

Assessing Self-Esteem

Todd F. Heatherton and Carrie L. Wyland

It is generally believed that there are many benefits to having a positive view of the self. Those who have high self-esteem are presumed to be psychologically happy and healthy (Branden, 1994; Taylor & Brown, 1988), whereas those with low self-esteem are believed to be psychologically distressed and perhaps even depressed (Tennen & Affleck, 1993). Having high self-esteem apparently provides benefits to those who possess it: They feel good about themselves, they are able to cope effectively with challenges and negative feedback, and they live in a social world in which they believe that people value and respect them. Although there are negative consequences associated with having extremely high self-esteem (Baumeister, 1998), most people with high self-esteem appear to lead happy and productive lives. By contrast, people with low self-esteem see the world through a more negative filter, and their general dislike for themselves colors their perceptions of everything around them. Substantial evidence shows a link between self-esteem and depression, shyness, loneliness, and alienation—low self-esteem is aversive for those who have it. Thus, self-esteem affects the enjoyment of life even if it does not have a substantial impact on career success, productivity, or other objective outcome measures. Given the choice, however, most people would prefer to have high self-esteem.

That self-esteem is vital for psychological health is evident in the popular media and in educational policy. Indeed, some educators have changed course curricula in their attempts to instill children with high self-esteem, even to the point that in some states students are promoted to a higher grade even when they have failed to master the material from the previous grade. These social promotions are based on the belief that positive self-esteem is of cardinal importance, and that many societal ills—such as teenage pregnancy and drug use, violence, academic failure, and crime—are caused by low self-esteem. Accordingly, California enacted legislation that encouraged schools to develop self-esteem enhancement programs, the general idea being that high self-esteem would act something like a “social vaccine” that would prevent many of the serious behavioral problems facing the state (Mecca, Smelser, & Vasconcellos, 1989). Although societal ills are not caused by low self-esteem, it is easy to understand why policy makers and educators are concerned with the emotional consequences of negative self-views. Those who feel ostracized

or rejected experience a variety of negative reactions, including physical illness, emotional problems, and negative affective states. Furthermore, social support is known to be a key ingredient of mental and physical health (Cohen & Wills, 1985), and people who feel disliked may be less likely to receive support from others. Thus, even if the benefits of having high self-esteem have been exaggerated (see Dawes, 1994), there is little doubt that low self-esteem is problematic for those who have it. But how exactly is self-esteem measured? This chapter examines the various ways in which self-esteem is measured and the implications that these methods have on our understanding of what it means for a person to have high or low self-esteem.

Understanding the Construct of Self-Esteem

Self-esteem is the evaluative aspect of the self-concept that corresponds to an overall view of the self as worthy or unworthy (Baumeister, 1998). This is embodied in Coopersmith's (1967) classic definition of self-esteem:

The evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval and indicates the extent to which an individual believes himself to be capable, significant, successful and worthy. In short, self-esteem is a personal judgment of the worthiness that is expressed in the attitudes the individual holds towards himself. (pp. 4–5)

Thus, self-esteem is an attitude about the self and is related to personal beliefs about skills, abilities, social relationships, and future outcomes.

It is important to distinguish *self-esteem* from the more general term *self-concept*, because the two terms often are used interchangeably. Self-concept refers to the totality of cognitive beliefs that people have about themselves; it is everything that is known about the self, and includes things such as name, race, likes, dislikes, beliefs, values, and appearance descriptions, such as height and weight. By contrast, self-esteem is the emotional response that people experience as they contemplate and evaluate different things about themselves. Although self-esteem is related to the self-concept, it is possible for people to believe objectively positive things (such as acknowledging skills in academics, athletics, or arts), but continue to not really like themselves. Conversely, it is possible for people to like themselves, and therefore hold high self-esteem, in spite of their lacking any objective indicators that support such positive self-views. Although influenced by the contents of the self-concept, self-esteem is not the same thing.

