In this chapter, we examine the role of self-esteem in complex self-regulation. Although high self-esteem generally is associated with superior self-regulation (Bandura, 1989; Taylor, 1989), we present evidence indicating that high self-esteem may interfere with self-regulation when self-esteem is threatened. We propose that an optimal level of self-esteem is important for successfully making and living up to commitments.

THE NEED FOR SELF-REGULATION

Self-regulation occurs when behavior is guided more by internal standards and expectations than by situational contingencies, cues, or guides (Bandura, 1989; Carver & Scheier, 1981; Kirschenbaum, Tomarken, & Humphrey, 1985). Individuals self-regulate when they set their own goals or standards and try to attain these goals and standards...
SELF-ESTEEM AND SELF-REGULATION FAILURE

LOW SELF-ESTEEM (THE LITTLE ENGINE THAT CAN BUT WON'T)

Self-regulation failures among people with low self-esteem are most often related to their tendency to underestimate their capabilities and subsequently to set more humble goals for themselves. By attempting less challenging goals, they attain lesser outcomes (Campbell & Fairey, 1985; Coopersmith, 1967); such behavior must be considered inadequate self-regulation.

Individuals with low self-esteem attempt less challenging goals for a number of reasons. For example, low self-esteem individuals expect to perform worse than do those with high self-esteem (Brockner, 1979; McFarlin & Blascovich, 1981). These negative expectations may cause them to undertake less challenging goals, which they view as being better matched to their abilities. Similarly, low self-esteem individuals lack self-clarity, are less certain about their abilities and skills, and are therefore less confident that their efforts will lead to success (Baumgardner, 1991; Campbell, 1990). This lack of self-clarity means that they are not sure about what they are capable of, and therefore they play it safe by keeping their aspirations modest.

Individuals with low self-esteem may be motivated to set lower goals for themselves because they are concerned with protecting themselves from the image-damaging consequences of failure; high self-esteem individuals are more concerned with enhancing their public image (Baumeister & Tice, 1985; Baumeister, Tice, & Hutton, 1989). Hence, for self-protection, low self-esteem individuals use behavioral and psychological strategies (e.g., self-handicapping or making excuses) to minimize the impact of failure on their self-image (Tice, 1991). By setting impediments in the way of success and by making excuses, low self-esteem individuals hope to escape public scrutiny about the inadequacy of their performance. At the same time, by setting goals that are easier to attain, they are less likely to fail and to suffer from embarrassment, humiliation, or other injuries to their self-images.

The attributions for behavioral outcomes made by low self-esteem individuals contribute to their motivation to set lower goals in order to minimize the likelihood of failure. Most individuals take credit for their successes and blame external factors for their failures (Cohen, van den Bout, van Vliet, & Kramer, 1989; Kuiper, 1978; Rizley, 1978; Zautra, Guenther, & Chartier, 1985). Low self-esteem individuals, however, are less likely to make these self-serving and self-protective attributions, and they tend to make internal attributions for failure (Fitch, 1970; Ickes &
Layden, 1978; Tennen & Herzberger, 1987). To avoid blaming themselves if they fail, they might set goals that are less demanding but have a high probability of success.

Thus, low self-esteem individuals consistently choose less risky and challenging actions because they are threatened by failure (Josephs, 1990). Failure reinforces the negative self-concept of low self-esteem individuals, partially because they tend to make internal attributions and blame themselves for failure, but also because they may not have the necessary coping strategies to overcome such experiences (Tennen & Herzberger, 1987). Therefore, they do not persist at difficult tasks or at tasks where they might fail (Brockner, 1983; Campbell & Fairey, 1985; Shrauger & Sorman, 1977).

In summary, self-regulation failure among low self-esteem individuals is related to their tendency to set less challenging goals for themselves. This could be because they lack a realistic knowledge of their own abilities, because they lack self-confidence, or because they try to avoid the image-damaging consequences of failure by pursuing and persisting at tasks where they are more likely to succeed.

