evaluation of one's assets and liabilities. Included in the self-esteem is a feeling of personal dignity, personal merit, and an appreciation of some of the basic human stuff one is made of. Combined with it is an in-touchness with feelings of integrity, acceptability, and mastery. Last but not least is the capacity to be aware of one's personal needs and the freedom to gain appropriate satisfactions.

At this point a distinction must be made between valid self-esteem and a compensatory defensive or security system. In an extreme situation, we may find a person who has lost the foundations of his self-esteem and fancies himself to be Napoleon as a means of rising beyond self-doubt. In less overtly morbid situations, the quality of self-esteem is warped and evokes a range of compensatory manifestations such as false pride, vanity, conceit, narcissism and a host of make-believe or as-if performances. In the above-mentioned situation, people do not cope with their self-contempt and hide behind their social mask or persona, as defined by Jung.

We find a widespread tendency to quantify feelings pertaining to personal worth. It is customary to speak of low or high self-esteem as if it were possible to measure a feeling about oneself with a yardstick. Self-

esteem as defined here is not a static, monolithic entity. We are dealing rather with a qualitative, experiential phenomenon that defies attempts at quantification.

Genesis and Maintenance

Our next concern is the genesis and maintenance of self-esteem and its role in the overall developmental scheme. It stands to reason that some aspects of self-esteem are rooted in a person's native endowment. Intelligence, temperament, appearance, body structure are components on which self-esteem is grafted. Life experiences, culture, society, family and overall environmental factors combine in molding the available material. Self-esteem runs through a person's life, and may be influenced by a change in surroundings, by contact with certain people, and also by the various segments—private and professional—in one's life.

Clinical Illustration 1

A., a man in his early 40's, is a high-powered executive. He married young, but the marriage lasted only a few years, mainly because his work took precedence over his personal life. He had no extramarital affairs but immediately after his divorce were sporadic affairs. Eventually he had an affair with Mrs. B., an employee of his, whom he rejected as marital partner because he considered her to be basically a cold person without much capacity for genuine emotion.

Shortly after his second marriage to his present wife, who in his opinion is a highly sensitive and emotionally responsive person, he had a one-night sexual encounter with Mrs. B., who tends to be seductive and manipulative. The night of his "relapse," he had a scary nightmare, became sick to his stomach and threw up. It reminded him of an episode in his childhood when he had stolen a small item in a store. He confessed the misdeed to his father who was very pleased when A. started to vomit out of guilt. The father praised him for his remorseful attitude.

About six months after the first extramarital affair the patient had another get-together with Mrs. B., which he called a "terrific experience." He had engaged more often in sexual activities at that occasion than he had ever done before. Initially he had not planned to get involved again and the idea of going to bed with Mrs. B. had not crossed his mind. The encounter had been most exciting to him and he wound up with the feeling that he had arranged it all on his own accord. To his way of thinking this last rekindling of his affair had boosted his morale and self-esteem. It made him feel desired by women and gave him a feeling of increased virility.

When confronted with the fact that on his travels he has many opportunities to have affairs with attractive women, he said that such behavior constituted a lot of trouble; he did not feel like taking the initiative and his mind was not much on sex anyhow. It became clear that Mrs. B., whom he had rejected as a regular partner, knew exactly how to seduce him while making him feel that he was in the driver's seat.

During one of the sessions A. related that after this last encounter he had again suffered a disturbing nightmare. He became markedly tense, very anxious, and had a relapse of some psychosomatic symptoms, yet he felt he was having the time of his life.

At that point, I raised the question with him, "what made him feel that the other woman was God's gift to him?" He reiterated that she made him feel good about himself and that she evoked a powerful sexual drive in him. At the same time he praised her attractiveness, her way of dealing with people and her loyalty toward him. He blamed his nightmares, anxiety, and tension on being married to one woman while feeling physically drawn to another. No doubt, there was truth in his statement. Nevertheless, he had "forgotten" a number of critical and incriminating comments that he had made about this woman's character and behavior (cold, possessive, seductive, and involved in a destructive marital relationship of her own).

Suddenly "the woman of his desire" revealed herself as a cheat, swindler and archmanipulator; she had defrauded A., without showing remorse or guilt feelings when she was found out. There is no doubt that A. knew all along about the severe psychopathy of this woman. How can we then account for his actions and for his need to look the other way when he picked up warning signals? His family dynamics, his particular upbringing as well as his personality all contributed to his "acting out."

