PERSONALITY PSYCHOLOGY

A Student-Centered Approach

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Identity and Self-Esteem

❖ *Who am I? Why is it important for me to like myself?*

Can you recall when you first became aware of your self, that is, when you became self-conscious? My earliest memory is being in a scary situation when I was 4 years old (separation anxiety). At that point, I was already self-conscious, as are all children. But I do not remember precisely when I initially became self-aware. Whenever it first originated, our sense of identity and feelings about our self-worth are essential parts of our present selves.

Introduction

What Is Self-Esteem?

Self-esteem, our evaluation of ourselves, can range between feeling that we are worthy and valuable members of society to feeling we are worthless and valueless. William James (1890) offered a simple yet profound definition:

$$\text{Self-esteem} = \text{Successes/Pretensions}$$

This formula says we can raise our self-esteem in two ways: by accumulating successes and by reducing our pretensions. Reducing our pretensions means accepting ourselves for who we are without holding unrealistic expectations. When our pretensions chronically exceed our actual successes, we feel dissatisfied with ourselves and experience low self-esteem. Note that this sort of low self-esteem is completely self-induced by our own pretensions. But when our successes exceed our pretensions, we feel good about ourselves and experience high self-esteem. Thus, James's formula could be restated:

$$\text{Self-esteem} = \text{Successes achieved/Successes expected}$$

To understand this formula imagine how you would react after getting a grade of "B" on an exam or term paper. James's formula tells us that your reaction depends completely on your prior expectations: If you expected to receive an "A," you will be disappointed by the "B" and will experience (momentary) lowered self-esteem. But if you expected a grade of "C," you will feel good and experience higher self-esteem. James's simple formula raises the meaningful question of how often the ultimate cause of our own happiness or sadness lies within our own expectations for ourselves.

James (1890) further hypothesized that "staking our salvation" on those particular aspects of our identity contributes the most to our overall level of self-esteem. For example, the student who hoped to receive an "A" may have staked her salvation on her identity as an excellent student. Receiving a grade of "B" would be a bigger blow to her self-esteem than to another student whose salvation lies in off campus pursuits.

Is James's hypothesis correct? Yes, research findings support it. Consistent with James's hypothesis, Rosenberg (1965) showed that adolescents who hold negative self-concepts are likely to have overall low self-esteem only when they feel their flaws are personally important. To see yourself as a poor athlete, for instance, does not lower your self-esteem if you don't particularly value athleticism. Similarly, Pelham and

Swann (1989) found a strong relationship between identity and self-esteem: The more people value those skills they excel at, the higher is their overall self-esteem.

How Is Self-Esteem Measured?

Psychologists and nonpsychologists alike place a special significance on self-esteem because it is, they believe, an important determinant of our behavior. Children who become pregnant, drop out of school, or use drugs are believed to do so, at least in large part, because they have low self-esteem. The same belief applies to adults who maltreat their children, commit crimes, are chronically unemployed and dependent on welfare, or are addicted to alcohol and/or other drugs. Individuals with high self-esteem are unlikely, it is assumed, to engage in such self-defeating or deviant behavior. Therefore, it is reasoned, those who commit such deviant acts must have not felt good about themselves beforehand.

Numerous investigators have tested the hypothesis that low self-esteem is one of the reasons behind so many social problems. If this hypothesis were to be supported by observations in the real world, preventive social measures protecting (and even elevating) at-risk children's self-esteem could be enacted to prevent problematic behaviors down the time track. Obviously, this is a far from trivial issue. What have the investigators found?

The typical outcome has been disheartening. Most research on this issue has *failed* to find evidence in support of the hypothesis that self-esteem is systematically related to problematic behavior (Mecca, Smelser, & Vasconcellos, 1989). How can this be? Are our beliefs about the importance of self-esteem wrong? Or is it something else?

One plausible explanation for research failures to demonstrate the social importance of self-esteem lies in the inadequate measurement tools used by most investigators. There are three problems with most research efforts:

First, simple self-report measures of self-concept and global self-esteem (overall, all-inclusive self-esteem) are at best imprecise measurement devices (see Wylie, 1974, 1979 for a full discussion of this point).

Second, self-concept scales usually consist of standard questions that all participants answer. A person's self-esteem score is mechanically determined by computing the total favorable self-ratings minus the total unfavorable self-ratings. Because all items are scored the same way for everyone, they are not usually weighted to represent their relative importance to each individual. The typical self-esteem scale does not identify those specific aspects of the self-concept that the person values most highly.

Third, the absence of a universal, standardized definition of self-esteem has resulted in self-esteem scales multiplying like rabbits. More than 200 self-esteem scales are available. Most of them are not comparable to one another! It is no wonder that such little progress has been made in demonstrating the relationship of self-esteem to real-world behaviors (Scheff, Retzinger, & Ryan, 1989).

A major issue concerning how we should study personality, as mentioned in Chapter 1, is known as the nomothetic versus idiographic debate. The term nomothetic comes from the Greek *nomothetikos*: the giving or enacting of laws; idiographic derives from the Greek *idios*: one's own, as in idiosyncratic (Allport, 1937).

Nomothetic research involves testing large numbers of participants and averaging their scores on the variable or variables of interest. The goal of nomothetic research is to discover general laws that apply to everyone. Idiosyncratic responses (sometimes called "outliers") are either considered part of error variance, ignored, or dropped from the data set.

Idiographic research efforts are designed to discover the unique pattern of traits and motives that exist within an individual person. The goal of idiographic research is to understand in depth a particular individual in all his or her uniqueness.

Most research efforts that have failed to show the relationship of self-esteem to behavior have been nomothetic. High self-esteem individuals are identified as those who score above the average of all participants tested on that occasion. Low self-esteem individuals are those whose total score is below the group average. The group average on these tests tends to be very high because most normal individuals hold overly positive self-evaluations to begin with (Taylor & Brown, 1988). Being below average, then, doesn't necessarily mean one suffers from low self-esteem—in all likelihood, most of these research participants suffer from low self-esteem only in the minds of nomothetically minded researchers.

Idiographic research that takes the time to study each individual's unique self-concept and determine his or her own level of self-esteem apart from comparison to any group is far more likely to successfully demonstrate the importance of self-esteem Regrettably, such careful, time-consuming investigations are few and far between (Asendorpf, 2015; Pelham, 1993; Pelham & Swann, 1989).

Methodological issues aside, there is another possibility for the failure of self-esteem research to show that any single social problem has its roots in individuals' low self-esteem. Perhaps those teenagers who abuse drugs, drop out of school, become pregnant, and so on, have not yet formed a satisfying personal identity. If a person is not sure who he or she is, temptations to avoid immediate responsibilities by getting high, and so forth, are not countered by opposing personal values that serve to inhibit such behavior. Your identity, after all, resides at the core of who you think you are. What do we know about identity?

The Psychosocial Theory of Identity

> *The sense of ego identity is the accrued confidence that one's ability to maintain inner sameness and continuity … is matched by the sameness and continuity of one's meaning for others.*

—Erik Erikson (1959, p. 89)

Erik Erikson is the major theorist from the psychodynamic tradition who stresses the vital importance of identity. For deeply personal reasons, Erik Erikson (1902–1994) needed to develop a coherent understanding of psychosocial identity to solve his own severe identity crisis. Erikson was born out of wedlock to his Jewish–Danish mother in 1902. His mother never told him who his father was, an issue which haunted Erikson throughout adolescence and well into adulthood. Boundary issues fascinated Erikson because they permeated his life: Was he German, like his stepfather (Theodore

Homburger), Danish (like his mother), or American (his adopted home)? Asked whether he was Protestant or Jew, his answer was, "Why both of course!" (Friedman, 1999, p. 345).

Erikson's lifelong preoccupation with personal and social boundaries led him to one of his most important ideas, **pseudospeciation**: ethnocentrism makes every tribe, clan, or nation feel it is the *center* of the universe and *superior* to all other tribes, clans, or nations (e.g., "*American Exceptionalism*"). Consequently, members of every tribe, consciously or unconsciously, may view members of other tribes *as if* they belong to a different, inferior species than their own (Erikson, 1970, p. 431).

In coming to America in 1938, Erikson changed his name to Erik H. Erikson. He later explained, "I made myself into Erik's son. It is better to be your own origina-tor." At age 73 Erikson revealed, "Without a deep identity conflict I would not have done the work I did" (Friedman, 1999, pp. 147, 433). Erikson originally trained as a Freudian analyst before developing his own theory of personality, which accepts the major premises of traditional psychoanalysis. Erikson built on such Freudian ideas as unconscious conflict and psychosexual stages of development by situating the devel-oping person within a social context. Thus his approach is called **psychosocial** because it emphasizes both psychological variables within the developing person as well as those external social pressures to which individuals must adapt over the life span.

We presented Erikson's first four stages of development in Chapter 4. Table 5.1 summarizes the important elements from Erikson's next three stages.