### High Self-Esteem (If the Little Engine Really Can't, It Shouldn't Try)

Individuals with high self-esteem generally undertake more challenging goals than do individuals with low self-esteem (Bandura, 1989). They expect to perform better (Brockner, 1979; McFarlin & Blascovich, 1981), and they usually do perform better than individuals with low self-esteem (Brockner 1979; 1983; Taylor, 1989). This can be considered efficient self-regulation, because a realistic knowledge of their potential capacities enables them to achieve their loftier goals.

Although these ambitions can often lead to superior performance, they are also likely to increase the number of failure experiences. High self-esteem individuals, however, generally use a variety of different methods to cope with such failures, such as making external attributions for failure, increasing their ratings on self-dimensions that are unrelated to the failure experience (Baumeister, 1982) in order to affirm their positive self-views (Steele, 1988) and derogating out-groups in response to ego threats in order to enhance self-esteem (Crocken, Thompson, McGraw, & Ingerman, 1987). Likewise, after failure, individuals with high self-esteem work harder and therefore tend to perform better than those with low self-esteem (Perez, 1973; Shrauger & Sorman, 1977). This reinforces the notion that hard work pays off, increases future task persistence, and bolsters existing levels of self-esteem.

Although individuals with high self-esteem generally outperform those with low self-esteem in self-regulatory tasks, certain circumstances might promote the opposite outcome. In these cases, self-regulatory failure among high self-esteem individuals is related to overconfidence. For instance, it is well documented that many people overestimate their ability to control outcomes over which they actually have little or no control (Langer, 1975; Taylor & Brown, 1988). These “positive illusions” are often associated with healthy psychological adjustment (partially because those who lack these illusions tend to be more depressed; Taylor & Brown, 1988), but they may become dysfunctional and maladaptive when they exceed optimal levels (Baumeister, 1989). People with high self-esteem risk setting overly ambitious goals and expecting too much from themselves, and therefore they often experience failure directly because of their overconfidence. Although an increase in the number of failures is probably “part of the territory” for those who set challenging goals, these failures are offset by the superior payoffs that occur when they do not fail. It is possible, however, that high self-esteem individuals set goals that are so challenging or so lofty that they will never be obtained. In these cases, there is no success to counteract the failure, and available coping mechanisms may not be sufficient to withstand the onslaught of repeated failure. Setting goals that are too ambitious may ultimately be more self-defeating than setting goals that are too easy, because failure is likely to result from the former, whereas success (even though it is diluted) is more likely to be the outcome of the latter course of action.

The tendency to make unrealistic commitments or set unrealistic goals, and therefore the tendency to experience self-regulatory failure, may be especially likely to occur when high self-esteem individuals feel personally threatened (Schlenker, Weigold, & Hallam, 1990). In this case, the need to affirm or enhance their egos may be likely to promote overconfidence or the setting of impossible goals or standards. For instance, Baumeister and Tice (1985) found that for subjects who had to repeat a task at which they had failed, subjects with high self-esteem performed best after a humiliating failure, whereas subjects with low self-esteem performed best when they could avoid self-blame by attributing failure to an external cause. Thus, those with high self-esteem are most highly motivated to perform or excel after they have experienced a failure for which external attributions are not possible.

Likewise, those with high self-esteem make more optimistic predictions regarding future performance after initial failure than after initial success, and they respond to failure with increased persistence (McFarlin & Blascovich, 1981). This increased persistence may not always
pay off in superior performance. For example, if the task is unsolvable or if sufficient performance is unattainable, increased performance is counterproductive. There is evidence that high self-esteem subjects sometimes persist at tasks where they are unlikely to succeed. For example, McFarlin, Baumeister, and Blascovich (1985) found that high self-esteem subjects persisted longer in a truly unsolvable task than did low self-esteem subjects; this occurred even when subjects were instructed not to persist. Hence, because persistence was not a useful strategy, high self-esteem subjects performed more poorly than did low self-esteem subjects. McFarlin (1985) later demonstrated, however, that high self-esteem subjects did not persist if they were told that the task might be unsolvable, and they were also more prudent than low self-esteem subjects when they were aware of the contingency between outcome and effort. Similarly, Sandelands et al. (1988) found that high self-esteem subjects persisted longer than low self-esteem subjects only when they expected that persistence was a useful strategy (see also Janoff-Bulman & Brickman, 1982). If the situation has some degree of ambiguity, though, it seems that high self-esteem individuals may engage in nonproductive persistence.