The patient had a need to deny the facts as he knew them. He manifested a distinct lacuna in his self-esteem when a man with his observational clarity fell for an ordinary con-artist. In other words, he was clearly deficient in self-esteem (in an area other than work) when he lied to himself about the basic nature of the woman who had kept him in sexual captivity at one time. In his attempt to build up the neglected areas of leisure and pleasure, he was in a way doing the right thing (seeking a good time) but for the wrong reason with the wrong person.

The episode described here deflected the patient's field of vision away from himself and focused attention on the siren-call of a narcissistic person. In classical terms, attention would be primarily focused on an unresolved Oedipal manifestation, transference phenomena, castration fear as well as a question of the man's Ego-strength. Interpretations would be used to have the patient "see the light." The traditional model is based on symbolic abstractions as beacons leading to "the truth." By contrast, the model discussed here relies on a fluctuating, dynamic process with roots to the past, modifications through life experiences, and input from ongoing relational situations. The emphasis is less along the lines of internal or external conflict. There is also less intense preoccupation with the genesis of a symptom or with finding its specific cause. What matters most here is the articulation of a person's self-esteem in terms that remain open-ended. Accordingly, the documentation of the patient's self-esteem in its longitudinal and transactional pattern becomes a key area of mutual observational concern to both analyst and patient.

Clinical Illustration 2

> The vicissitudes of self-esteem were illustrated in another of my patients, in this instance a highly intelligent, vivacious young woman who dreamt that she had worms or snakes in her hair and that she was exceedingly unattractive after she had "fallen in love" with a distinctly psychopathic man. The clinical data in this case indicated no trace of a sexual phobia. It also brought out that she was not afflicted with an acute dislike of herself because she recognized her own worth in many respects. What emerged with increasing clarity was the fact that she had an awareness of the man's lacking humanity. Yet her response to the actual situation was to tear her self-esteem down rather than see him for who he was. Again, there were early patterns tributary to her reaction. However her particular target area was her self-esteem.

The above illustrations show that the overt building up of a "pseudo-" self-esteem can be a major act of self-deception or even potential self-destruction. The boosting of self-esteem may be in the realm of gaining power, gaining possessions or it may be associated with emotionally charged transactions with others. In either case the subjective feeling sensation may be at distinct odds with the actual state of self-esteem. It means that selective inattention brings about an inauthentic self that is part of a compensatory phenomenon which misinforms the individual about the factual situation. Cognition is warped, not necessarily because of an inner conflict but rather as an operational manifestation of misperception. In addition, excessive focusing on peripheral aspects relegates significant events to a dangerously subordinate position. Like in a good murder mystery attention is drawn away from the key action in order to obscure the true plot.

Clinically, the above-described dangers to self-esteem require detailed exploration of situations conducive to true self-esteem and concomitant security operations. Furthermore, once the facts are absolutely clear, direct confrontational intervention rather than interpretational in the form of actual discouragement even and refusal to collaborate in a self-destructive event, is called for. A consultation with an experienced colleague or an outright termination of the therapeutic alliance may be indicated.

Evaluation of Self-esteem

I shall touch briefly on a major question, namely, how does one determine the quality of a patient's self-esteem? We always work with an evolving personality profile of the patient. Certain characteristics of his personality become apparent in the therapeutic transaction as well as in the pattern of integrating tendencies. If all goes well, a certain consensus evolves in the therapy as to what constitutes genuine rather than inauthentic manifestations of self-esteem.

For instance, A. (in Vignette 1) is a basically conservative person with rather solid value systems. He is also a man who prides himself on his

ability to be rather independent and to pursue his own goals. He is critical of manipulation, superficiality and glibness. His intellect is keen and he appreciates kindness, warmth, and spontaneity. According to him the "other" woman lacks the qualities that are meaningful to him. He showed evidence of feelings of revulsion in the rekindling of that old affair and responded with powerful physical as well as emotional symptoms. At the same time, he has difficulty in maintaining emotionally close contact with his wife for whom he cares a great deal. He tends to engage in excessive sterile bickering with her and thus creates distance.

This strong dichotomy between his feeling of great well-being and pronounced negative reaction stemming from the same situation can be explained more readily using the self-esteem construct.