In this chapter, we present Erikson's theory regarding the stages of adolescence, early adulthood, and adulthood. Erikson's last stage, Old Age, is covered in Chapter 10.

❖ **Table 5.1**   Summary of Erikson's Stages of Development

Life Stage	Psychosocial Crisis	Adaptive Ego Quality	Ego Core Pathology
1. Infancy (0–2 years)	Trust vs. Mistrust	Hope	Withdrawal
2. Toddler (2–3) years	Autonomy vs. Shame and Doubt	Will	Compulsion
3. Early School Age (4–5 years)	Initiative vs. Guilt	Purpose	Inhibition
4. Middle School Age (6–12 years)	Industry vs. Inferiority	Competence	Inertia
5. Adolescence	Identity vs. Identity Confusion	Fidelity	Repudiation
6. Young Adulthood	Intimacy vs. Isolation	Love	Exclusivity
7. Adulthood	Generativity vs. Stagnation	Care	Rejectivity
8. Old Age	Integrity vs. Despair	Wisdom	Disdain

Source: Erikson (1963, 1978, 1982). Reprinted from *The Life Cycle Completed* by Erik H. Erikson, with the permission of W. W. Norton & Company Inc. Copyright 1982 by Rikan Enterprises, Ltd.

Adolescence: Identity Versus Identity Confusion

Erikson's fifth stage of development occurs during adolescence. The *identity versus identity confusion* crisis begins to be resolved at this time. Establishing an identity, in Erikson's view, requires both an *intrapersonal process* (within ourselves) and an *interpersonal process* (relating to other people). The intrapersonal process of identity formation involves experiencing internal continuity of one's self over time as well as mentally integrating those new social roles—occupational, sexual, ideological—one is beginning to play. The interpersonal process involves finding our individual niche among the opportunities offered by society and being rewarded by society for doing so. The paycheck we receive for working symbolizes the worth society places on the value of our contribution. The individual needs to find his or her place in society and the society must provide opportunities to do so. Anyone who achieves a stable sense of identity experiences "a feeling of being at home in one's body, a sense of 'knowing where one is going,' and an inner assuredness of anticipated recognition from those who count" (Erikson, 1968, p. 165).

The key to understanding Erikson's view of the identity crisis is to recall that he proposes an epigenetic theory. This means, in this context, that how the adolescent handles the issue of who he or she is depends importantly on the resolution of the four prior life stage crises. In the ideal case, the four prior stages will result in the four ego strengths of hope, will, purpose, and sense of competence. Because each step is grounded in all of the prior steps, a person's identity intimately relates to these first four adaptive qualities. When the identity crisis makes its first conscious appearance, the adolescent who has already accrued these four primary ego strengths can resolve the identity crisis more easily and more favorably than someone who has not.

Erikson's theory is clear enough. Is there any evidence to support it? Yes. However, due to the inherent difficulty of testing his ideas, the methodologies employed are less than ideal. A convincing test of Erikson's idea would involve administering valid measures of the resolution of each crisis at the time it occurred and then observing how well or poorly each person resolved his or her identity crisis 15- to 20-years later. Such an ideally ambitious longitudinal investigation has yet to be reported.

The good news is that research results do support the reasonableness of Erikson's claims. College students who were ready to decide on their career paths demonstrated both more successful identity resolutions as well as successful resolutions of the prior four stages (Cohen, Chartrand, & Jowdy, 1995). These results were consistent with the observation that those college students who were more successful in resolving earlier psychosocial crises developed more mature career attitudes than those who did not (Munley, 1975).

An earlier cross-sectional study of college students found significant differences between seniors and freshmen on scales measuring industry, inferiority, and identity (Constantinople, 1969). A cross-cultural study using a self-report questionnaire to measure the personality components identified by Erikson found, as expected, these components to be strongly interrelated (Ochse & Plug, 1986). Also consistent with Erikson's ideas is research showing that college students' identity formations are related to their present feelings of competence, trust, and autonomy (Damon,

1983; Harter, 1990b). While each of the above studies are imperfect investigations of Erikson's main epigenetic hypothesis, all of their outcomes are at least consistent with his psychosocial theory of development.

Erikson holds that *fidelity* is the specific ego strength that emerges as the adolescent begins to resolve the crisis of identity versus identity confusion. The infant's adaptive quality of trust foreshadows the adaptive quality of fidelity. Fidelity refers to the adolescent's commitment to trust those role models one identifies with, the ideologies or social causes one finds worthy, and oneself as a competent, purposeful, intentional (willful), and hopeful person. Erikson (1982) notes that "hope connotes the most basic quality of 'I'-ness, without which life could not begin or meaningfully end" (p. 62). Erikson's epigenetic theory predicts that the ego strength of fidelity is more likely to be attained in those whose first crisis resulted in acquiring the ability to hope. The central significance of hope has been demonstrated by the extensive research program of Charles "Rick" Snyder (1944–2006) who summarized his key findings in *The Psychology of Hope* (2003).

Additional research supports Erikson's central premise that identity, or a well-defined self-concept, is important for a well-functioning personality. A 34-year-longitudinal study found that favorable identity solutions at age 20 correlated with favorable intimacy measures at ages 21, 34, 42, and 54, as well as overall satisfaction with one's own life at age 54 (Sneed et al., 2012). Moreover, individuals with a strong sense of identity, compared to those with tentative identities, are better able to regulate and control their own feelings and actions, set and successfully achieve their goals, have higher self-esteem, and project a consistent and socially desirable self-image to other people (Sedikides, 1993). Identity is unquestionably a key dimension of personality.

That Erikson holds our past to be an important determinant of our present functioning is, of course, quite in keeping with his psychoanalytic orientation. But the principle of epigenesis also looks to the future. Although the crisis of identity comes to the forefront during adolescence, its ultimate solution extends well into adulthood: "Epigenetically speaking, of course, nobody can quite 'know' who he or she 'is' until promising partners in work and love have been identified" (Erikson, 1982, p. 72). The adolescent's initial effort to find his or her place in the world represents a starting point toward resolving the identity crisis. Experience in the world is indispensible before we can discover who and what we love, the skills we possess, the kinds of work we enjoy, and our allegiance to particular ideologies—religious, political, intellectual, whatever. By successfully resolving the identity versus identity confusion crisis, we gain the ego strength of fidelity that gives us another strength to deal with ensuing psychosocial crises.

Erikson views identity development as a process over time. It may be a bumpy process for those adolescents who are unable or unwilling to commit themselves to a particular set of self-images. The core pathology associated with role confusion is *role repudiation,* an unwillingness to identify with any of the potential roles offered by one's society. Role repudiation may appear as diffidence which reflects a slowness in settling on any particular set of identity images. More seriously, role repudiation might result in a systematic defiance or marked preference for a *negative identity* (socially

unacceptable yet stubbornly held self-images). A juvenile delinquent, for example, might take pride in being a social "outcast" (Erikson, 1982) rather than being characterized as having low self-esteem.

A variation of negative identity is **toxic social identity**. A person displays a toxic social identity when his or her personality is centered around hating and dehumanizing one or more different social groups. The purpose of dehumanizing other groups is to allow the person to think of and treat them as if they are a different, lower species than human, thereby manifesting Erikson's previously mentioned concept of pseudospeciation. The motive (conscious or unconscious) supporting a toxic social identity is the building up and maintenance of one's self-esteem by derogating others (Fein & Spencer, 2000).

The tendency to dehumanize other social groups is associated with the following:

- Disagreeable personality characteristics such as psychopathy, narcissism, ultra-nationalism, and hostile attitudes
- An automatic emotional aversion to unfamiliar persons
- Hierarchical ideological positions, a social dominance orientation, and a strong belief in human dominion over animals. A social dominance orientation is a general attitude supporting the domination of particular groups over other groups, no matter how the domination originated (Sidanius & Pratto, 1999)
- Social disconnection from other people (Haslam, 2015; Haslam & Loughnan, 2014)

Erikson (1968) views adolescence as a period of **psychosocial moratorium** allowing the young person to experiment with different social roles before finding his or her niche in society. As a psychoanalyst, Erikson does not assume that we consciously experience moratorium as such. Only in retrospect do we realize that what we took so seriously as adolescents was in fact a needed experimentation with a particular identity image. The moratorium fails only if the young person remains chronically unwilling to select and affirm particular social roles (identity confusion) or prematurely settles on an identity before taking the time to explore different social roles. Some adults put

social pressure on teenagers by asking, "What do you want to be when you grow up?" This pressure pushes some teenagers to foreclose their identity crises prematurely by overidentifying with all parental values and wishes instead of taking time to discover what is right for one's authentic self.

