Multiple Facets of Self-Esteem:

Within Attribution Style, Stress Coping and

Forgiveness

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ABSTRACT

Multiple Facets of Self-Esteem: Within Attribution Style, Stress Coping and Forgiveness

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Objectives. Empirically investigate the role of self-esteem occurring through an individual's social perceptions by examining the relationships between multiple facets self-esteem and three optimal function domains (attribution style, stress coping and forgiveness), which are specifically related to positive psychology. **Methods.** The relationship between uni-dimensional explicit self-esteem (Rosenberg's Self-Esteem Scale), two-dimensional explicit self-esteem (Self-Liking/Self-Competence Scale) and implicit self-esteem (Implicit Association Test for Self-Esteem) are examined among 591 participants (male = 263, female= 328). The relationships between multiple self-esteem with attribution styles are examined among 206 participants (male= 92, female=114). Both the relationship between multiple self-esteem and coping styles or forgiveness style are examined among 198 participants (88 male, 110 female). **Results.** Implicit and explicit self-esteem are two different, independent evaluative systems. Both Rosenberg's global self-esteem and IAT implicit self-esteem are significant predictors of internality and globality dimensions for attribution style, with Rosenberg's self-esteem having a bigger predictive power than IAT implicit self-esteem. Furthermore, implicit self-esteem is also found to account for the unique variance in stability dimension attribution style. There is no correlation between implicit self-esteem and coping styles, or between Rosenberg's traditional uni-dimension self-esteem and coping styles. Nevertheless, the findings show that the two-dimensional explicit self-esteem measurement (SLCS-R) is significantly and positively related to active and effective coping styles (approach coping, emotional regulation coping and reappraisal coping). Self-competence significantly has a stronger predictive power on the approach coping style than self-liking, which is found to account for the unique variance in the reappraisal coping style. Implicit self-esteem plays a critical role in forgiveness, showing that people with high implicit self-esteem find it more difficult to forgive themselves and forgive others, whilst people with high implicit self-esteem seem to be more likely to forgive the situation. **Conclusions.** These findings extend earlier research by identifying the relationship between explicit and implicit self-esteem, and suggesting that there are different characteristics in an individual's different self-esteem dimensions that can influence the process of positive outcomes when confronted with in attribution style, stress coping and forgiveness.

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CHAPTER 1

SELF-ESTEEM: CONSIDERATIONS WITHIN

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ABSTRACT

This chapter addresses the important role of self-esteem within positive psychology through five issues. Firstly, it starts by reviewing positive psychology and showing that self-esteem is linked with enhanced well-being domains. Secondly, it will look at how does self-esteem contributes to positive well-being outcomes. Thirdly, it takes a closer look at the perspective of multifaceted self-esteem model, which leads to individual well-being. Fourthly, it introduces three determinants that play important roles in positive individual characteristics that lead to well-being, which are: 1) attribution style, 2) stress coping style and 3) forgiveness. Fifthly, it will describe the aims of this chapter.

INTRODUCTION

Self-esteem is one key indicator of the various positive domains in social psychology that lead to enhanced well-being. It was not until recently that the whole field of positive psychology has made progress in this area. Psychologists have started to study the causes, correlate and define individual well-being. On the other hand, self-esteem is subject concerning the manifestation of positive self-evaluations and has

been studied extensively by psychologists from various research areas, with numerous written on the topic over the past century.

Positive psychology emphasises an individuals' potential, optimal functioning and supportive factors that contribute to enhanced well-being and the ability to contribute productively to other individuals and society (Seligman & Csikszentmihalyi, 2000). Previously, psychologists focused more on negative emotions, such as anxiety or depression (Abramson et al., 1989; Beck et al., 1988) but psychologists are now coming to terms with the notion that seeking happiness is our main motivation for making society more meaningful and valuable (Kasser & Ryan, 1996; Williams & Shiaw, 1999).

Self-esteem is an affective and cognitive appraisal process that an individual's self obtained from the active processes of learning and interacting with society. In practice, it refers to the way people evaluate their various abilities and attributes according to their social perceptions. Social perceptions are our subjective feelings about other people and their reactions to us. Therefore our self-evaluations are corrected, reinforced, developed during this complicated process in which our self-concept is becoming blended with our perceived social information. Thus self-esteem is also seen as reflecting the difference in an individual's perceptions between real and expected self evaluations (Swann, 1990).