Throughout the history of research on self-esteem, there have been concerns that the concept was poorly defined and therefore badly measured (Blascovich & Tomaka, 1991). Jackson (1984) noted that "After thirty years of intensive effort . . . what has emerged . . . is a confusion of results that defies interpretation" (p. 2). Wylie (1974), one of the chief critics of self-esteem research, blamed the area's difficulties on a lack of rigor in experimentation and a proliferation of instruments to measure self-esteem. For example, there are

a large number of self-esteem instruments, and many of the scales correlate poorly with one another. Indeed, in reviewing the history of the measurement of self-esteem, Briggs and Cheek (1986) stated, "it was obvious by the mid-1970s that the status of self-esteem measurement research had become something of an embarrassment to the field of personality research" (p. 131).

How a construct is defined has obvious implications for how it is measured. As a term that is widely used in everyday language and heavily laden with social value, perhaps it should not be surprising that idiosyncratic and casual definitions have contributed to the chaos of defining and measuring self-esteem. There is not nearly enough space in this chapter to consider all of the various ways in which self-esteem has been defined. In this chapter we touch on some of the central conceptual issues that are relevant to the measure of self-esteem, including the proposed source of self-esteem, possible gender differences in which factors are most important, and differential views of the dimensionality and stability of self-esteem.

Sources of Self-Esteem

There are many theories about the source of self-esteem. For instance, William James (1890) argued that self-esteem developed from the accumulation of experiences in which people's outcomes exceeded their goals on some important dimension, under the general rule that *self-esteem = success / pretensions*. From this perspective, assessment has to examine possible discrepancies between current appraisals and personal goals and motives. Moreover, self-perceived skills that allow people to reach goals are also important to assess. Thus, measures ought to include some reference to personal beliefs about competency and ability.

Many of the most popular theories of self-esteem are based on Cooley's (1902) notion of the *looking-glass self*, in which self-appraisals are viewed as inseparable from social milieu. Mead's (1934) *symbolic interactionism* outlined a process by which people internalize ideas and attitudes expressed by significant figures in their lives. In effect, individuals come to respond to themselves in a manner consistent with the ways of those around him. Low self-esteem is likely to result when key figures reject, ignore, demean, or devalue the person. Subsequent thinking by Coopersmith (1967) and Rosenberg (1965, 1979), as well as most contemporary self-esteem research, is well in accord with the basic tenets of symbolic interactionism. According to this perspective, it is important to assess how people perceive themselves to be viewed by significant others, such as friends, classmates, family members, and so on. Some recent theories of self-esteem have emphasized the norms and values of the cultures and societies in which people are raised. For instance, Crocker and her colleagues have argued that some people experience *collective* self-esteem because they are especially likely to base their self-esteem on their social identities as belonging to certain groups (Luhtanen & Crocker, 1992).

Leary, Tambor, Terdal, and Downs (1995) have proposed a novel and important social account of self-esteem. Sociometer theory begins with the

assumption that humans have a fundamental need to belong that is rooted in our evolutionary history (Baumeister & Leary, 1995). For most of human evolution, survival and reproduction depended on affiliation with a group. Those who belonged to social groups were more likely to survive and reproduce than those who were excluded from groups. According to the sociometer theory, self-esteem functions as a monitor of the likelihood of social exclusion. When people behave in ways that increase the likelihood they will be rejected, they experience a reduction in state self-esteem. Thus, self-esteem serves as a monitor, or sociometer, of social acceptance–rejection. At the trait level, those with high self-esteem have sociometers that indicate a low probability of rejection, and therefore such individuals do not worry about how they are being perceived by others. By contrast, those with low self-esteem have sociometers that indicate the imminent possibility of rejection, and therefore they are highly motivated to manage their public impressions. There is an abundance of evidence that supports the sociometer theory, including the finding that low self-esteem is highly correlated with social anxiety. Although the sociometer links self-esteem to an evolved need to belong rather than to symbolic interactions, it shares with the earlier theories the idea that social situations need to be examined to assess self-esteem.