Empirical studies of Erikson's theory of adolescent identity have been heavily influenced by James Marcia's related proposal of four identity status positions. In drawing on Erikson's theory, Marcia (1980) hypothesized that there are two essential components to adolescent identity formation: (1) a *crisis* during which old values and old choices are reexamined, and (2) a *commitment* to a particular social or occupational role and ideology. By combining these two components, four possible outcomes are generated:

1. *High crisis, high commitment*: Following a crisis of identity, the person firmly commits to a particular occupation and ideology. This positive outcome is called *identity achievement*.

2. *High crisis, no commitment*: The identity crisis remains in progress. This outcome is called *moratorium*.

3. *No crisis, high commitment*: The person precludes the experience of an identity crisis by prematurely committing to an occupation and ideology. Past decisions are not reevaluated. This outcome is called *foreclosure*.

4. *No crisis, no commitment*: The person is not presently experiencing an identity crisis (although an unresolved one may have been experienced in the past) and has not made an occupational and ideological commitment. This outcome, usually found very early in the process, is called *identity diffusion*.

Investigations of Marcia's classification scheme have found that the highest levels of self-esteem are often (but not universally) found among identity achievers, followed by the moratorium group, then foreclosure, and last by those in the identity diffusion group (Damon, 1983). Successful identity achievers also have been found to be less self-preoccupied with how others evaluate them and more self-assured than other adolescents (Adams, Abraham, & Markstrom, 1987).

College students with diffuse identity styles are likely to employ procrastination (see Chapter 9), wishful thinking, and tension reduction strategies when faced with stressful situations. They prefer to cope with their own anxious feelings rather than directly attack the problem causing their stress. In contrast, students whose identity styles are consistent with Marcia's identity achieved status are more likely to use direct, problem-focused attempts to solve their personal problems (Berzonsky, 1992).

College years are, to some extent, a continuation of psychosocial moratorium. So it is not surprising that high school graduates, who work full-time and do not go to college, report higher levels of identity achievement in establishing stable religious and political identities than do college students (Munro & Adams, 1977). Moreover, it is not unusual for college students to regress from identity achievement to moratorium at some point during their academic careers. Many students switch their majors at least once (Adams & Fitch, 1982). For most students, the moratorium period does not

last forever. Most college graduates emerge from the Ivory Tower with a college degree in hand and a firmer identity in mind than they had as entering freshmen (Waterman, 1982, 1985). Having faith in themselves and their ideals, they are now ready to enter the adult world of love and work.

General support was found for Waterman's (1999) proposition that more young adults are likely to change their identity status *from* foreclosure or diffusion *to* identity achievement status than changing in the opposite direction (Kroger, Martinussen, & Marcia, 2010). These data are consistent with Erikson's premise that identity achievement is a central life task for the individual no matter how long he or she takes to achieve it.

Moreover, identity achievement may be but one of the steps for continued *identity development* over the life span. Identity development means that as we gain new experiences throughout life, we discover new aspects about ourselves that change our sense of who we are. An individual may discover relatively late in life, for example, that she loves to paint, thereby opening up new aspects of her self-concept. Continual identity development is needed for our sense of identity to remain flexible and adaptive to our changing experiences (Carlsson, Wangqvist, & Frisen, 2015). The idea of continual identity development over the life course is totally consistent with Erikson's (1982) psychosocial view of the complete life cycle. Identity achievement does not mean our identities are set in stone.

Early Adulthood: Intimacy Versus Isolation

Young adults who successfully emerge from adolescence with stable identities "can be eager and willing to fuse identities in mutual intimacy" (Erikson, 1982, p. 70). The psychosocial crisis of young adulthood is the crisis of *intimacy versus isolation*.

Following, as it does, the establishment of a personal identity and stable self-esteem, intimacy depends on young adults' perceptions of themselves as competent and valuable individuals (epigenesis, again). Intimacy is a fundamental sharing of our innermost being with another person (McAdams, 1989). An intimate relationship between two adults requires both of them to be willing and able to recognize and empathize with each other's needs.

Gender differences in intimacy during adolescence are easily observed. Girls' friendships are characterized by greater knowledge of each other and greater sensitivity to each others' feelings. Girls engage in more talking, sharing, and giving than boys. Boys more often engage in mutual intimacy in the context of shared activities and sports. Intimacy within opposite-sex friendships emerges relatively late in adolescence (Collins & Steinberg, 2006).

Barriers to intimacy include all the ego core pathologies that have resulted from the unsuccessful resolutions of the earlier crises: chronic mistrust of others, a tendency to withdraw when stressed, feelings of shame, guilt, and/or inferiority, as well as identity confusion.

Isolation means remaining separated and unrecognized. The greatest psychological danger associated with chronic isolation is a continual reliving of one's identity

conflict and the potential return to identity confusion. Erikson, as shown in Table 5.1, identifies *exclusivity* as the extreme core pathology associated with isolation. Exclusivity refers to an elitist attitude the individual uses to shut out others not worthy of his or her attention and involvement in a relationship. As with the other Eriksonian stages, the presence of a core pathology disturbs further psychosocial growth.

Loneliness is a common symptom of isolation. Surveys indicate that as many as 25% of adults feel very lonely during any given 30-day period (Weiss, 1974). Loneliness may be short-lived or chronic. Either way, loneliness causes numerous specific effects in the brains of both humans and animals (Cacioppo, Capitanio, & Cacioppo, 2014). Chronic loneliness is a well-established risk factor for the onset of depression (Aanes, Mittlemark, & Hetland, 2010; Cacioppo, Hawkley, & Thisted, 2010).

People who are lonely are often socially anxious and often select social strategies that make intimacy difficult. For example, they are likely to verbally put themselves down and be passive in social interactions. They let others establish the direction and purpose of their joint activities (Langston & Cantor, 1989). The tendency to be self-deprecating is a sign of low self-esteem and chronic negative affect.

Chronically self-deprecating individuals make it difficult for others to enjoy their company. The gloom of negative affect makes it difficult to have a good time. Moreover, other people usually do not provide direct feedback regarding their negative reactions to hearing someone verbally berate himself. Since we're often unsure what will "set off" a person, it is safer to say nothing than provide potentially helpful feedback. Consequently, self-deprecators "turn off" other people, yet they do not know it, and thus they deprive themselves of information that would allow them to improve their social skills (Swann, Stein-Seroussi, & McNulty, 1992). This phenomenon is a special case of the more general one of individuals who are so unaware of their inadequacies that they see no need for improvement—an ironic case of being too ignorant to realize one is ignorant (Kruger & Dunning, 1999). Those who reveal their low self-esteem to others implicitly demonstrate that they cannot accept themselves—they have an identity problem.

These findings indirectly support Erikson's assumption that identity resolution relates to our ability to resolve the intimacy-isolation conflict. More direct tests of Erikson's claim, although few in number, also tend to be supportive. Orlofsky, Marcia, and Lesser (1973), for example, found that the more mature their male participants scored on a test of their identity status, the more mature they scored on a measure of intimacy. A similar positive correlation between identity and intimacy was found for women (and replicated for men) (Tesch & Whitbourne, 1982). Moreover, adolescents who were advanced on Marcia's (1980) classification system were also more likely to have formed intimate relationships (Dyk & Adams, 1990; Fitch & Adams, 1983).

Not everyone agrees with Erikson's hypothesis that intimacy follows identity. Some female psychologists view this sequence as male-centered. Carol Gilligan (1982), for example, argues that for women, "identity is defined in a context of relationship and is judged by a standard of responsibility and care" (p. 160). A woman, in other words, is more apt to define herself by her intimate relationship with a partner. Supporting Gilligan's analysis is the observations that men's self-esteem is associated

with success in personal achievements whereas women's self-esteem depends to a greater extent on her connections and attachments to other people (Josephs, Markus, & Tafarodi, 1992). Thus identity and intimacy may not be as sequential for women as they are for men.

Consistent with Gilligan's views, romantically involved college women feel little conflict over intimacy and seem to have few, if any, problems balancing their identity-pursuits with their intimacy needs (Cantor, Acker, & Cook-Flanagan, 1992). Do these results also apply to men? Unfortunately we do not know because men were not included in this study. Obviously, additional research is needed.

Erikson postulates **love** as the ego strength that develops from a successful resolution of the intimacy versus isolation conflict. He defines love as the capacity for mutuality that transcends childhood dependency. *Mutuality*, his key term, refers to a voluntary interdependence of the lives of two individuals. Various meanings of love have attracted the attention of serious thinkers for thousands of years.

What Is Love?

The question of whether love is some single, unified process or is composed of distinctly different elements has been investigated by numerous researchers since the early 1970s (e.g., Berscheid & Hatfield, 1974; Hatfield, 1988; Hendrick & Hendrick, 1992; Rubin, 1970; Sternberg, 1986). Their research has focused on three basic questions: Are there different kinds of? If so, what are they? How are they related?

I present two answers to these questions for your consideration. First, we look at the work of John Alan Lee. Lee (1973) describes, on the basis of extensive interviews of more than 4,000 adults, various "colors" of love that reflect different meanings and connotations to different people. Lee begins by identifying three "primary colors" of love:

Eros stresses the supreme importance of love in a person's life. Eros is based strongly on the physical attractiveness of one's partner and seeks early sexual relations with that partner.