This dissertation will focus on affective and cognitive correlations of both self-esteem and three special domains concerning individual potential, optimal functioning through four studies (Chapter's 3, 4, 5 and 6) to understand how self-evaluations occur through an individual's social perceptions, and how these self-

evaluations interact with the positive outcomes of some optimal functions domains which specifically contribute to positive psychology.

The structure of this chapter is as follows.

The first section starts by reviewing positive psychology to show that self-esteem is linked with enhanced well-being within a positive psychology context. It will summarise the most important findings of past research about how self-esteem contributes to enhancing well-being and then present inconsistent findings and shortcomings in previous research, which will then lead to addressing the multiple facets of self-esteem. In the fourth section, three positive domains (attribution style, stress coping style and forgiveness) regarding an individual's optimal functions will be introduced. On the basis of these, it will help understand the effects of self-esteem discussed in the following chapters concerning these three domains and build factors knowledge for positive psychology. Finally in the fifth section, aims and particular inspirations from this chapter will be described.

THEORETICAL BACKGROUND

Self-Esteem: Within Positive Psychology

Positive Psychology: The Search for Well-Being

The American Psychological Association (APA) was interested in 'mental illness' therapies that focused on 'impairing', which was also seen as being good for dealing

with psychological problems and mental diseases; however, the APA neglected the issue of guiding people about how to live an enriched, pleasant, and meaningful life (Clifton & Harter, 2003). Recently, the APA has shifted its focus on the notion of happiness-promoted well-being.

The purpose of positive psychology is to help people find inner psychological energy, such as optimism, courage, self-understanding, and interpersonal techniques, to withstand frustrations and manage conflicts so that individuals will not fall into a state of depression when encountering problems. Positive psychology also aims to help people maintain positive feelings (i.e. gratitude, forgiveness) towards the past, present and future, so as to use these advantages to seek satisfaction at work, in love, friendship and during leisure time, which further exercises individual goodness to live meaningfully (Gillham and Seligman, 1999; Snyder & Lopez, 2002).

According to Seligman (2002a), the power of positive psychology not only cures the wounds of the past but also help individuals discover and use their own inner resources to enhance their quality of life.

Definition of Well-Being:

What exactly is well-being? Is well-being perceived differently between different individuals? Is happiness or well-being destined or is it based on the choices we make? Can happiness or well-being be enhanced? It is not surprising to note that well-being does not have a uniform definition. Generally speaking, well-being is a state of emotional pleasure and life satisfaction (Shank & Coyle, 2002). The term 'well-being' suggests positivity and concepts such as happiness, self-liking, self-efficacy, optimism,

self-acceptance, a meaningful life, optimal functioning and life satisfaction.
Philosophers suggest that happiness or well-being is the most beautiful thing in the
world and the ultimate motive for humankind (Sylvester, Voelkl & Ellis, 2001). There
is little doubt that these ideas are universally appealing and, as a result, have been
studied by a number of researchers (e.g., Antonovsky, 1979, 1987a, 1987b;
Csikzentmihalyi, 1975; Diener, 1984; Kobasa, 1979; Kobasa et al., 1982; Maslow,
1968; Seligman, 2002a, 2002b; Seligman and Csikszentmihalyi, 2000). In general,
people regard well-being highly. Irrespective of culture (i.e. western or eastern) well-
being and life satisfaction are considered very important issues that have been long
pondered (Diener, 2000; Suh, Diener, Oishi, & Triandis, 1998, Rector & Roger 1996;
Lu and Gilmour et al., 2001).