Gender Differences in Self-Esteem

A number of studies suggest that boys and girls diverge in their primary source of self-esteem, with girls being more influenced by relationships and boys being more influenced by objective success. Stein, Newcomb, and Bentler (1992) examined participants in an eight-year study of adolescent development. During adolescence, an agentic orientation predicted heightened self-esteem for males but not for females, whereas a communal orientation predicted heightened self-esteem for females but not for males. Men and women show this same pattern. Josephs, Markus, and Tafarodi (1992) exposed men and women to false feedback indicating that they had deficits either on a performance dimension (e.g., competition, individual thinking) or on a social dimension (e.g., nurturance, interpersonal integration). Consistent with predictions, men high in self-esteem enhanced their estimates at being able to engage successfully in future performance behaviors, whereas women high in self-esteem enhanced their estimates at being able to engage successfully in future social behaviors. Overall, then, it appears that males gain self-esteem from getting ahead whereas females gain self-esteem from getting along.

In terms of another salient gender difference in feelings about the self across the lifespan, women tend to have lower body image satisfaction than men. Women are more likely than men to evaluate specific body features negatively, to attempt weight loss, to report anxiety about the evaluation of their physical appearance, and to have cosmetic surgery (Heatherton, 2001). Body image dissatisfaction among women usually is related to perceiving oneself to be overweight. More than three quarters of American women would like to lose weight and almost none would like to gain weight. Believing

oneself to be overweight, whether one is or is not, is closely related to body image dissatisfaction. Beginning in early adolescence, women compare their body shape and weight with their beliefs about cultural ideals. A discrepancy from the ideal often motivates people to undertake dieting to achieve a more attractive body size. Dieting is rarely successful, with fewer than 1% of individuals able to maintain weight loss over five years (NIH Technology Assessment Conference Panel, 1993). Repeated failures may exacerbate body image dissatisfaction and low self-esteem (Heatherton & Polivy, 1992). Women with perfectionistic tendencies and low self-esteem are particularly affected by dissatisfaction, such that these personality traits in combination have been linked to increased bulimic symptoms (Vohs, Bardone, Joiner, Abramson, & Heatherton, 1999). Black women are less likely to consider themselves obese and are more satisfied with their weight than are White women despite the fact that Black women are twice as likely to *be* obese. These women also rate large Black body shapes more positively than do White women rating large White body shapes (Hebl & Heatherton, 1998). In contrast to women, men are more likely view their bodies as instruments of action and derive self-esteem from self-perceived physical strength (Franzoi, 1995). Therefore, in terms of assessing personal feelings about body-esteem issues, researchers need to be sensitive to the differential determinants of body image for women and men.

Dimensionality of Self-Esteem

Self-esteem can refer to the overall self or to specific aspects of the self, such as how people feel about their social standing, racial or ethnic group, physical features, athletic skills, job or school performance, and so on. An important issue in the self-esteem literature is whether self-esteem is best conceptualized as a unitary global trait or as a multidimensional trait with independent subcomponents. According to the global approach, self-esteem is considered an overall self-attitude that permeates all aspects of people's lives. In this regard, Robins, Hendin, and Trzesniewski (2001) developed a single-item measure of global self-esteem. It merely consists of the statement, "I have high self-esteem," with a 5-point scale. They found that this single item correlated to a similar extent as the most widely used trait scale with a variety of measures, including domain-specific evaluations, personality factors, and psychological well-being.

Self-esteem also can be conceptualized as a hierarchical construct such that it can be broken down into its constituent parts. From this perspective, there are three major components: *performance* self-esteem, *social* self-esteem, and *physical* self-esteem (Heatherton & Polivy, 1991). Each of these components, in turn, can be broken down into smaller and smaller subcomponents. Performance self-esteem refers to one's sense of general competence and includes intellectual abilities, school performance, self-regulatory capacities, self-confidence, efficacy, and agency. People who are high in performance self-esteem believe that they are smart and capable. Social self-esteem refers to

how people believe others perceive them. Note that it is perception rather than reality that is most critical. If people believe that others, especially significant others, value and respect them, they will experience high social self-esteem. This occurs even if others truly hold them in contempt. People who are low in social self-esteem often experience social anxiety and are high in public self-consciousness. They are highly attentive to their image and they worry about how others view them. Finally, physical self-esteem refers to how people view their physical bodies, and includes such things as athletic skills, physical attractiveness, body image, as well as physical stigmas and feelings about race and ethnicity.