Ludus (pronounced loo-dus) is the playful aspect of love. Ludic love is love practiced as a game or pastime. Ludic lovers may have more than one partner at any point in time and do not make deep emotional commitments to any of them. All ludic lovers, boys as well as girls, just want to have fun.

Storge (pronounced store-gay) is based on the love that grows out of friendship. Storgic lovers enjoy each other's company and share many interests and activities. The passionate element of love so crucial to erotic and ludic lovers is not that important to storgic lovers.

From these three "primary colors" of love, Lee identifies three "secondary colors" that represent combinations of two primary ones: **mania** is composed of eros and ludus, **pragma** combines ludus and storge, and **agape** is composed of eros and storge. Lee's major point is that creating a mutually fulfilling love relationship

is "not a question of *how much* love the partner returns, but *which kind*" (1988, p. 53, italics in original).

Another answer to questions about the nature of love has been provided by Ellen Berscheid (2010). Based on her analysis of numerous empirical investigations of love and intimate relationships, Berscheid posits there are four basic kinds of love:

Romantic-passionate love is activated by desirable qualities (e.g., physical attraction, sense of humor, etc.) in the other person, sexual desire, and the belief that one is liked by the other. Romantic-passionate love is Lee's *eros*. Behaviors associated with this form of love include those that encourage the other to initiate sexual relations.

Companionate love is friendship love, strong liking, and Lee's *storge*. It arises from proximity, familiarity, and similarity—variables that facilitate friendship formation. The actions that are associated with companionate love include spending time together, engaging in activities involving similar interests, and expressing liking to each other.

Compassionate love includes altruistic love, Lee's *agape*, and community involvement. Behaviors found in this type of love vary depending on the nature of the needs of the other.

Attachment love is a strong affectionate bond with an attachment figure. Behaviors connected with attachment love are those that promote proximity, as Bowlby (1969/1982) initially noted.

Research on Lee's and Bersheid's prototype models of love has been hampered by the lack of precise measuring instruments that clearly discriminates one type of love from another. This area clearly needs precise and validated measures of love to provide the empirical basis for these interesting proposals about love's nature (Campbell & Fiske, 1959; Fehr, 2015).

"It was love at first Tweet!"

Childhood Correlates of Intimacy and Love

Erikson's theory of the psychosocial stages of development implies that the different types of adult love are related to different types of childhood attachment patterns. If we assume that securely attached children are likely to resolve favorably Erikson's first psychosocial crisis—basic trust versus basic mistrust—then data that show the expected connection between (1) quality of early attachment to parents and (2) quality of love in adulthood can be taken as support for Erikson's epigenetic approach.

For example, how would you describe your single most important love experience? From their responses to a newspaper "love quiz," adults were classified into one of three attachment styles: 56% of the respondents indicated it was relatively easy for them to get close to others, and they did not especially worry about being abandoned. They were classified as "secure." 25% indicated they felt uncomfortable getting close to others and found it difficult to trust them completely. They were classified as "avoidant." 19% perceived that other people are reluctant to get as emotionally close to them as they would like, and they worried that their partners did not really love them. They were classified as ambivalent (Hazan & Shaver, 1987).

In comparing these three groups on their answers to questions about their single most important love experience, these investigators found distinct differences: Secure lovers described their experience as happy, friendly, and trusting. They accepted their partner in spite of his or her faults. Avoidant lovers experienced a fear of intimacy, emotional ups-and-downs, and jealousy. Ambivalent lovers revealed that their relationship involved obsession, desire for reciprocity, and extreme sexual attraction and jealousy.

Moreover, the three love style groups were observed to differ in their self-reported attachment history in childhood: Secure lovers perceived their parents to have been caring and affectionate; they saw their mothers as respectful, confident, and accepting; and they remembered their fathers as having been loving and humorous. Avoidant lovers described their mothers as cold and rejecting; ambivalent lovers were especially likely to remember their fathers as being unfair.

This observation of a connection between attachment history and quality of present romantic relationships has been replicated by other investigators (Collins & Read, 1990; Simpson, 1990). Other well-replicated findings include (a) avoidantly attached adults tend not to believe in romantic love; and (b) ambivalently attached adults are not confident they can establish a successful romantic relationship, and they fear their behavior could be destructive (Mikulincer & Shaver, 2007).

Research has also found an association between attachment styles and Lee's six styles of love. Securely attached adults favored the *eros* and *agape* love styles—the styles that encourage lasting romantic bonds. Avoidantly attached adults preferred lower *eros* and higher *ludus* (game-playing) styles. Ambivalently attached adults were more likely to favor *mania* as their preferred style of love (Mikulincer & Shaver, 2007). Consistent with both Bowlby's attachment theory and Erikson's psychosocial theory, people who report a secure attachment history tend to show greater trust and commitment in their present romantic relationships than those whose attachment histories are insecure.

"They say free-range husbands are healthier but they tend to wander off!"

All of the above data are consistent with the views of both Bowlby and Erikson. But we need to note that these data do not constitute definitive proof for either theoretical position, because of their methodological limitations: The observations depend on the adult participant's *memory* of his or her childhood relationship with the parents. Retrospective studies such as these can yield observations that are at best consistent with theoretical expectations, but the observations do not conclusively prove the theory's usefulness. The general principle is straightforward: In retrospective studies, selective memory and other variables—unmeasured and uncontrolled—might account for the observed correlations. Consequently, we cannot assume such observations are compelling evidence in support of any particular hypothesis. But at the very least these data are in line with theoretical expectations.

Out of their love for each other, then, young adult partners typically produce one or more children. This directly leads to Erikson's seventh psychosocial stage of development, adulthood.

Adulthood: Generativity Versus Stagnation

Adulthood, according to Erikson (1982), is the time when the crisis of *generativity versus self-absorption and stagnation* makes its appearance in our lives. "Generativity . . . encompasses *procreativity, productivity*, and *creativity*, and thus the generation of new beings as well as of new products and new ideas, including a kind of self-generation concerned with further identity development" (Erikson, 1982, p. 67, italics in original).

We find new dimensions to our personalities by caring for others, whether we narrowly define others as members of our immediate family or broadly embrace the family of mankind, including the earth with its flora and fauna, its mountains, oceans, and deserts. Failure to care about the next generation leads to increasing stagnation and self-involvement that can result in the ego core pathology of ***rejectivity:*** a chronic

unwillingness to include other people in one's generative concerns. This pathology may be shown by being compulsively self-preoccupied within one's narrow world of work and hobbies and/or obsessively concerned with one's public image. Feeling they had not been cared for in childhood by the key adults in their lives, these individuals are unwilling as adults to bestow care on others.

Adulthood, Erikson points out, is the time of life linking the present to the future generation. The new ego strength arising from the generative versus stagnation crisis is *care*—a widening commitment to help and sustain those persons, products, and ideas that are important to us. Erikson (1982) notes that all the ego strengths from earlier crises are needed for the intergenerational task of cultivating strength in the next generation of young people by teaching, guiding, and nurturing them. Active generative concerns often first surface when young adults begin raising their own children (Peterson & Stewart, 1993).

Abundant research supports Erikson's views on the significance of this stage. Parents who score high on generativity favor an authoritative, child-centered parenting style (Peterson, Smirles, & Wentworth, 1997). Generative adults are more politically involved and actively work for social change (Cole & Stewart, 1996). Generativity is consistently associated with various measures of mental health: Generative adults are more likely to show high levels of life satisfaction, happiness, and self-esteem (McAdams, Hart, & Maruna, 1998).

A major reason for the welcome emergence of research on generativity over the past 25 years is the availability of the Loyola Generativity Scale (LGS) to measure it (McAdams & de St. Aubin, 1992). The LGS consists of 20 statements that respondents evaluate on a 4-point scale, from 0 (the statement never applies to you) to 3 (the statement applies to you very often).

Scores on the LGS range between 0 and 60. Three representative items of the LGS are

1. *I try to pass along the knowledge I have gained through my experience.*

2. *If I were unable to have children, I would like to adopt children.*

3. *I feel as though my contributions will exist after I die.*

One longitudinal investigation of midlife generativity in women showed that a generative concern at age 43 was associated with greater investment and concern for intergenerational roles (daughter and mother) 10 years later (Peterson, 2002). Another found that generativity scores of women at age 52 correlated positively with three of the "Big Five" personality traits 10 years later: higher scores on extraversion, agreeableness, and openness to experience were related to higher scores on generativity. Higher scores on generativity are also associated with lower scores on neuroticism. Moreover, the higher the scores on generativity, the greater is one's satisfaction with life 10 years later (Peterson & Duncan, 2007).

As Erikson predicted, young men's generative concern significantly increased over the decade from their mid-20s to their mid-30s. Corresponding scores of women

did not change, however, since women showed as much generative concern in their mid-20s as did men in their mid-30s (Einolf, 2014).

