

# SELF-ESTEEM AND HUMAN RELATIONSHIPS

## 6. THE SELF-ESTEEM GAP

### 6.1. Negative Signs of Self-Esteem

A basic need of all people is that of believing that they are lovable and knowing that they are loved. When people have low self-esteem, however, they are anxiously unsure of themselves and likely even question if they are lovable. One of the main ways people try to find an answer to this question is to look to others, hyper vigilantly watching others' behaviors, listening to their words and tone of voice, mentally recording the ways that person acts toward them, even keeping score of what they think works and doesn't work. Of course, all too often what they conclude is not accurate.

What is low self-esteem? Low self-esteem is a debilitating condition that keeps individuals from realizing their full potential. A person with low self-esteem feels unworthy, incapable, and incompetent. In fact, because the person with low self-esteem feels so poorly about him or herself, these feelings may actually cause the person's continued low self-esteem. Here are some signs of low self-esteem:

- Negative view of life
- Perfectionist attitude
- Mistrusting others – even those who show signs of affection
- Feelings of being unloved and unlovable

Desperately seeking reassurance that they are lovable, those with low self-esteem look outside themselves and at the behavior of those closest to them, to find answers to the question of being lovable. Then, if the person who professes to love them, does not act in ways that they think would indicate this love, low self-esteem sufferers either: 1) try harder to please in order to win the love and attention of the significant other 2) become angry when they feel the significant other is withholding giving them what they need, or 3) feel they must be deserving of this treatment and conclude that they are indeed, unlovable. Finding this explanation

unbearable to fully conclude, however, they continue to vacillate between depression and anger toward the person from whom they want affirmation.

## **6.2. Influential Factors**

How does low self-esteem develop? The development of self-esteem is based on several factors and experiences that one goes through in their childhood. Depending on whether those experiences are negative or positive, one develops a sense of self, which then determines their self-worth. There are several factors that can lead to low self-esteem and once that is developed, it can carry over into adulthood, becoming a scale against which one determines their success and failure. But since this scale has been wrongly determined, it reiterates a person's belief that he/she is worthless and adds on several other negative emotions and traits as well. That is why it is important to zero in on the factors that cause low self-esteem so that they can be dealt with effectively. Usually, the traits of low self-esteem are developed due to certain experiences in childhood. At this age, the child's mind is highly impressionable and to add to that, the child does not know how to distinguish between what is right and wrong. Low self-esteem is caused by certain factors depending on the background and status of the person, his surroundings, age, association with the outside world and varied experiences in childhood and early adolescence. Let us review these low self-esteem causes in more detail; child abuse and punishments, negligence, excessive criticism, comparison with others, physical appearance, peer pressure, bullying and negative experiences.

## **6.3. Emotional Instability**

Emotional instability disorder, otherwise known as borderline personality disorder, is a relatively rare condition that tends to be more prevalent in women than men. There are several different emotional instability symptoms, many of which will adversely affect the patient's interpersonal relationships. While the condition is not very common, borderline personality disorder is classed as a serious mental health problem due to the high incidence of self-harming and suicidal tendencies. Most people suffering from emotional instability disorder suffer from very low self-esteem, which has a knock on effect on all areas of life and many sufferers are prone to bouts of extreme depression and a chronic sense of emptiness. If left untreated, the patient can begin to withdraw from the world and give in to their internal pain, distress and emotional numbness. Patients suffering from borderline

personality disorder are subject to mercurial mood swings, often for no apparent reason. Such changeable mood patterns can play havoc with close personal relationships, which makes living with a person suffering from emotional instability disorder very challenging. Many patients suffering from borderline personality disorder exhibit destructive behavioral traits. These can take on many different forms and include the likes of alcohol and drug abuse, gambling and compulsive shopping addictions, to the development of eating disorders and inappropriate or high risk sexual behavior. Borderline personality disorder patients are often very impulsive and likely to make rash decisions without thinking their actions through. This behavior pattern can include embarking on or ending relationships very quickly, or even rushing from one job to another. In chronic cases of emotional instability disorder, patients can become delusional and suffer from paranoia, psychotic episodes and hallucinations. These can include paranoid delusions about the people around them, hearing voices in their head, and an extreme sense of disconnection from the world.