How are these subcomponents of self-esteem related to global self-esteem? William James (1892) proposed that global self-esteem was the summation of specific components of self-esteem, each of which is weighted by its importance to the self-concept. In other words, people have high self-esteem to the extent that they feel good about those things that matter to them. Not being good at tennis is irrelevant to the self-concept of the nonathlete, whereas doing poorly in school may have little impact on some innercity youth who have disidentified from mainstream values (Steele, 1997). On this point, Brett Pelham (1995) and Herbert Marsh (1995) have debated the value of global versus specific component models. Pelham's research has generally supported the Jamesian view that the centrality of self-views is an important predictor of the emotional response to self (i.e., one's feelings of self-esteem), whereas Marsh has claimed that domain importance does not relate strongly to self-esteem. Although the jury is still out on this issue, the concept of domain importance is a central feature of most theories of self-esteem.

Stability of Self-Esteem

Another issue in the measurement and definition of self-esteem is whether it is best conceptualized as a stable personality trait or as a context-specific state. Most theories of self-esteem view it as a relatively stable trait: if you have high self-esteem today, you will probably have high self-esteem tomorrow. From this perspective, self-esteem is stable because it slowly builds over time through personal experiences, such as repeatedly succeeding at various tasks or continually being valued by significant others. A number of studies, however, suggest self-esteem serves as the dependent rather than the independent or classification variable (Wells & Marwell, 1976). These studies assume that self-esteem can be momentarily manipulated or affected. Others suggest that self-esteem is not manipulable *by definition*.

According to subsequent views, however, self-esteem can be viewed as a "state" as well as a trait (Heatherton & Polivy, 1991). Around a stable baseline are fluctuations; although we might generally feel good about ourselves, there are times when we may experience self-doubt and even dislike. Fluctuations in state self-esteem are associated with increased sensitivity to and reliance on social evaluations, increased concern about how one views the self, and even anger and hostility (Kernis, 1993). In general, those with a fragile sense of self-esteem respond extremely favorably to positive feedback and extremely defensively to negative feedback.

Individuals Difference Measures of Self-Esteem

Given the importance attached to self-esteem by many people and the fact that it also has defied consensual definition, it is not surprising that there are many measures of self-esteem. Unfortunately, the majority of these measures have not performed adequately, and it is likely that many of them measure very different constructs because the correlations between these scales range from zero to .8, with an average of .4 (Wylie, 1974).

Some self-esteem measures are better than others. Crandall (1973) reviewed 33 self-esteem measures in detail and judged four to be superior: Rosenberg's Self-Esteem scale (Rosenberg, 1965), the Janis–Field Feelings of Inadequacy scale (Janis & Field, 1959), the Coopersmith Self-Esteem Inventory (1967); and the Tennessee Self-Concept scale (Fitts, 1964). Except for the Rosenberg, which measures global self-esteem, the others are multidimensional and measure various affective qualities of self-concept. In a test of eight measures of self-esteem (including projectives, interviews, self-report, and peer ratings), Demo (1985) found that the Rosenberg and Coopersmith scales performed best in factor analysis.

Blascovich and Tomaka's (1991) careful examination of numerous measures of self-esteem led them to conclude that no perfect measure exists and that few of the conceptual and methodological criticisms had been answered. They recommended a revision of the Janis–Field scale (described shortly) as one of the better measures of trait self-esteem. They noted, however, that the Rosenberg scale is the most widely used in research. We next describe both measures as well as the State Self-Esteem scale (Heatherton & Polivy, 1991).