Finally, the results of three more investigations support Erikson's epigenetic approach:

- A 22-year sequential study tested individuals ranging in age from 20 to 42 years. As subjects aged, there was increased resolution for the first seven psychosocial crises (Whitbourne et al., 1992).
- Young adults who are more skilled at self-regulation scored higher on generativity concerns; higher generativity concerns, in turn, were associated with increased sense of the purpose of life (Busch & Hofer, 2012).
- The positive association between generativity and experiencing a meaningful life was replicated in a study of elderly adults across four cultures (Hofer et al., 2014).

Numerous positive associations between generativity and social responsibility, active involvement with civic, political, and/or religious groups, and breadth of friend-ship connections have been found (McAdams, 2006). Generativity is a crucial stage in the development of personality.

Humanistic/Narrative Approaches to Identity and Self Esteem

The Person-Centered Approach of Carl Rogers

The goal the individual most wishes to achieve, the end which he knowingly and unknow-ingly pursues, is to become himself.

—Carl Rogers (1961, p. 108)

Have you ever said to someone, or even thought to yourself, "I'm not myself today"? We seem to understand intuitively what phrases such as "wanting to become myself," "trying to find myself," or "I'm not myself" mean. Still, don't you find some-thing odd about these common expressions? When I say, "I'm not myself," am I really saying that an aspect of myself that "I" don't want to identify as "me" has made an unwanted appearance? Such curious phrases raise the question of how "I" and "me" got to be such strangers in the first place.

Self-Alienation

There are two general answers to how self-alienation develops:

1. From a historical perspective, the "self" seems to have first become a social problem in the early days of the 20th century. Only within the past 100 years or so has there been widespread cultural understanding that the "self" is an elusive, hidden, inner quality that is not identical to one's public actions (Baumeister, 1987).

2. From the psychological perspective, Carl Rogers (1951, 1961) traces the development of individual self-alienation to the conditions of early childhood socialization. Our

self-concept develops from initial interactions with significant people in our lives. When our parents praised us for being "good" and blamed us when we were "bad," we internalized these experiences into our earliest sense of ourselves. Furthermore, pleasing powerful caretakers takes clear precedence over expressing our authentic but contrary feelings and perceptions that might anger them. As a consequence, Rogers notes, infants easily learn to exclude all threatening self-perceptions. These are threats caused by discrepancies between what they really feel (such as anger) and what their parents want them to feel (happily compliant).

Is self-alienation inevitable? No. Rogers (1951) believes parents who (a) accept their child's wants and feelings can (b) accept their own feelings about the child's undesirable behaviors and they can communicate to the child their *acceptance of him or her as a person* (as distinguished from their repudiation of his or her unacceptable behaviors). This vital distinction enables their child to develop healthy self-esteem as an integral part of his or her undivided self-concept.

The acceptance of a person irrespective of how he or she behaves is called ***unconditional positive regard***. Accepting a *person* need not imply a blanket approval of that person's *actions*. A father can tell his child, "I love you but what you did is wrong," and still provide unconditional positive regard. From repeated experiences of receiving unconditional positive regard from his or her parents, a child learns to feel the same way toward himself or herself, which Rogers calls ***positive self-regard***. Positive self-regard is Rogers's term for positive self-esteem.

In sharp contrast, when a child's self-concept and self-esteem depend almost entirely on always acting the right way, the child learns to seek approval from adults for "being good" and avoid disapproval by not "being bad." When this occurs, the child has internalized ***conditions of worth:*** the value that other people (and ultimately the child) place on specific actions. Conditions of worth develop as children feel they have value in the eyes of significant adults *only* if they behave the way adults want them to. In other words, conditions of worth develop out of children's experiences of ***conditional positive regard*** (Rogers, 1959).
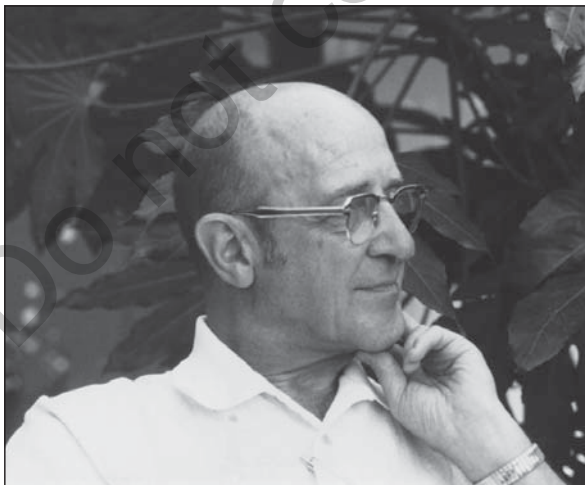
Photo 5.1   Carl Rogers (1902–1987)

Carl Rogers initiated a sea change in thinking about personality. He showed that we are not passive victims of either our biological urges or our prior reinforcement history. Rather, we are active agents seeking to enhance our lives by means of self-actualization.

Key publications:

Client-Centered Therapy (1951)
On Becoming a Person (1961)

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So what's the problem? Aren't most children raised this way? Yes, answers Rogers, and that's precisely why self-alienation is so widespread. Rogers holds that conditions of worth and conditional positive regard split a person between her true self and the mask she wears to get the approval of others

To Rogers (1959), there is one fundamental human motive—the ***actualizing tendency***—which is "the inherent tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism" (p. 196). As a result of this actualizing tendency, infants engage in the ***organismic valuing process***. This is their use of the actualizing tendency to decide how to evaluate each experience: Is it good or bad?

Rogers maintains that whatever the infant perceives is the infant's reality. By trusting our own experiences, Rogers believes that we would naturally do what's right for our own growth. Typically, however, parents impose their values on the child, restricting him or her from those actualizing experiences they judge to be unsafe, socially unacceptable, unprofitable, or morally wrong. If parents communicate they will not love the child if he or she persists in these unacceptable behaviors, the child faces a conflict between two powerful realities: the internal actualizing tendency and external conditions of worth. Because all children have a strong need for ***positive regard*** (that is, to be loved), they solve the conflict by accepting the conditions of worth and denying their organismic valuing tendency. The child, at some level of awareness, learns: "Other people know better than I do what's good for me." The seeds of self-alienation are planted early and deep.

Self-Concept and Self-Esteem

Rogers uses the terms ***self*** and ***self-concept*** synonymously.[1] He distinguishes how we actually see ourselves (actual self-concept) from how we would like to see ourselves (ideal self-concept). Rogers notes that if our actual self-concept matches or is congruent with our ideal self-concept, then we are likely to have a healthy level of self-esteem and be on the path of self-actualization. But if our actual self-concept is incongruent with our ideal self-concept, then we are likely to feel anxious, experience low self-esteem, and/or feel self-alienated. Rogers (1954) reported that in one case, a particular client's self-ratings of her actual and ideal self correlated more highly after a year of therapy than at the beginning of therapy. This indicates that her perceived self matches more with her ideal self, and she is less self-alienated. Her ideal self-concept became more realistic. Similar increased agreements between the actual self and the ideal self from pre- to post-therapy were found within a group of 25 clients (Butler & Haigh, 1954). Rogers interprets these data as indications of positive mental health.[2]

Self-concept and self-esteem are related. People who are certain of their positive self-attributes, attributes they deem important, have higher self-esteem than those who are uncertain of their own attributes (Pelham & Swann, 1989). Okay, but what is the real value of having high self-esteem? Studies show that high self-esteem helps us to persist after an initial failure. Self-esteem seems to act as a buffer against premature discouragement. Like *The Little Engine That Could*, we keep trying (Baumeister et al., 2003).

A strong sense of identity encourages a person to feel in control of his or her future outcomes ("I know what I want and I know I have the skills to get it"). Thus identity promotes feeling self-confident and good about oneself. Conversely, people with low self-esteem tend to hold less clearly defined self-concepts (and are less certain about their own attributes) than people with high self-esteem. Those who do not like themselves very much apparently prefer to live with a certain degree of mental fuzziness about who they are and they thereby remain uncertain about their feared personal inadequacies (Baumgardner, 1990; Campbell, 1990).

The Narrative Approach of Dan McAdams

Narrative identity is the internalized and changing story of your life that you begin to work on in the emerging adult years.

—Dan McAdams (2006, pp. 83–84)

Dan McAdams (1993) proposes a theory of personal identity that centers on the proposition that each individual "comes to know who he or she is by creating a heroic story of the self" (p. 11). In other words, you create your own identity by constructing a story, a narrative, that integrates your past experiences, your present situation, and your hopes and plans for the future into a coherent, meaningful whole (McAdams, 2006).