In these studies, persistence was nonproductive rather than counterproductive. That is, subjects did not suffer any genuine negative consequences from persisting. Do high self-esteem subjects fail to self-regulate and continue to persist at tasks even when such behavior is counterproductive?

Baumeister, Heatherton and Tice (1993) recently demonstrated the counterproductive influence of high self-esteem in the face of ego threats on a complex self-regulatory task. Subjects in these experiments choose performance contingencies for themselves on a video game from among several options, with larger monetary rewards linked to greater chances of failure. In the absence of an ego threat, subjects with higher self-esteem showed a superior capacity for self-regulation than those with low self-esteem by setting appropriate goals and meeting them; thus, they left the experiment with more money than did low self-esteem subjects. However, under conditions of ego threat (the suggestion that subjects should set low goals because they might not be able to perform effectively under pressure), subjects with high self-esteem set inappropriate, risky goals and ended up with smaller monetary rewards than subjects with low self-esteem. Under threat, subjects with high self-esteem were also significantly more likely to choke under pressure (i.e., to show performance decrements under conditions when superior performance is important; see Baumeister, 1984) than subjects with low self-esteem. These results suggest that under some conditions, such as when their abilities are questioned or when their egos or self-esteem is threatened, high self-esteem individuals may fail to regulate appropriately. This study showed that the failure to make realistic goals in the face of ego threat had genuine monetary consequences for high self-esteem individuals.

Although people with high self-esteem are normally quite effective at complex self-regulation—they make accurate predictions that enable them to commit to reachable and appropriate goals, and they manage their performance so as to reach these goals successfully—under ego threat, high self-esteem persons become concerned with making a good, self-enhancing impression, fail to set realistic goals and do not perform optimally. Low self-esteem subjects make better use of external guides for performance (Brockner, 1983) and therefore, when the advice is useful (as it was in the Baumeister, Heatherton and Tice study), low self-esteem subjects outperform high self-esteem subjects. Thus, sensitivity to external demands might lead to positive consequences and therefore should not always be considered in the negative manner of yielding or submissive behavior (Brockner, 1983). Of course, a reliance on external guides and cues generally suggests poor self-regulatory capacities and therefore cannot always be considered an optimal strategy.

The influence of failure on subsequent self-regulatory performance as a function of self-esteem is largely unknown. Because high self-esteem individuals generally show better self-regulation than low self-esteem individuals, it is possible that they might learn from their failures. Conversely, it is possible that failures might lead to greater ego threat and therefore increase counterregulatory behavior. An example of such everyday self-regulatory behavior is the attempt to achieve weight loss.

**Dieting, Self-Regulation, and Self-Esteem**

One of the most common and interesting examples of making a commitment (which highlights the important role of self-regulation) is attempted weight reduction. Up to 80% of women and many men undertake dieting at some point in their lives (Heatherton & Polivy, 1992). Dieting obviously involves the need to make some form of cognitive commitment and to live up to that commitment. Studies have indicated that high self-esteem individuals might be better able to live up to a weight loss commitment (Mayo, 1978; Rodin, Elias, Silberstein, & Wagner, 1988); thus the low self-esteem dieter may underestimate the
SELF-ESTEEM CHANGES

The possibility that self-regulation failures may have a negative and cumulative impact on trait self-esteem has not yet been examined. We speculate that repeated failures—in any domain—are likely to diminish feelings of self-worth. Research on this topic has been held back by conceptual ambiguity about self-esteem. Self-esteem is normally considered a stable trait, and therefore researchers have not often examined whether failure changes acute levels of self-esteem.