Revised Janis–Field Feelings of Inadequacy

The original Janis–Field Feelings of Inadequacy scale (JFS) was a 23-item test developed in 1959 to be used in attitude change research (Janis & Field, 1959). This multidimensional scale measures self-regard, academic abilities, social confidence, and appearance (Fleming & Watts, 1980). The split-half reliability estimate by Janis and Field was .83, and the reliability was .91.

The items from the JFS have been modified a number of times (e.g., Fleming & Courtney, 1984; Fleming & Watts, 1980), such as changing the format of the responses (5- or 7-point scales, etc.) or adding questions for other dimensions of self-esteem, such as academic ability (Fleming & Courtney, 1984). A thorough review by Robinson and Shaver (1973) identified the JFS as one of the best for use with adults, and Blascovich and Tomaka (1991) selected the Fleming and Courtney (1984) version as one of the best measures to use. We recommend it for studies in which researchers wish to examine multiple components of self-esteem (see the JSF in Appendix 14.1).

Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem scale (RSE; Rosenberg, 1965) is the most widely used measure of global self-esteem (Demo, 1985). It was used in 25% of the

published studies reviewed in the previously mentioned review by Blascovich and Tomaka (1991). The RSE is a 10-item Guttman scale with high internal reliability ($\alpha .92$). Rosenberg (1979) reported that the scale is correlated modestly with mood measures. Carmines and Zeller (1974) identified one potential problem with the RSE; they identified separate “positive” and “negative” factors. Unfortunately, those questions that were worded in a negative direction loaded on the “negative” factor and those that were worded in a positive manner loaded most heavily on the “positive” factor, thereby suggesting a response set. Because both factors correlated almost identically with a criterion variable (in strength, direction, and consistency), however, they seem to be tapping the same general construct (Rosenberg, 1979; see the RSE in Appendix 14.2).

State Self-Esteem Scale

The State Self-Esteem scale (SSES: Heatherton & Polivy, 1991) is a commonly used measure that is sensitive to laboratory manipulations of self-esteem. The SSES consists of 20 items that tap momentary fluctuations in self-esteem. The scale (see Appendix 14.3) has acceptable internal consistency ($\alpha = .92$) and it is responsive to temporary changes in self-evaluation (see Crocker, Cornwell, & Major, 1993). Psychometric studies show the SSES to be separable from mood (Bagozzi & Heatherton, 1994). Confirmatory factor analysis reveals that the SSES is made up of three factors: performance, social, and appearance self-esteem (Bagozzi & Heatherton, 1994). The SSES is labeled “current thoughts” to minimize experimental demands. Of course, measures of trait and state self-esteem are highly correlated, and therefore in neutral settings scores on the SSES will be highly related to trait measures. The decision to use a trait or state measure of self-esteem, therefore, depends on whether one is interested in predicting long-term outcomes or in the immediate effects associated with feelings about the self.

Alternative Conceptualizations: Implicit Self-Esteem

The validity of explicit measures increasingly has come under challenge because, by definition, such measures rely on individuals’ potentially biased capacity to accurately report their attitudes and feelings. As a result, implicit measures of attitudes, including self-esteem, attempt to tap into the unconscious, automatic aspects of self. People do not necessarily have access to their internal mental states, and therefore self-presentational motives or other beliefs may produce bias or distortion, both intended and unintended. Greenwald and Banaji (1995) defined implicit self-esteem as “the introspectively unidentified (or inaccurately identified) effect of the self-attitude on evaluation of self-associated and self-dissociated object” (p. 10). A variety of evidence supports the idea of implicit positive attitudes about the self. For instance, people show a positive bias for information about the self, such as preferring their own initials (Koole, Dijksterhuis, & van Knippenberg, 2001) and preferring members of their in-group more than those from an out-group, even when the groups are determined arbitrarily (Greenwald & Banaji, 1995). In essence,

anything associated with the self is generally viewed as being especially positive.