We begin to fashion the material for our personal narrative identity from our earliest childhood experiences. McAdams agrees with Erikson that infants develop unconscious attitudes of hope or despair out of their earliest experiences of love and trust with their caregivers. In McAdams's theory, our earliest attachment relationships affect our *narrative tone*. On the one hand, securely attached children are more likely to create narrative identities that are essentially optimistic and hopeful about the future; insecurely attached children, on the other hand, are more likely to adopt identities that are pessimistic and doubtful about the future (McAdams, 1993).

McAdams hypothesizes that those unconscious *images* that pervade an adult's identity are based on preschool experiences. These images are a synthesis of our early experiences within the family, with our childhood friends and relatives, and from exposure to portrayals in movies, television, the Internet, and other media. In his view, narrative tone and imagery are the essential contributions of early childhood to adult identity.

Narrative identity is the key concept in the narrative study of lives. Narrative identity is the individual's "internalized, evolving, and integrative story of the self" (McAdams, 2008, p. 242). The stories we create reflect our attempt to weave a coherent account of who we once were, who we are now, and who we could become within our relationships to our family, friends, and the wider community. In accord with Erikson's psychosocial approach to personality development, McAdams maintains "the self comes to terms with society through narrative identity" (McAdams, 2008, p. 243).

Our life-story themes are related to our personality dispositions. Individuals who score high on the trait of neuroticism tend to tell stories with more negative emotion, less positive emotion, and less growth. People who score high on openness to experience tend to tell stories that are highly coherent (McAdams & Manczac, 2015). Studying personality via the life narrative approach may be organized around six common principles (McAdams, 2008):

1. *The Self Is Storied*: Human beings are natural story tellers. When we talk about our lives to others, we do so via stories. ("Guess who I met today!")

2. *Stories Integrate Lives*: Stories connect disparate elements of our lives into satisfying integrated and coherent narratives.

3. *Stories Are Told in Social Relationships*: We narrate the events in our lives differently to different audiences. We take account of characteristics of our audience and tailor our stories accordingly (e.g., telling the same event to a child versus an adult).

4. *Stories Change Over Time*: Since our lives are not stagnant, neither are our narrative identities. Personality development, new experiences, and unavoidable lapses in memory all contribute to changes to our narrative identities.

5. *Stories Are Cultural Texts*: Stories reflect the culture in which we developed. For example, memories of North Americans are usually more self-focused than memories of people from East Asia, which center around social interactions (Wang, 2001; Wang & Conway, 2004).

6. *Some Stories Are Better Than Others*: Narrative psychologists investigate the characteristics that create a good life story and how these features are associated with maturity and psychological health (e.g., Bauer, McAdams, & Sakaeda, 2005; King, 2001). Moreover, some psychotherapists see the therapeutic process as one of life story revision and repair. Narrative therapists help individuals transform their damaged and disorganized life stories into new ones that promote coherence, growth, and health (Angus & McLoud, 2004; Singer, 2005).

The research program of McAdams and his colleagues focuses on Erikson's seventh stage of development, generativity versus stagnation. Generativity in adulthood is often found in those adults whose life narratives are characterized by *redemption*. These adults, in one way or another, work to promote the welfare of future generations. The discovery that generative adults share similar narrative identities was made within one of the few research programs that combine idiographic and nomothetic approaches to investigations of personality (McAdams, 2006).

Single-Variable Research Programs

This final section of the chapter presents five research programs that emphasize single important aspects of identity and self-esteem. These variables are self-discrepancy, self-verification, identity fusion, the sociometer, and self-efficacy. These research programs are notable because they make major contributions to our understanding of

identity and self-esteem. We begin with the research program of E. Tory Higgins and *self-discrepancy*.

Self-Discrepancy Theory

E. Tory Higgins (1987) wants to understand the psychological significance of discrepancies between various aspects of our mental self-representations. The essence of his *self-discrepancy theory* is that in addition to your *actual* self-concept and your *ideal* self-concept, you also possess an *ought* self-concept: Your beliefs about your present duties, responsibilities, and obligations.

Self-discrepancy theory predicts and finds that different sorts of discrepancies are associated with different emotional states:

1. The discrepancy between how we perceive our *actual* self versus our *ideal* self (we are not the person we would *like* to be) causes us to feel one or more of the *dejection-related* emotions: We feel disappointed, ashamed, or sad. If we fail to make the honor roll, cheerleading squad, or chess team, when the hopes and dreams of our ideal self are tied to such outcomes, we will probably feel depressed.

2. Any discrepancy between perceptions our *actual* self versus our *ought* self (i.e., we are not the person we think we *should* be) will cause us to feel anxious, guilty, or fearful of receiving punishment. If we don't attend class, don't do our assignments, and don't study, we might feel anxious about such dire outcomes as failing the course, flunking out of school, and needing to choose another career.

Self-discrepancy theory also includes your *can* self, which refers to beliefs about your potential, and your *future* self, which refers to beliefs about the type of person you are likely to become. Participants' actual, ideal, ought, can, and future selves are measured, and discrepancies, if any, are noted. Research finds that the most depressed and dejected people are those whose can or future self is the same as their ideal self, *but* their actual self chronically falls short of their ideal. In other words, when we are not the person we would like to be, yet we still feel we could be that sort of person, we feel especially sad (Higgins, Tykocinski, & Vookles, 1990).

Self-discrepancy theory has been successfully applied to increase our understanding of eating disorders such as *bulimia* (binge-and-purge eating) and *anorexia nervosa* (compulsive, unhealthy dieting). Because people suffering from bulimia have been found to be chronically depressed (e.g., Lee, Rush, & Mitchell, 1985), self-discrepancy theory predicts that these individuals will show a discrepancy between their *actual* and *ideal* self-concepts. Moreover, because people suffering from anorexia have been observed to be anxious, prone to feeling guilty, and conscientious in meeting the demands of others (e.g., Bruch, 1973), self-discrepancy theory predicts that these people will reveal a discrepancy between their *actual* and *ought* self-concepts. Support has been found for both hypotheses. People suffering from bulimia are likely to feel depressed that they are not who they would like to be, whereas those suffering from anorexia are likely to feel anxious that they are not the person they think they ought to be (Strauman et al., 1991).

Since anxiety and depression usually correlate with each other (*comorbidity*), it is challenging to hypothesize differential results due to the specific type of self-discrepancy. The comorbidity of anxiety and depression might explain the inconsistent support that self-discrepancy theory has received across eight separate investigations (Watson, Bryan, & Thrash, 2014).

Although the relative magnitudes of the two self-discrepancies are stable over a 3-year period (Strauman, 1996), it is frequently found that *both* kinds of self-discrepancies are associated with *both* anxiety and depression. Larger self-discrepancies are associated with greater social anxiety, greater negative affect (e.g., irritability and fearfulness), and decreased positive affect, such as pride and interest (Hardin et al., 2007; Watson, Bryan, & Thrash, 2014).

The above findings are consistent with the view of Carl Rogers (1959) that positive therapeutic changes in self-esteem are due to a reduction of the client's discrepancy between the real self and the ideal self. The more specific hypotheses of self-discrepancy theory offer a promising approach to understanding the conditions under which particular sorts of discrepancies within the self result in predictable sorts of emotional experiences (anxiety or depression). Persuasive support for self-discrepancy theory awaits improved measures of ideal, ought, and actual selves as well as new measures of anxiety and depression characterized by greater discriminatory precision (Campbell & Fiske, 1959).

Self-Verification Theory

William Swann's (1987) *self-verification theory* assumes we all prefer to receive feedback from others that confirms or verifies our view of ourselves. Feedback from you that supports my self-concept allows me to predict the course of future social interactions with you and others. If I think of myself as socially adept and charming, I hope you'll agree with my self-assessment. But if I learn that you really think I am an insensitive oaf, I am likely to have two reactions: My feelings will be hurt and I will become uncertain about this aspect of my self-concept.

Whenever we receive social disconfirmation about a *positive* (and valued) self-attribute, these two reactions are likely. But how would you react if you received disconfirmation concerning a *negative* self-attribute? Suppose you think of yourself as a poor dancer. Then, after dancing with a new partner, you are told you are a *marvelous* dancer. What would you think? Will you instantly revise your self-concept and adopt the nickname "Twinkletoes"? Or might you wonder if your dance partner had too much to drink and so there is no need to modify your unflattering (but accurate) choreographic self-concept?

Self-verification theory assumes, as did Prescott Lecky's (1945) self-consistency theory, that our need for information verifying or supporting the correctness of our self-concepts can sometimes override *self-enhancement*, our wish to obtain favorable information about ourselves from others. Yes, we feel good when others compliment us. But do we feel good when we doubt the compliment is true? No, of course not.

Self-verification theory predicts that when our self-concept is unambiguously negative about a certain attribute, we prefer that other people confirm this view rather

than flatter (and confuse) us with false information. Much research supports this hypothesis. Married people with negative self-concepts are more committed to those spouses who think *poorly* of them than to spouses who disconfirm their negative self-concepts by thinking highly of them (Swann, De La Ronde, & Hixon, 1994; Swann, Hixon, & De La Ronde, 1992).