There is considerable evidence that situational factors can lead to temporary changes in self-evaluation (Baumgardner, Kaufman, & Levy, 1989; Jones, Rhodewalt, Berglas, & Skelton, 1981), and it appears that although self-esteem is a relatively enduring trait, there are fluctuations that can be measured (Heatherton & Polivy, 1991). Some aspects of the self may be more malleable than others, and individuals are generally able to offset a threat to one dimension of their self-esteem by affirming other, unrelated aspects of the self (Steele, 1988). This fluidity is probably more typical of individuals with high self-esteem; they seem more likely to make external attributions for their failures and to affirm other aspects of their selves. Those with low self-esteem may base their sense of self in only one domain, and therefore may be less able to affirm themselves in other areas. Because they tend to make internal attributions for failure, people with low self-esteem may generalize their negative feelings to other, unrelated domains (Kernis, Brockner, & Frankel, 1989). This may explain why low self-esteem has been implicated in the development of a variety of emotional problems, including chronic depression and severe anxiety (Brockner, 1983; Pyszczynski & Greenberg, 1987; Taylor & Brown, 1988; Tennen & Herzberger, 1987).

The recent development of a measurement scale for state self-esteem may facilitate research on the negative consequences of self-regulatory failure. Heatherton and Polivy (1991) developed the State Self-Esteem Scale (SSES) to measure temporary changes in self-esteem. The SSES is comprised of 20 items based on the Janis-Field Feelings of Inadequacy Scale (Janis & Field, 1959); it measures three different components of state self-esteem. The first component, performance self-esteem, is evaluated by items such as “I feel confident about my abilities” and “I feel like I’m not doing well.” Social self-esteem is evaluated by items such as “I feel self-conscious” and “I am worried about what other people think of me.” The third component, appearance-based self-esteem is evaluated by items such as “I feel satisfied with the way my body looks right now” and “I feel unattractive.” A recent study using structural equation modeling and confirmatory factor analysis found
that state self-esteem is distinct from mood (Baggozi & Heatherton, 1991). Moreover, the SSES has been shown to be sensitive to real-world and laboratory manipulations and therefore may help determine the impact of failure on both high and low self-esteem subjects in order to understand the reciprocal interactions between self-esteem and performance (Heatherton & Polivy, 1991). That is, the SSES can be used to examine the negative consequences of failure on subsequent self-esteem, and the resultant effect that changes in self-esteem have on self-regulation.

SELF-ESTEEM: THE GOOD, THE BAD, AND THE UGLY

Our limited examination of the influence of self-esteem on commitments and self-regulation suggests that, just as there seems to be an optimal "margin of illusion" (Baumeister, 1989) for people not to become overly optimistic or pessimistic, there might be an optimal range of self-esteem for self-regulatory behavior. High self-esteem may lead to maladaptive consequences when the "positive illusions" that preserve self-esteem at normal levels become exaggerated and lead to out-of-control behavior. Taylor and Brown (1988) identified three major categories of positive illusions that are held by the majority of individuals and are beneficial for health and well-being: unrealistically positive views of the self, exaggerated perceptions of personal control, and unrealistic optimism. We are most concerned with the first illusion.

Extremely exaggerated views of the self (especially when unfounded) may be associated with poor self-regulation and poor reality testing, as seen in episodes of mania, grandiosity, and delusions of infallibility (Beck, 1967; Langer, 1975). (One could speculate that individuals who score extremely high on self-esteem inventories are posturing, but there is evidence that such positive self-evaluations are also held privately; Greenwald & Breckler, 1985). Such exaggerated views of the self are most likely to be seen in response to self-esteem threats (Greenwald, 1985; Raskin, Novacek, & Hogan, 1991). People with very high self-esteem may not be able to change maladaptive behavior, because all their effort and energy is directed toward preserving and enhancing their self-image. Thus, they may ignore information suggesting that their behavior is self-defeating. For instance, employees with very high self-esteem may not be able to accept criticism about their performance; they may attribute such criticism to prejudice or envy, and their subsequent performance will suffer. Similarly, academics with unrealistically high levels of self-esteem may keep trying unsuccessfully to publish a paper in a high-status journal when the better option in the long run would be to publish it in one of lower status. Extremely high levels of self-esteem might eventually be associated with feelings of paranoia when grandiose feelings are not supported by others (Raskin et al., 1991).