A number of different methods have been developed to assess implicit self-esteem (Bosson, Swann, & Pennebaker, 2000), but the most widely known and used is the Implicit Associates Test (IAT; Greenwald, McGhee, & Schwarz, 1998). The IAT involves making paired-word associations; when used to measure self-esteem, the distinctions are between self-related words, such as *me*, and other-related words, such as *your*, and between pleasant words, such as *sunshine*, and unpleasant ones, such as *death*. Self-esteem is a function of difference between the reaction time to make self-pleasant (and other-unpleasant) associations and the reaction time to make self-unpleasant (and other-pleasant) associations. The IAT has been shown to be modestly reliable, and correlates positively but weakly with explicit measures. A factor analysis indicated that they are different constructs (Greenwald & Farnham, 2000).

The validities of the IAT and other implicit measures of self-esteem are unknown. There are reasons to favor implicit measures, given their immutability to self-presentation or cognitive processes, but available evidence does not exist to justify selecting them over the more widely used explicit measures. At another conceptual level, it is difficult to know what to expect from implicit measures. There are thousands of studies in which explicit measures have been used to predict specific outcomes, with reasonable consistency obtained when similar scales are used. This has allowed researchers to make generalizations about what it means to have high or low self-esteem (Baumeister, 1998). Should implicit measures lead to the same conclusions? If so, there is little need of them. But if implicit measures lead to different conclusions than explicit measures, how can we know which is really the better way to assess self-esteem?

Future Developments

Despite the popularity of the self-esteem construct and its potential value to understanding the positive aspects of human nature, the measurement of self-esteem has been problematic for decades. A proliferation of poorly validated scales has posed significant challenges for scholars trying to investigate the consequences of self-esteem for behavior, thought, and emotion. A major problem inherent in the measure of self-esteem is the extent to which self-reports are influenced by self-presentational concerns. One strategy might be to use measures of defensiveness or social desirability to tease out the variance associated with self-report biases. Although some researchers have pursued this approach, no single method has established itself to be empirically useful. Indeed, it may well be that socially desirable responding is a legitimate component of self-esteem and therefore separating it out using statistical procedures would create an artifactual situation. The development of implicit measures may address self-presentational concerns. Much work remains to be done, however, before we know whether implicit measures are valid. At minimum, research on implicit self-esteem has forced researchers to reflect on what exactly a good measure of self-esteem ought to predict in terms of behavioral or cognitive outcomes. This reassessment of the basic definitional issues related to the construct of self-esteem is long overdue.

Appendix 14.1

Revised Janis and Field Scale

Each item is scored on a scale from 1–5 using terms such as “very often, fairly often,” “sometimes,” “once in a great while,” or “practically never” or “very confident,” “fairly confident,” “slightly confident,” “not very confident,” “not at all confident.” Most items are reverse-scored so that a high self-esteem response leads to higher scores. Items with (R) are not reverse-scored. Some researchers use 7-point scales with different anchors, depending on the wording of the item.

1. How often do you feel inferior to most of the people you know?
2. How often do you have the feeling that there is nothing you can do well?
3. When in a group of people, do you have trouble thinking of the right things to talk about?
4. How often do you feel worried or bothered about what other people think of you?
5. In turning in a major assignment such as a term paper, how often do you feel you did an excellent job on it? (R)
6. How confident are you that others see you as being physically appealing? (R)
7. Do you ever think that you are a worthless individual?
8. How much do you worry about how well you get along with other people?
9. When you make an embarrassing mistake or have done something that makes you look foolish, how long does it take you to get over it?
10. When you have to read an essay and understand it for a class assignment, how worried or concerned do you feel about it?
11. Compared with classmates, how often do you feel you must study more than they do to get the same grades?
12. Have you ever thought of yourself as physically uncoordinated?
13. How confident do you feel that someday the people you know will look up to you and respect you? (R)
14. How often do you worry about criticisms that might be made of your work by your teacher or employer?
15. Do you often feel uncomfortable meeting new people?
16. When you have to write an argument to convince your teacher, who may disagree with your ideas, how concerned or worried do you feel about it?
17. Have you ever felt ashamed of your physique or figure?
18. Have you ever felt inferior to most other people in athletic ability?
19. Do you ever feel so discouraged with yourself that you wonder whether you are a worthwhile person?
20. Do you ever feel afraid or anxious when you are going into a room by yourself where other people have already gathered and are talking?
21. How often do you worry whether other people like to be with you?
22. How often do you have trouble expressing your ideas when you have to put them into writing as an assignment?
23. Do you often feel that most of your friends or peers are more physically attractive than yourself?