From an emotional perspective, positive psychology research emphasises pleasurable
emotional experiences, believing that well-being originates from positive emotions
(Diener, Smith & Fujita, 1995). However, Buss (2000) argues that all in the current
psychological mechanism, everyone feels that positive emotions, happiness and the
sense of well-being, as well as the negative emotions of anxiety and depression, are
all functions of the evolutionary necessity for individuals to protect, survive and
reproduce. From the prospective of evolutionary psychology many negative emotions
can be thought as nature's way of telling that a problem exists (i.e. fear and anger may
aid individuals in focusing on the source of interfere, feel guilty may make people
more likely to help, people who value their experience of regret may obtain beneficial
consequences). For the ultimate well-being, evolutionary psychologists believe that
negative emotions are adaptations designed to help for humans rather than hinder,
even though they may be unpleasant at the time. Other self-esteem researchers, such

as Kernis (2003), demonstrate that self-worth must be unstable if it lies in the process of aiming to struggle to shape pleasant emotions from positive and negative experiences again and again (to seek positive emotions and avoid negative ones). An emotional perspective seems to give extra weight to pleasant emotions but neglects the impact of cognitive activities (Argyle, 1987; Diener, 1984, 2000).

Interestingly, Clifton & Harter (2003) conducted more than 2 millions of open-ended-questions interviews during a ten year spell concentrating on individuals' positive attitudes patterns from all the things they do that make them so good at what they do. From the study it is discovered that whatever the positive (an individual's strengths) or negative (an individual's weaknesses) outcome of interactions, the energy amassed by these interactions was enough to influence an individual's level of life satisfaction. Thus, researchers defining well-being in life satisfaction terms, started to emphasise the importance of cognitive activities, indicating that well-being comes from overall positive and negative assessments of the past (Idler et al., 2003).

Moreover a more integrated definition of well-being combines both cognitive and emotional factors, which includes the overall cognitive aspect assessment of life satisfaction, positive emotional experiences and infrequent negative affects (Diener et al., 1999; Diener, 2000; Rector & Roger 1996; Lu & Shih, 1997ab; Lu and Gilmour et al, 2001; Oishi & Diener, 2001).

Theoretical Considerations:

Furthermore, psychologists describe it from different perspectives on why and how to find happiness/sense of well-being.

The claim made in judgement theory proposes that an individual's well-being comes from a comparison between 'reality' and certain 'criteria', which originates from an individual's own past experience, the state of other people or the ideal goal and expectations (Lu & Shih, 1997a; Diener, 1984). If an individual's 'real state' is above one's criteria, it should lead to happiness. Although following this logic, 'upward comparisons' generally reduces one's well-being while 'downward comparisons' enhance it (Festinger, 1954). However, recently, researches have discovered that it is not that simple as 'upward comparisons' can conversely produce positive emotions and enhance an individual's self-esteem (Tesser, 1988, 1991), while a 'downward comparison' can produce negative emotions (Beach & Tesser, 1995). Moreover, such comparisons can be seen as a series of flexible process that explains how well-being comes from and what factors account for the personal characters in the level of this experience (Diener et al., 1999). The theories have been labelled bottom-up versus top-down theories. The bottom-up theory directly emphases well-being comes from the external elements whereas the top-down theory placed an emphasis on the role of individual differences in well-being.

The bottom-up theory perspective proposes that happiness comes from the aggregation of many positive and pleasure experiences. As an individual accumulates positive experiences throughout life, they will gradually develop a happy tendency (Diener, 1984). The bottom-up theory emphasises the effect of the external environment on one's happiness (Diener et al., 1999). Researches have, however, shown that external environment variables cannot alone fully explain well-being (Diener et al., 1999; Lyubomirsky, 2001).

Another perspective is the top-down theory, which suggests that the overall traits of an individual's internal processes affect one's own reaction towards external influences (Diener, 1984). For example, optimists are more likely to view life from a positive perspective and tend to be happier. Indeed, situations are generally viewed differently by different people. Hence, when happy and unhappy people face the same environment, their reactions can be vastly different (Lyubomirsky, 2001).

Both theories define well-being in accordance with life activities and personality traits, which are complimentary rather than contradictory (Lu & Shih1997a; Diener, 1984; Diener et al., 1999). An individual's reactions to external situations are based on subjective perceptions, therefore it must involve a top-down process but when some external environments are pleasant to everyone it must involve a bottom-up process. Thus, using the interaction of an individuals traits and situational context to predict happiness is an important focus in future research in the positive psychology field (Diener et al., 1999).