Self-verification theory has been successfully applied to social identity. Your social identity consists of those aspects of yourself that connect you to a social group, such as your ethnic group, religion, political ideology, sports team, and so on. Your social identity is as real and important as other aspects of your identity (Turner & Onorato, 1999). Will your desire for self-verification appear when your social identity is made salient?

Studies of gender identity reveal that participants prefer to interact with someone who verifies a negative aspect of group identity (e.g., women can be melodramatic) to someone who does not (Chen, Chen, & Shaw, 2004). Similarly, group members who verify one another's self-views create greater group cohesion than when members fail to verify one another's self-concepts (Swann, Milton, & Polzer, 2000). Moreover, people prefer to interact with those who verify their ingroup identities more than with those who flatter them (Gomez et al., 2009).

Some people identify so strongly with their collective identity that it becomes equivalent to their personal identity. Insulting their social group is as painful for such individuals as insulting them personally. These individuals are considered to be in a state of ***identity fusion***. Individuals who express a willingness to sacrifice their own lives for the sake of their group have fused their collective identity with their personal identity. Their strong emotional attachment to their social group overrides their instinct for self-preservation. How do individuals who exhibit identity fusion differ from those who do not?

Identity Fusion Theory

Identity fusion theory is an extension of self-discrepancy theory. William Swann and his colleagues hypothesize that when an individual has fused the personal and social identities, these identities become functionally equivalent. This means that a challenge to either personal or social identity will motivate increased willingness to engage in extreme behavior (e.g., fighting and dying) for his group. Such extreme behavior will not be found among those individuals who do not show identity fusion. Not only did the results of three experiments strongly support this hypothesis (Swann et al., 2009), it has been replicated 13 times across three ensuing investigations (Swann et al., 2014; Swann, Gomez, Dovidio, et al., 2010; Swann, Gomez, Huici, et al., 2010).

Identity fusion theory is based on four principles (Swann & Buhrmester, 2015):

1. *The Self as Agent Principle.* We experience ourselves as *agents* whenever we feel we are in control of our actions and, by our actions, we control events in the world (Haggard & Tsakiris, 2009). Wanting to buy something and then purchasing that item is an everyday example of acting as an agent. Identity fusion theory predicts and finds that increases in a highly fused person's sense of agency (engaging in physical activity, for example) intensifies pro-group behavior (Swann, Gomez, Huici, et al., 2010).

2. *The Identity Synergy Principle.* A challenge (e.g., disrespect, insult) to a highly fused individual's personal or social identity will result in increased pro-group behavior. Data supporting this principle has been reported by Swann et al. (2009) and has been replicated at least 13 times, as mentioned above.

3. *The Relational Ties Principle.* Highly fused individuals will be more inclined to sacrifice their lives for fellow group members than will less-fused individuals. Research supporting this principle has been cited above. Moreover, even if they are ostracized from their group, highly fused individuals nevertheless showed increased endorsement of extreme behavior in support of that group, which was not true for those whose identities were not fused (Gomez et al., 2011).

4. *Irrevocability Principle.* Once a person has fused his personal identity with his social identity, he or she will always have a fused identity with that social group. Research into the stability of identities over periods of 1 to 18 months found that the test-retest correlation for highly fused individuals was significantly higher ($r = .60$) than the test-retest correlation ($r = .28$) for those whose identities are not fused (Swann, Jetten, et al., 2012).

Of these four principles, the weakest empirical support to date is for the Irrevocability Principle. A test-retest correlation of .60 indicates that the identities of a substantial number of individuals did *not* remain fused to their social group.

Identity fusion can result in good or bad social outcomes. Being the target of an identity-fused suicide bomber is obviously a terrible outcome for his victims and their families. Positive benefits of identity fusion can be seen in such pro-social actions as risking one's life to save others during a disaster or caring enough about one's community to volunteer time and money for its welfare. For example, those Americans who were strongly fused with their country were especially likely to provide support to the victims of the bombing attack at the Boston Marathon on April 15, 2013 (Buhrmester et al., 2015). Identity fusion can also be beneficial to an individual in that a strong bond with a social group can fulfill belongingness needs and help to provide a meaningful, satisfying life (Jetten, Haslam, & Haslam, 2011).

Our motives for self-esteem and self-enhancement may be satisfied by identity fusion. But, self-enhancement, please note, can be a two-edged sword: On the one hand, it can be beneficial to remind ourselves of our strengths whenever our self-esteem has taken a temporary "hit." On the other hand, self-enhancement can also artificially enlarge an already inflated ego to the point where anyone who does not enthusiastically confirm such egotistical delusions risks a hostile, even violent reaction (Baumeister, Smart, & Boden, 1996). This ambivalent connection between self-enhancement and self-esteem is explained by *sociometer theory* proposed by Mark Leary and his colleagues (Leary & Baumeister, 2000; MacDonald & Leary, 2012).

Sociometer Theory

Sociometer theory accepts one of evolutionary psychology's key assumptions: The human mind consists of distinct, dedicated brain circuits, called *modules*, which were naturally selected because they aided human survival and/or reproduction. These

modules are hard-wired at birth. Each module is dedicated to one specific domain relevant to survival and/or reproduction (Kurzban, 2010; Tooby & Cosmides, 2005).

Consider the facial recognition module. Almost all humans have the ability to know instantly if a person they see is familiar or unfamiliar. We do not need to take Face Recognition 101 to develop this skill. Nor do we need to exert conscious energy to use it. As soon as we see a human face, we automatically and instantly classify it into one of two categories: familiar or unfamiliar. That is how all modules function—they work automatically and without conscious effort.

Even so, the facial recognition module is not 100% accurate. We may be fooled by a stranger who looks like someone we know or we may be unable to recognize a familiar face, even our own. This is a medical condition called *prosopagnosia*, described vividly by Oliver Sacks in *The Man Who Mistook His Wife for a Hat*. Nevertheless, like other biological systems, the facial recognition module works reasonably well most of the time. Accumulated evidence from many disciplines (e.g., psychology, neuroscience, genetics, primatology) strongly suggests that face recognition is an adaptation (Ploeger & van der Hoort, 2015). Our survival might depend on our ability to distinguish quickly between a familiar friend and a dangerous stranger.

At the neurological level, there are a number of different methods used to detect modules in brain networks (Sporns & Betzel, 2016). The ongoing research challenge is to connect these neurological modules with those postulated by evolutionary psychologists, such as modules for (a) detecting cheaters, (b) identifying potential mates, (c) detecting threats to mate-poaching, and (d) ostracizing those group members who might be carrying a contagious disease (Buss & Penke, 2015). Sociometry theory assumes that (1) human social life is essential for survival, (2) all individuals need at least minimal acceptance by other people, and (3) humans possess a hard-wired brain circuit—*the sociometer*—that screens and monitors our social environment for cues relevant to our *relational value* in the eyes of people who matter to us. *Social acceptance* and *social rejection* are the end points on a scale of relational value (Leary & Guadagno, 2011).

Sociometer theory further assumes that whenever we detect and experience social acceptance and social rejection, we feel good or bad about ourselves. These self-relevant feelings—our self-esteem—are an important part of this modular system. All modular systems are activated only by those specific stimuli that are relevant to that module. The modular system of vision, for example, is activated by light waves but not by odors (Fodor, 1983; Pinker, 1997). Since we evolved to function within a social group, a modular sociometer expects individuals to be sensitive to subtle cues to changes in their social value.

Data supporting the sociometer hypothesis were obtained in a study of overweight women. The experimenter, a woman of normal weight, wore either (a) a t-shirt that depicted relatively heavy women holding hands with the statement "everyBODY is beautiful" or (b) a plain white t-shirt. One week later, the women who saw the "everyBODY is beautiful" t-shirt had significantly higher self-esteem than the women who saw the plain white t-shirt, but *only* when the second testing was done by the *same* experimenter (who wore a plain t-shirt on second testing). As expected by sociometer

theory, self-esteem is sensitive to signals of being valued by others and is relationship specific. Women who were exposed to the "everyBODY" t-shirt on week one but were tested by a different experimenter on week two did not show an increase in self-esteem (Weisbuch et al., 2009).

Do you think your self-esteem would change if you spent a year in a foreign country? Changes in the self-esteem of over 800 German high school students who participated in a year-long international exchange program were related to the students' feelings of social inclusion by the host country. As predicted by sociometer theory, there was a significant positive increase in a student's self-esteem when he or she felt socially included by the host country. These positive changes in self-esteem were especially pronounced among those students whose intial self-esteem was low (Hutteman et al., 2015).