24. When involved in sports requiring physical coordination, are you often concerned that you will not do well?
25. How often do you dislike yourself?
26. How often do you feel self-conscious?
27. How often are you troubled with shyness?
28. How often do you have trouble understanding things you read for class assignments?
29. Do you often wish or fantasize that you were better looking?
30. Have you ever thought that you lacked the ability to be a good dancer or do well at recreational activities involving coordination?
31. In general, how confident do you feel about your abilities? (R)
32. How much do you worry about whether other people regard you as a success or failure in your job or at school?
33. When you think that some of the people you meet might have an unfavorable opinion of you, how concerned or worried do you feel about it?
34. How often do you imagine that you have less scholastic ability than your classmates?
35. Have you ever been concerned or worried about your ability to attract members of the opposite sex?
36. When trying to do well at a sport and you know other people are watching, how rattled or flustered do you get?

Note. From Fleming and Courtney (1984). Copyright 1984 by the American Psychological Association. Adapted with permission of the publisher.

Appendix 14.2 Rosenberg Self-Esteem Scale

3	2	1	0
strongly agree	agree	disagree	strongly disagree

1. I feel that I am a person of worth, at least on an equal plane with others.
2. I feel that I have a number of good qualities.
3. All in all, I am inclined to feel that I am a failure. (R)
4. I am able to do things as well as most people.
5. I feel I do not have much to be proud of. (R)
6. I take a positive attitude toward myself.
7. On the whole, I am satisfied with myself.
8. I wish I could have more respect for myself. (R)
9. I certainly feel useless at times. (R)
10. At times I think that I am no good at all. (R)

For the items marked with an (R), reverse the scoring (0 = 3, 1 = 2, 2 = 1, 3 = 0). For those items without an (R) next to them, simply add the score. Add the scores. Typical scores on the Rosenberg scale are around 22, with most people scoring between 15 and 25.

Note. Copyright 1965 by the Morris Rosenberg Foundation.

Appendix 14.3

Current Thoughts

This is a questionnaire designed to measure what you are thinking at this moment. There is, of course, no right answer for any statement. The best answer is what you feel is true of yourself at this moment. Be sure to answer all of the items, even if you are not certain of the best answer. Again, answer these questions as they are true for you RIGHT NOW.

1 = not at all 2 = a little bit 3 = somewhat 4 = very much 5 = extremely

1. I feel confident about my abilities.
2. I am worried about whether I am regarded as a success or failure. (R)
3. I feel satisfied with the way my body looks right now.
4. I feel frustrated or rattled about my performance. (R)
5. I feel that I am having trouble understanding things that I read. (R)
6. I feel that others respect and admire me.
7. I am dissatisfied with my weight. (R)
8. I feel self-conscious. (R)
9. I feel as smart as others.
10. I feel displeased with myself. (R)
11. I feel good about myself.
12. I am pleased with my appearance right now.
13. I am worried about what other people think of me. (R)
14. I feel confident that I understand things.
15. I feel inferior to others at this moment. (R)
16. I feel unattractive. (R)
17. I feel concerned about the impression I am making. (R)
18. I feel that I have less scholastic ability right now than others. (R)
19. I feel like I'm not doing well. (R)
20. I am worried about looking foolish. (R)

Note. From Heatherton and Polivy (1991). Copyright 1991 by the American Psychological Association. Adapted with permission of the publisher and author.

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