What Are The Underlying Aspects of Well-Being

As the world rushes quickly toward widespread material development, people's happiness does not increase correspondingly. We often hear passing comments that happiness seems far away, so why are we still generally unhappy while our standards of living have improved dramatically? The answer lies with our constantly increasing satisfaction levels. In our rapidly changing world, the feelings of stress, anxiety and insecurity tend to linger close to us, with satisfaction and stability seeming distant; hence, seeking happiness becomes a desperate desire. We are increasingly aware that

abundant material wealth does not guarantee a better life, suggesting that true happiness is beyond the reach of external criteria. This raises an important question, concerning what the underlying aspects of 'happiness/ well-being' are.

Interestingly according to Schwartz and colleague (2002) nowadays modernity has provided us an explosion of choice in areas of life in which people evaluate and choose among a set of options. The number of options available to them has increased dramatically, people always have choice. Schwartz et al. (2002) discover that freedom of overwhelming choice negatively correlate with happiness, optimism, self-esteem and life satisfaction, but positively correlates with depression, perfectionism and regret. In addition, people who have important goals in life are positively correlated with happiness, self-esteem and life satisfaction, as well as also having more symptoms of anxiety than those who have fewer important goals. Unfortunately, these researches (Schwartz et al., 2002) show that current living standards, though fulfilled at a material and even a spiritual level, does not equally improve our happiness. Against this backdrop, does this mean life is tortuous or that life has different options? How can we face and improve this irony?

A wide range of research focuses on the enhancement of self-esteem (people's positive perceptions of self) on an individual's well-being. Previous studies indicate that self-esteem is a key source of happiness. According to much research, individuals in the high self-esteem group are generally reported to have a higher level of happiness than the low self-esteem group (Diener, 1984; Seligman & Csikszentmihalyi, 2000; Taylor & Brown, 1988). Contemporary self-esteem studies

also imply that there is a significant connection between low self-esteem and low well-being (Brown & Dutton, 1995; Diener & Diener, 1995).

There is nothing unusual that most people often instinctively approve the importance of high self-esteem meaning an increase in well-being. We also tend to trust individuals who are highly self-aware of their self-worth. Therefore, most people do their best to protect or enhance self-esteem, which has created an environment where self-esteem is becoming a popular issue with the public at large. It is believed that the self is the centre of psychological resources, with any positive effects originating from high self-esteem and the origin of social problems, and bad effects coming from low self-esteem. Therefore, in recent decades, many ambitious social activities continue to exist, including many self-esteem-enhancing organisations and leagues.

How Does Self-Esteem Contribute to Positive Psychology (Well-Being)

In support of the critical role self-esteem plays in an individual's well-being, Dutton & Brown (1997) compare people with high and low self-esteem. They found that individuals with low levels of self-esteem face stronger emotional disturbances than those with high self-esteem when facing failure, with negative incidents quickly making people with low self-esteem feel horrible, compounded by the fact that they have a higher risk of depression. Diener & Diener (1995) explored the predictability of self-esteem and interpersonal relations on an individual's sense of well-being from a cross-cultural perspective. The results indicate that positive predictability of high self-esteem leads to well-being in individualist cultures (Western countries) that is larger than in collectivist cultures (Eastern countries). Furthermore, Baumeister et. al.

(2003) suggest that individuals with high self-esteem often treat one's self positively, considering themselves better than others in many aspects. The benefit of high self-esteem is that it helps people quickly bounce back after failures and to try again. In other words, when people with high self-esteem face failure, they are more confident, tend to change the situation, and cope with any questions directly.

However, there is stronger evidence concerning the relation between self-esteem and individuals' well-being, which argues that high self-esteem is not uniformly more adaptive than low self-esteem. For example, studies by Raskin and Terry (1988) report significant associations between high self-esteem and subjective well-being, as well as narcissism. It is obvious that this suggestion about self-esteem is inconsistent and shows contrary results with the findings concerning well-being.

Researchers have started to question whether the idea that high self-esteem is an unmitigated, universal good trait is accurate (Baumeister, Tice & Hutton, 1989; Dawes, 1994; Baumeister, 1998; Baumeister, Campbell, Krueger & Vohs, 2003; Crocker & Park, 2004). Furthermore, according to a study at the University of Illinois, it was discovered that the differences between high and low self-esteem students showed identical levels of a sense of well-being, results being within just one percent. In addition, researchers also found that high, unwarranted self-esteem can lead to problems such as divorce (Myers, 1993). Along similar lines, Emler (2001) concludes that low self-esteem (measured by Rosenberg's global self-esteem scale) is generally not associated with criminal misdeeds, violence or racial prejudice, after undertaking a wide ranging review of research evidence.