A. consciously rejected Mrs. B. as an appropriate partner for himself even before she revealed herself as a thoroughly dishonest person. Each time he looked the other way when he became reinvolved with her. He ignored the distressing symptoms and nightmares following each contact. His morbid fascination with Mrs. B. points to a lack of trust in his solid value system which is reflected in a particular "weak spot" in his self-esteem. A. has been a "good boy" all of his life. He is basically unfamiliar with hedonistic, "selfish" pursuits and fears to lose control if he "takes the lid off." His self-esteem is performance- and approval-oriented without adequate self-expression. In his formative years he was subjected to relentless parental pressure to excel and thus make his parents proud of him. This accounts for the specific quality of his self-esteem which lacks a frame of reference outside of working hard, being successful and being well thought of.

Value systems

Finally there is the question about value systems pertaining to the therapist's point of view. Assuming that a patient tells a therapist he or she obtains much gratification from promiscuity, having extramarital affairs, taking high-risk chances in life, engaging in antisocial acts or other behavior patterns of a potentially provocative nature, the therapist may have distinctly affirmative or outright condemnatory feelings about certain practices called to his attention. In a number of situations an overt or covert ideological clash between patient and analyst may present an insurmountable therapeutic obstacle. Either the patient complies by paying lip service to the analyst's ideology or he rebels by acting out or patient and analyst collude in terms of a mutual avoidance of a key issue.

I assume that the notion of a therapist's basic neutrality is a myth that has been safely dispelled in the minds of most practitioners in the field. The issue under discussion should not be confused with the principle of endorse-

ment or condemnation. Needless to say that both patient and analyst are at all times entitled to their personal opinion. There has to be room for dissent in the therapeutic alliance.[13]

Our main concern is with the ability to document that the patient has clearly moved into opposing directions that are not at all in keeping with his own stated goals. Particularly important is the manifestation of symptoms that indicate shifts in the quality of self-esteem. In addition, the analyst should be at liberty to present his own point of view with emphasis on the subjective components involved. In doing so he can be helpful in inducing a dialogue that clarifies that patient's understanding about the foundations of his self-esteem.

Clinical Illustration 3

Another brief illustration may shed additional light on this point. C. a young man came to see me in consultation because he felt stuck in his long-standing analysis with an experienced colleague. During the interview, he complained bitterly that the analyst reinforced his self-contempt by never giving him overt encouragement or support. He also indicated that fate had destined him to be held in contempt by significant others since all the women in his life had followed more or less the same pattern. C. made a determined effort to blame himself for having selected another rejecting human being but also blamed the analyst for a lack of compassion.

He focused on two particular issues. For one he felt that he had intimidated his analyst without offering convincing documentation for his statement. Second, that the analyst approached him consistently at the lowest level of his self-esteem and then "twisted the knife."

I did not allow myself to get involved in any value judgment about his analyst since this did not strike me as an issue of significance. My response to C.'s complaints was to ask him whether he ever challenged what he considered to be the analyst's unduly low opinion and whether he had introduced valid evidence of his personal worth in his analysis. Furthermore, I raised the issue whether he did not feel that he—and everybody else—had to bring their own share of self-esteem into a relationship rather than depend entirely on outsiders to provide it? It emerged with considerable clarity during the interview that C. was not at all devoid of self-esteem but that he expected generous and often undeserved portions of self-esteem-enhancing admiration handed to him on a silver platter.

The language of psychoanalysis has been dualistic. One part is rooted in a humanistic philosophy while the other pertains to a neurophysiological model. Like the mind-body problem this dualism has made far-reaching, often unrecognized inroads into psychoanalytic ideology. A psychology of the Self requires a language of its own that does not hark back to the reification of unsupported and often disproven assumptions. It needs to transcend analytical mythology and dogma in order to gain a better understanding of people's self-esteem. A major task in this respect is to gather

clinically valid data about the foundations and maintenance of a healthy self-esteem.[14]

It is my firm conviction that the systematic exploration of self-esteem has much to offer in expanding our understanding of a vital ingredient of human behavior in daily life as well as in the analytic situation.

SUMMARY

Self-esteem is defined as a positive image of oneself based on a fair appraisal of one's assets and liabilities. It represents a longitudinal as well as a transactional, cognitive phenomenon that is considered to be a key target area for all forms of psychotherapy. The construct of self-esteem is preferred to the model of the "conflict-free sphere" of Ego psychology since in the author's opinion it provides a broader observational platform and a potentially more reliable source for clinically valid data. Clinical illustrations of the vicissitudes of self-esteem are offered. The primary purpose of this article is to encourage the systematic exploration of self-esteem as a means of better understanding a vital ingredient of human behavior without making it the exclusive focus in psychotherapeutic activities.

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