#### **6.4. Mental Disorders**

A mental disorder, also called a mental illness or psychiatric disorder, is a mental or behavioral pattern or anomaly that causes either suffering or an impaired ability to function in ordinary life (disability), and which is not developmentally or socially normative. Mental disorders are generally defined by a combination of how a person feels, acts, thinks or perceives. This may be associated with particular regions or functions of the brain or rest of the nervous system, often in a social context. Mental disorder is one aspect of mental health. The causes of mental disorders are varied and in some cases unclear, and theories may incorporate findings from a range of fields. Services are based in psychiatric hospitals or in the community, and assessments are carried out by psychiatrists, clinical psychologists and clinical social workers, using various methods but often relying on observation and questioning. Clinical treatments are provided by various mental health professionals. Psychotherapy and psychiatric medication are two major treatment options, as are social interventions, peer support and self-help. In a minority of cases there might be involuntary detention or involuntary treatment, where legislation allows. Stigma and discrimination can add to the suffering and disability associated with mental disorders (or with being diagnosed or judged as having a mental disorder), leading to various social movements attempting to increase understanding and challenge social exclusion. Prevention is now appearing in some mental health strategies.

The definition and classification of mental disorders is a key issue for researchers as well as service providers and those who may be diagnosed. Most international clinical documents use the term mental "disorder", while "illness" is also common. It has been noted that using the term "mental" (i.e., of the mind) is not necessarily meant to imply separateness from brain or body. There are many different categories of mental disorders, and many different facets of human behavior and personality that can become disordered. Anxiety or fear that interferes with normal functioning may be classified as an anxiety disorder. Commonly recognized categories include specific phobias, generalized anxiety disorder, social anxiety disorder, panic disorder, agoraphobia, obsessive-compulsive disorder and post-traumatic stress disorder. Other affective (emotion/mood) processes can also become disordered. Mood disorder involving unusually intense and sustained sadness, melancholia, or despair is known as major depression (also known as unipolar or clinical depression). Milder but still prolonged depression can be diagnosed as dysthymia. Bipolar disorder (also known as manic depression) involves abnormally "high" or pressured mood states, known as mania or hypomania, alternating with normal or depressed mood. The extent to which unipolar and bipolar mood phenomena represent distinct categories of disorder, or mix and merge along a dimension or spectrum of mood, is subject to some scientific debate.

Personality, the fundamental characteristics of a person that influence thoughts and behaviors across situations and time, may be considered disordered if judged to be abnormally rigid and maladaptive. Although treated separately by some, the commonly used categorical schemes include them as mental disorders. A number of different personality disorders are listed, including those sometimes classed as eccentric, such as paranoid, schizoid and schizotypal personality disorders; types that have been described as dramatic or emotional, such as antisocial, borderline, histrionic or narcissistic personality disorders; and those sometimes classed as fear-related, such as anxious-avoidant, dependent, or obsessive-compulsive personality disorders. The personality disorders in general are defined as emerging in childhood, or at least by adolescence or early adulthood. There is also a category for enduring personality change after a catastrophic experience or psychiatric illness. If an inability to sufficiently adjust to life circumstances begins within three months of a particular event or situation, and ends within six months after the stressor stops or is eliminated, it may instead be classed as an adjustment disorder. There is an emerging consensus that so-called personality disorders, like personality traits in general, actually incorporate a mixture of acute dysfunctional behaviors that may resolve in short periods, and maladaptive temperamental traits that are more enduring. Furthermore, there are also non-categorical schemes that

rate all individuals via a profile of different dimensions of personality without a symptom-based cutoff from normal personality variation, for example through schemes based on dimensional models. Eating disorders involve disproportionate concern in matters of food and weight. Categories of disorder in this area include anorexia nervosa, bulimia nervosa, exercise bulimia or binge eating disorder. Sleep disorders such as insomnia involve disruption to normal sleep patterns, or a feeling of tiredness despite sleep appearing normal.