Many other researchers have further proposed that externalising problems is related to high self-esteem, with the results all originating from a threatened ego (Baumeister, Smart, & Boden, 1996). Salmivalli and colleague (1998) assess "defensive egotism" by asking adolescents to rate their own self-esteem while collecting ratings from their peers by asking them the following three questions: "Does your classmate constantly need to be the centre of attention?" "Does he think too highly of himself?" and "Can he face criticism?" Those who scored high on self and peer-rated self-esteem, and on defensive egotism, were more apt to be bullies. Surprisingly, bullies have been discovered to highly rate themselves in their academic-performance and interpersonal relationships, and typically hold unrealistically positive self-esteem (Gresham et al., 1998). An investigation by Josephs, Larrick, Steele, & Nisbett (1992), provides some support for these assertions. They found that high self-esteem individuals are more prone to taking risks, overestimating their capabilities and failing as a consequence of biting off more than they can chew (Heatherton & Vohs, 2000).

Thus, researchers understood that not only did they have to take the level of self-esteem seriously but also more importantly they needed to focus on the process of individual pursuits of self-esteem and the emotional and motivational consequences during the self-esteem-pursuing process.

Crocker & Park (2004) warn that there is a cost individuals have to pay during the whole process of pursuing higher self-esteem. Crocker (2002a) demonstrates that the process of pursuing high self-esteem may possibly lead to the weakening of an individual's self-adjustment and decrease mental health. In daily life, failure to pursue

self-esteem objectively can potentially result in the passive consequences of shame and anger, while those with high self-esteem tend to show very strong defensive reactions. As such, researchers believe that through the use of the splitting theory defence mechanism (Kernberg, 1975; Klein, 1957), individuals with higher self-esteem may manage to keep the two conflicting feelings about one's self away from conscious awareness.

An alternative approach supporting the relation between self-esteem and well-being explores it from a cross-cultural perspective, with researchers considering whether high or low levels of self-esteem and what kind processes used during the pursuit contribute to well-being.

From the recent of cross-cultural psychology perspective, Heine et al. (1999) argue that the need for self-esteem or self-enhancement is a concept present in western individualist societies and not in eastern societies. Oriental people do not, or wish not to, have high self-esteem (Heine, Kitayama & Lehman, 2001); and, if anything, they self-criticise rather than self-enhance (Heine, Kitayama & Lehman, 2001). According to Markus and Kitayama's (1991) theory of self-construal, and a series of studies carried out in the USA and Japan (Heine & Lehman, 1995, 1997a, 1997b; Heine, 2001; Kitayama, Markus, Matsumoto, & Norasakkunkit, 1997), self-construal refers to an individual's sense of self in relation to others.

Markus and Kitayama (1991) recognise and explain that different cultures (Eastern collectivism and Western individualism) have different cultural missions and standards for what is considered having a good self (seeking harmony in the East

compared to seeking the self in the West). Hence, two primary types of self-construal are identified: interdependent self-construal and independent self-construal. Markus and Kitayama (1991) propose that Westerners focus more on personal subjective experience, promote personal characteristics, unique attributes, autonomy (the independent self-construal; i.e.., 'I am busy, I am kind'), whereas Easterners concentrate more on interpersonal attributes, seeing one's self as more flexible and intertwined with the social context, valuing the maintenance of group harmony, and fitting in (interdependent self-construal; i.e., 'my family thinks I am too busy, my colleagues think I am kind').

Since enhancing well-being or seeking happiness is human nature, the need for high self-esteem comes from independent self-construal to express the positive self, attributes, and abilities because according to Heine et al. (2001), high self-esteem is the attainment of a positive self. Whereas interdependent self-construal tries to join other people's lives, suggesting that it concerns self-criticising and the continual correcting of oneself (lowering their self-esteem) to fit in because people belonging to the interdependent self-construal group think that happiness originates from keeping harmonious relations with others in society (Kwan, Bond, Boucher, Maslach, & Gan, 2002; Markus & Kitayama, 1991; Markus, Mullally & Kitayama, 1997; Triandis, 1989).