Conversely, people who are more realistic about the good and bad aspects of themselves (and thus score lower on self-esteem scales; Baumeister et al., 1989) are less vulnerable to illusions of control (Taylor & Brown, 1988). Such people are also likely to be depressed (Cohen et al., 1989; Tennen & Herzberger, 1987). Extremely low self-esteem is related to very poor self-regulation, such that a lack of effort and persistence at challenging tasks may lead to a variety of physical and mental symptoms, including chronic depression (Brockner, 1983), eating disorders (Heatherton & Baumeister, 1991), and many other self-defeating behaviors (Baumeister & Scher, 1988; Wahl, 1956). Thus, both extremely high self-esteem (i.e., far beyond the level warranted by one's abilities) and extremely low self-esteem (i.e., far below the level warranted by one's abilities) might be counterregulatory. The boundaries for very high and very low levels of self-esteem, still need to be identified.

The foregoing analysis suggests that there are negative consequences to holding either high or low self-esteem that contradicts one's actual level of competence. Thus, we can speculate about potential strategies to increase the functioning of those who are low and high in self-esteem. In order to optimize self-regulation, the confidence of low self-esteem individuals could be raised by identifying the dimensions of self-esteem most integral to that individual's sense of self and then bolstering that dimension. For example, individuals go on rigorous diets because they want to improve the physical-appearance aspect of their self-esteem. But very often dieting is unsuccessful, and repeated dietary experiences are likely to result in disinhibition, binge eating, and a loss of general self-esteem (Heatherton & Baumeister, 1991; Heatherton & Polivy, 1992). Therapeutic interventions aimed at increasing dieters' acceptance of their physical appearance increased both their state and trait self-esteem (Ciliska, 1990; Heatherton & Polivy, 1991). Once self-esteem was increased, these individuals were better able to deal with situations that promoted binge eating (Ciliska, 1990); that is, an increase in self-esteem led to increased self-regulatory capacities.

The self-regulation of individuals whose self-esteem is so high that they overestimate their capacities could be optimized by interventions aimed at preventing overconfidence in the face of ego threat. This could include teaching high self-esteem individuals to distance themselves from their performance, to become less ego-involved with tasks, and to
help them learn from failure experiences. To our knowledge, no such interventions have been made. In fact, the notion that high self-esteem needs to be treated at all may seem radical. Examples of failure that are a direct result of overconfidence are commonplace, however, and individuals with high self-esteem are not immune to the effects of their failures.

CONCLUSIONS

High self-esteem individuals are often regarded to be better in setting and meeting their goals and commitments than are those with low self-esteem. Under certain circumstances, however, people with high self-esteem become overconfident, persevere at unsolvable tasks, or function poorly under pressure, suggesting that the approach of those with high self-esteem is not universally superior. This inferior response is most likely to occur when the abilities or capacities of high self-esteem persons are questioned or when other aspects of their self-esteem or ego are threatened. It appears that an optimal level of self-esteem for self-regulation is neither excessively high nor particularly low.

One aspect of this analysis that we believe deserves pursuing is that of the potentially negative consequences of high self-esteem. For instance, do high self-esteem individuals use information about failure to regulate future behavior? In instances when they fail to regulate their behavior on one trial and are given the chance to regulate on the next trial, will they do so, or will they continue the spiral of self-defeating behavior? What sorts of behaviors do they show when they are threatened? Are these behaviors always more risky? How can we identify extremely low and extremely high levels of self-esteem?

Researchers have long held the bias that high self-esteem is preferred to low self-esteem. Although occasional cautions have been voiced about defensive high self-esteem (Schneider & Turkat, 1975) and grandiosity (Raskin et al., 1991), there is a pervasive tendency for North American society to value and promote self-confidence. When this confidence is unfounded, however, or when it leads to self-regulatory failure because goals are set that are unattainable, then high self-esteem may be counterproductive and may interfere with the ability to make and live up to commitments.

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