People who are abnormally unable to resist certain urges or impulses that could be harmful to themselves or others, may be classed as having an impulse control disorder, and disorders such as kleptomania (stealing) or pyromania (fire-setting). Various behavioral addictions, such as gambling addiction, may be classed as a disorder. Obsessive-compulsive disorder can sometimes involve an inability to resist certain acts but is classed separately as being primarily an anxiety disorder. The use of drugs (legal or illegal, including alcohol), when it persists despite significant problems related to its use, may be defined as a mental disorder. Some conditions are classified under the umbrella category of substance use disorders, which includes substance dependence and substance abuse. Disordered substance use may be due to a pattern of compulsive and repetitive use of the drug that results in tolerance to its effects and withdrawal symptoms when use is reduced or stopped. People who suffer severe disturbances of their self-identity, memory and general awareness of themselves and their surroundings may be classed as having a dissociative identity disorder, such as depersonalization disorder or Dissociative Identity Disorder itself (which has also been called multiple personality disorder, or split personality). Other memory or cognitive disorders include amnesia or various kinds of old age dementia.

A range of developmental disorders that initially occur in childhood may be diagnosed, for example autism spectrum disorders, oppositional defiant disorder and conduct disorder, and attention deficit hyperactivity disorder (ADHD), which may continue into adulthood. Conduct disorder, if continuing into adulthood, may be diagnosed as antisocial personality disorder. Popularist labels such as psychopath (or sociopath) are linked by some to these diagnoses. There are attempts to introduce a category of relational disorder, where the diagnosis is of a relationship rather than on any one individual in that relationship. The relationship may be between children and their parents, between couples, or others. There already exists, under the category of psychosis, a diagnosis of shared psychotic disorder where two or more individuals share a particular delusion because of their close relationship with each other.

## **6.5. Failures In Everyday Life by Attitudes Linked to Self-Esteem**

In practice, almost all of the research that has examined possible effects of self-esteem on such outcomes as health-threatening behavior patterns, anti-social activities, poor life management (poor work habits, etc.) has been conducted in such a way that it cannot distinguish between direct or indirect causal influences, mediators, correlated outcomes or effects. In particular, wherever a relationship has been found between self-esteem and some pattern of behavior, it has not been possible to rule out these last two possibilities; either that some other condition affects both self-esteem and the behavior in question or that this behavior influences self-esteem. This point is not always recognized by those scientists who are the most enthusiastic about the value of experimental evidence. Yet the point is particularly relevant with respect to self-esteem. It becomes clearer if one asks whether a person whose self-esteem has just been lowered is really equivalent to one whose self-esteem has been low for a long time. It is a fair guess that these are two very different kinds of people who could respond to the same circumstances – such as the opportunity to commit some misdemeanor in quite different ways. The behavior should also involve some economic or social cost. Prevalence is one but not the only determinant of the scale of such costs. The economic costs of common crimes such as burglary, assault, car theft are high not least because of the treatment meted out to convicted offenders. Ironically, however, the costs for victims are far lower than those of corporate crime though this latter kind of crime is seldom identified as a social problem. To review the role of self-esteem in the genesis of social problems, the best that one can do is to consider behaviors that do have clear and significant costs and about which there is enough research to allow some sensible conclusions. This latter requirement will exclude quite a lot that one might otherwise wish to consider. With these caveats in mind, the following list is proposed:

- crime and delinquency (and violent crime)
- racial prejudice
- abuse of illegal drugs (and tobacco use)
- alcohol abuse
- risky sexual behavior
- child maltreatment
- educational underachievement
- chronic dependency on state support
- eating disorder