No matter how integration and harmony are processed through self-criticism and self-correction, it can be inferred that the interdependent self (low self-esteem) should still have positive correlations with integration and harmony because the

interdependent self mostly obtains well-being and happiness through integrating and having harmonious relations with others.

Following this logic, Triandis (1989) further explains the relationship between self and culture, arguing that each person's self has several dimensions, such as the private, public and collective self. Which dimension an individual adopts depends on the self's complexity and existing context, with different cultures having a different impact on the development of the self. In an individualist culture, the private self has better development, which means higher complexity. In a collectivist culture, the collective self has better development. Furthermore, the different contexts also affect personal requirements. Culture affects personal behaviour by influencing an individual's self-concept and context definition. These different dimensions of the self are possibly saved separately in different areas of the individual (Trafimow, Triandis & Goto, 1991). Trafimow et al.'s (1991) research concludes that: 1) Compared with collectivist culture, Americans in their individualist culture collect more information about the 'private self'. 2) The private self-prime more easily induces cognition related to the private self, while the collective-prime is likely to induce cognition related to the collective self 3) If previously collected information is related to certain self cognition, then the chances of collecting that self-related information are higher. In other words, if participants collected information in the private self last time round, then the next information about the self will possibly be processed by the private self. This conclusion supports the notion that "different selves are saved separately in different positions" (Triandis, 1989).

Further along the same line, other interesting research suggests that individuals can have interdependent self-construal and independent self-construal at the same time. Both ways of viewing one's self can appear to coexist within an individual regardless of culture (Markus & Kitayama, 1991).

Taken together, the above research describes that the relationship between self-esteem and well-being may enhance our understanding of the role of self-esteem, which includes an individual's positive or negative subjective evaluation to some extent (Sedikides & Gregg, 2003). Self-esteem is the central construct in the self-enhancement of the independent self-construal theory and the seeking harmony between one's self and others theory. Both theories demonstrate that no matter what level or which dimension of self-esteem exists in whatever form, positive experiences do lead to individual well-being and happiness.

Research On Self-Esteem Structures

There are both empirical and conceptual contributions concerning the relationship between self-esteem and enhanced well-being. However, self-esteem theory has its own set of complicated features. Specifically, there may be other characteristics in an individual's self-esteem make up that influences the outcomes of an individual's optimal functions beyond the current review.

Kernis, Grannemann & Mathis's (1991) study, for example, based on the negative relationship between self-esteem and oppression, suggest that researchers cannot be confined to just one self-esteem dimension but should expand the angle of self-esteem stability to include short-term fluctuations. Paradise & Kernis (2002) also

explore the relationship between the level of self-esteem, self-esteem stability, and well-being, suggesting that people scoring high and stable self-esteem are more likely to have higher psychological well-being. Kernis & Goldman (2003) demonstrate that there are no significant correlations between the level and stability of self-esteem; however, study results indicate that unstable self-esteem is often related to anger and hostility, particularly for unstable and high self-esteem individuals. This reflects on an individual's overexcited reactions to social incidents that are expressed by an unstable high self-esteem individual in order to maintain a fragile self-concept that looks positive (Kernis, Grannemann & Barclay, 1989), while stable self-esteem individuals' global evaluation towards themselves is consistent with their level of self-esteem.

In addition, possessing certain types of self-esteem may be more or less influential on well-being. Kernis (2003) characterises optimal and high self-esteem, demonstrating that high self-esteem can be fragile and secure, while optimal self-esteem is genuine, stable, and consistent. This however, depends on whether it is a defensive attribute or genuine self-esteem. Tafarodi (1998) developed the concept of "paradoxical self-esteem" after investigating selectivity in dealing with self-related social information and the effect it has when impacts on self-esteem. He discovers a comparison between low self-like and self-competence, showing that the former's memory of passive personality feedback is more easily distorted, while high self-liking individuals express stronger positive deviance.

On the other hand, other researchers believe that more dimensions need to be explored and examine the relationship between self-esteem and well-being from an implicit

social cognition angle. Another concept that starts playing a role in well-being is a seldom explored topic: implicit self-esteem.