Finally, sociometer theory directly applies to those situations where a person, based perhaps on inadequate parenting in childhood, sets his or her sociometer too low. A "too-low" setting means that the individual detects less social support and approval than what is true in reality and consequently experiences low self-esteem. A person whose self-esteem is chronically low (i.e., low trait self-esteem) is likely to react to ambiguous evaluations as if they were negative (Koch, 2002). This is doubly unfortunate because individuals who feel they have less value to others may act on this erroneous assumption by withdrawing from the relationship or by becoming angry. In either case, the other person may want to end the relationship. Moreover, those individuals who suppress expressing their emotional reactions in social situations are viewed by others as socially avoidant. Consequently, other people do not want to affiliate with them. A "too low" sociometer setting can result in an unintentional self-fulfilling prophecy (DeHart, Pelham, & Murray, 2004; Leary & Toner, 2015; Tackman & Srivastava, 2015).

At the other extreme, an individual may set his sociometer too high. While the illusion that he is more popular, better liked, held in higher esteem than is factually true contributes to his feeling good about himself in the short run (Taylor & Brown, 1988), the long-run consequences can be disastrous. Individuals who act conceited, snobbish, or "stuck up" are disliked or may be socially rejected. They may react aggressively when confronted with the feedback that they are not as superior and talented as they think they are (Baumeister, Smart, & Boden, 1996). When high self-esteem reaches narcissistic levels, there is the potential for violence should the feedback be interpreted as an "insult" (Bushman & Baumeister, 1998). Moreover, when a person's narcissism becomes seriously problematic for *other* individuals in that person's life, there are grounds for a diagnosis of Narcissistic Personality Disorder (see Chapter 8). There *is* such a thing as *too much* self-esteem.

Self-Efficacy Theory

There is a growing body of evidence that human attainments and positive well-being require an optimistic sense of personal efficacy.

—Albert Bandura (1989, p. 1176)

Bandura's concept of self-efficacy refers to our expectation that we have the capability to enact the behaviors needed to reach our goals. Self-efficacy is our *belief* that we have the behavioral skills needed for success in a particular situation. Simply *possessing the skill* to give an entertaining public speech is not sufficient to do so. We need to *believe* we have the skill. Our efficacy beliefs vary for different tasks. High self-efficacy refers to my strong belief that I can execute a particular behavior (e.g., write and send an email); low self-efficacy refers to my belief that I cannot perform the behavior (e.g., remove a virus from my computer).

Bandura (1989, 1997) focuses his attention on the individual as a causal *agent* in bringing about (or failing to bring about) desired outcomes. As we saw in Chapter 1, Bandura draws an important distinction between *efficacy* expectations and *outcome* expectations. Let's say Jack wants to go on a date with Jill. Jack's *positive outcome expectation* is his knowledge that a specific action (asking her out) might bring about the outcome he desires (she might say "Yes"). But, alas, Jack is too shy and cannot bring himself to perform the required behavior. His efficacy expectation is too low for him to ask Jill. As a consequence, they never date. Efficacy and outcome expectations are not the same.

These two types of expectations might differ in the other direction as well. I could hold a *negative outcome expectancy* (the behavior will *not* produce the desired result) and at the same time have high self-efficacy (I know I can execute the behavior). For example, I know I can explain the many fascinating strategies of baseball to my wife, but my outcome expectation (based on past experience) is that she will continue to politely try to suppress her yawning reflex. Again, efficacy and outcome expectations are not the same.

Where does self-efficacy come from? Bandura (1986) identifies four sources of our expectations in our behavioral competence:

- *Successes and failures associated with our own past performance:* Prior successes lead to self-efficacy; past failures lead to the absence of self-efficacy in similar situations. *Mastery experiences,* in which we try and succeed at accomplishing our goals, are usually the most important factors in determining self-efficacy.
- *Inferences based on observing the effects of others' actions:* Observing others learn to succeed by executing the necessary behavior can lead us to believe that we also can learn to do these behaviors.
- *Encouragement and persuasive efforts by others:* Exhortations such as "You can do it!" most effectively change another person's self-efficacy when they are combined with precise information about *how to execute* the behavior. Persuasion by itself is usually ineffective (and often annoying).
- *Reinterpreting the meaning of physiological arousal:* We may interpret feeling anxious while doing a new behavior as a signal that we are not very good at this task, which can decrease self-efficacy; task failure therefore becomes more likely. But if we reinterpret the symptoms of anxiety as excitement, or we learn that "everyone in this situation feels butterflies," the experience of physiological arousal is less likely to instigate those intrusive negative thoughts (e.g., "I'm just no good at doing this.") that interfere with the behavior's execution.

Consider this example of practical research generated by Bandura's self-efficacy theory: The goal of this study was to increase women's empowerment over the threat of physical violence (Ozer & Bandura, 1990). Forty-three women, ranging in age

from 18 to 55 years (average = 34), enrolled in a self-defense program. These women received training in a mastery model program from a female instructor who taught them how to ward off attacks by men. Detailed instructions and practice with simulated attacks were provided in 5 weekly sessions, for a total time of about 23 hours. Six months after the training sessions ended, 35 women completed various measures of self-efficacy.

The researchers found that the mastery modeling program enhanced numerous dimensions of self-efficacy relevant to self-defense. The women perceived they could cope better with an attack. They were better able to control intrusive negative thoughts of failure. They also felt less vulnerable to physical assault and engaged in more public activities that they previously avoided out of fear of attack. The authors conclude, "The results of this study indicate that empowering people with the means to exercise control over social threats to their personal safety serves both to protect and liberate them" (Ozer & Bandura, 1990, p. 485). These positive results were replicated in another self-defense program: Many women felt more confident when in potentially dangerous situations, they were more comfortable when interacting with strangers, and experienced more positive feelings about their bodies (Hollander, 2004).

Bandura (1989, 1997) summarizes much of the growing literature on the relationship of self-efficacy to other personality variables. For example, people with high self-efficacy *persist longer* at a task in the face of obstacles, are more inclined to *anticipate successful future outcomes*, are better able to "*turn off*" *negative thoughts* associated with potential failure, and are more likely to *enter risky situations* in which they might fail even though they feel just as anxious as their low self-efficacy counterparts. These characteristics are also associated with high self-esteem.

With regard to beginning and continuing with a physical exercise program, self-efficacy "has represented the strongest, most consistent psychological correlate of physical activity behavior" (Higgins et al., 2014, p. 891). Self-efficacy predicts adherence by coronary heart patients to an exercise program (D'Angelo et al., 2014) as well as sobriety for (former) substance abusers (Kelly & Greene, 2014).

It is clear that self-efficacy is an important way to conceptualize identity and self-esteem. Indeed, self-efficacy seems to bridge these two concepts. By conceiving ourselves as self-efficacious in those areas of life that we value, we thereby feel in control of our fate, at least to some extent. We thereby identify ourselves as competent. This makes us feel good about ourselves. Increasing our self-efficacy changes both our identity and our self-esteem.

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QUESTIONS TO PONDER

1. Have you ever been asked, verbally or in writing, to answer the question, "Who are you?" Do you like or dislike to answer this question? Why? Have you ever thought of answering "Who wants to know?"

2. If William James is correct that your self-esteem is a ratio of your actual successes to your "pretensions" about yourself, what are the two ways you can increase your

self-esteem? Is it easier to increase the numerator or to decrease the denominator? Is it possible to identify your pretensions *before* they adversely affect your self-esteem? Where did your pretensions come from?

3. In the Declaration of Independence of the United States of America, all individuals are presumed to have the inalienable right to life, liberty, and the pursuit of happiness. Is the pursuit of happiness the same as the pursuit of self-esteem? If not, how do they differ? Would U.S. history be any different if Thomas Jefferson had written that all people have the inalienable right to high self-esteem?

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NOTES

1. As mentioned in Chapter 1, Rogers is by no means the only personality theorist to obfuscate the issue by writing as if who we *are* (our self) is identical to our *concept* of who we are. See Westen (1991) on the need to distinguish clearly between the concept of "self" and the "self-concept."

2. It is important to note that the "self-ideal discrepancy" measure used by Rogers and his colleagues is now known to be seriously flawed and is no longer used by sophisticated investigators. A discussion of these flaws takes us beyond the scope of this text. The interested reader is referred to Cronbach and Furby (1970) and Wylie (1974, 1979).

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SUGGESTIONS FOR FURTHER READING

Erikson, E. (1968). *Identity: Youth and crisis.* New York, NY: Norton.
Hoover, K. (1996). *The power of identity.* Chatham, NJ: Chatham House.
Maalouf, A. (1996). *In the name of identity: Violence and the need to belong.* New York, NY: Arcade Publishing.
Sen, A. (2006). *Identity and violence: The illusion of destiny.* New York, NY: Norton.

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INTERNET RESOURCES

1. For information about confidence and well-being, see http://www.centreforconfidence.co.uk/.

2. To take the Rosenberg Self-Esteem scale, go to http://personality-testing.info/tests/RSE.php.

3. To take a brief test of identity and the identity crisis, go to https://www.psychologytoday.com/blog/fulfillment-any-age/201203/are-you-having-identity-crisis.