Implicit self-esteem is an automatic, non-conscious form of self-esteem where an individual's attitude towards the self influences self-evaluations and evaluations of self-relevant objects. It is believed to develop unconsciously and be automatically stimulated without an individual's effort and conscious control (Baccus, Baldwin & Packer, 2004; Bargh & Burrows, 1996; Greenwald & Banaji, 1995; Greenwald & Farnham, 2000). Studies indicate that implicit and explicit self-esteem are generally weakly correlated, suggesting that both are different dimensional forms of self-esteem (Baccus et al., 2004; Bosson, Swan & Pennebaker, 2000).

Implicit social cognition research suggests that the process of the formation of the implicit psychological structure is relatively slow and requires substantial learning and experience. Compared to explicit attitudes, an implicit attitude is very stable and hard to change (Greenwald, Banaji, Rudman, Farnham, Nosek & Mellott, 2002).

However Bosson et al. (2000) examined the reliability of the implicit self-esteem and found that implicit self-esteem failed to show the predictive validity for well-being. In contrast, explicit self-esteem was a better predictor of well-being than implicit self-esteem. Similarly, Schimmack & Diener (2003) investigate the predictability of implicit and explicit self-esteem on subjective well-being, showing that an individual's explicit self-esteem is significantly related to subjective well-being, while the implicit self-esteem has a low correlation with subjective well-being.

Since implicit and explicit self-esteem are separate, it does not mean the level of self-esteem or the stability of self-esteem, or even that other characteristics of self-esteem can be fully known if explicit self-esteem is understood.

Therefore Spencer & Jordan (2004) divided high self-esteem individuals into two categories into secure high self-esteem and defensive high self-esteem groups. Secure high self-esteem means that an individual's explicit and implicit self-esteem are both high. Defensive high self-esteem refers to an individual with high explicit but not low implicit self-esteem (Kernis, 2003). These two types of individuals both demonstrate high self-esteem, but defensive high self-esteem is more easily affected by passive feedback and tends to change in the face of failure. In addition, Baccus et al. (2004) suggest that people with high levels of explicit self-esteem and low levels of implicit self-esteem seem to have greater defensive behaviours and higher levels of narcissism (Baccus et al., 2004; Jordan, Spencer & Zanna, 2003).

The concept of structural separation is mostly supported by implicit attitude research. For example, paradoxical attitude research suggests that the dual attitudes model (Wilson, Lindsey & Schooler, 2000) that thinking individuals can – at the same time – have two attitudes, explicit and implicit. The attitude adopted by an individual depends on whether cognitive resources are sufficient to retrieve from their explicit attitude and whether the explicit attitude can override their implicit attitude. Implicit social cognition research also has the view that the process of the formation of implicit psychology structure is relatively slow and requires substantial learning and experience. Compared to explicit attitudes, the implicit attitude is very stable and hard

to change (Greenwald et al., 2002). Greenwald & Farnham's (2000) research confirms the co-existence of both implicit and explicit attitudes.

Taken together, the widespread appeal of different dimensions of self-esteem attests to its importance, with the role of implicit self-esteem going significantly beyond explicit self-esteem and impacting on well-being. This popularity though has had an undesirable consequence, with self-esteem becoming a so capable changing concept, its value risking being undermined.

Research in the past decade has discovered that self-esteem is a multifaceted construct and when the topic under investigation is the complexity of its nature, it is difficult to ignore. Findings from these studies clearly point to a model whereby the multiple facets of self-esteem will be investigated in this dissertation, focusing on further investigating the nature of self-esteem and trying to understand how these multiple facets of self-esteem operate within the positive domains of an individual's well-being.

Three Positive Characteristic Domains:

Attribution Style, Coping Style & Forgiveness

Positive psychology emphasises the importance of the belief that people want more than just an end to life suffering, suggesting that, instead, we want to enhance our positive experiences, cultivate what is best within ourselves to develop more strength-based traits, and to engage in positive activities that lead to fulfilling lives. We will now discuss the ways and effects that multiple facets of self-esteem operate within some individuals' optimal functioning domains by assessing the interactions between

self-esteem and these domains, which after developing those factors, allow individuals and societies to flourish.

There are several determinants that play important roles in the extent of individual positive characteristics leading to well-being: attribution style, stress coping style and forgiveness, which will all be investigates to further explore and understand how and what multiple facets of self-esteem effects operate within these positive domains.

Attribution Style

Many researches point out that individual interpretations about each living incident decides ones future performance and emotional state, which all ultimately influence an individual's well-being. Rotter (1966) demonstrates that even when facing the same scenario, some people believe all their achievements are the result of their own efforts, whilst other people tend to believe they have nothing to do with their successes and failures in life. Hence, different explanatory styles will moderate the impacts of stressful life events.

Generally, interaction between the three attribution dimensions are classified as internal-external, unstable-stable and specific-global. Such causal explanatory processes are complex and the interaction between these three different dimensions may influence another attribution, including the outcomes, which can then lead then to any of the other attributions.

Seligman (1991) summarises the different attribution dimensions as forming the most famous optimistic versus pessimistic attribution styles. People attribute external, unstable, specific factors to positive events, and internal, stable, global factors to negative events, which are all considered pessimistic. On the other hand, people attribute internal, stable and global factors to positive events, and external, unstable, specific factors to negative events, which are considered optimistic. In addition, some studies suggest that optimism attribution style interventions have a positive effect on an individual's well being (Myers, 1993; Seligman, 1991; Gillham et al., 2001). The experimental studies conducted by Kaiser, Major and McCoy (2004) suggest that the optimistic explanatory style may play a causal role in well-being. They found that compared to women low in dispositional optimism, highly optimistic explanatory style women who read about pervasive sexism appraised it as less personally threatening, and had higher self-esteem. Women who were induced to think pessimistically experienced a decrease in emotional well-being when faced with negative events; a pattern of results that is also consistent with correlation studies (Kaiser, Major & McCoy, 2004).

Furthermore, the attention of causal explanatory style research has for the most part focused on depression and the relationship between pessimism and depression. It has been shown by Nolen-Hoeksema et al. (1986) that negative incidents can predict depression in early childhood. Yu and Seligman's (2002) research highlights that the pessimistic explanatory style is related to higher subsequent depression, with the pessimistic explanatory style and negative daily living incidents strongly predicting depression in the future.

However, results show that in some situations, a positive affect is not always the most functional response. Other researchers argue that the optimistic explanatory style can sometimes lead to a completely opposite effect (Norem & Cantor, 1986). For example, optimism may, at times, be detrimental to one's health or performance, to the extent that some individuals believe that if they are not at risk to particular health problems, they need not take preventive actions to protect their health (Weinstein, 1980). Research within this framework has found that individuals who have a more optimistic explanatory style than their peers are less worried about health and living threats (Weinstein, 1982) and less likely to take action to protect their health (Weinstein & Lyon, 1999). Empirical studies also provide further evidence of the potential damaging effects of the optimistic explanatory style. Across several studies, this research program consistently demonstrates that optimistic explanatory style induction caused pessimists to perform worse than the control group of pessimists (Norem & Cantor, 1986; Norem & Illingworth, 1993).

In other words, sometimes, positive thinking is not enough, with the attribution patterns for a negative event still having an effect on our emotional reactions, with false optimism potentially leading to more irritability, disillusionment, anger, shock and hopelessness. Therefore, it is noteworthy that some researchers have completely different opinions about failure attributes, such as Clifford (1984, 1986, 1988), who demonstrates that proper failure attributes are also important to make negative events a constructive force. She suggests that failure experiences, on the contrary, do generate positive effects under certain conditions, which are drawn from an individual's cognitive thinking process.

According to Clifford (1984, 1986 & 1988) perspective, when the objective's challenge is suitable, has a higher meaning, or is out of internal motivation, it tends to produce a constructive outcome after failure. If the challenge is too easy, too hard, or is meaningless objective, it is hard to yield positive effects after failure. If an individual's objective awareness is higher and more specific, the possibility of producing constructive failure is higher. In addition, when the appraisal mechanism is clearer, more detailed, and has higher applicability, it induces more individuals' positive failure responses. On the contrary, vague, unclear or low applicable appraisals often lead to passive failure responses (Clifford, 1984, 1986 & 1988).

Although there is much research linking the optimistic explanatory style to positive outcomes, well-being and happiness, there are also contradictory results. Previous attribution theory emphasises optimistic versus pessimistic attribution, drawing attention to the effects of multifaceted self-esteem on general attribution events. This does not especially lead to negative events or positive events because the research points out an important massage concerning failure, that it can still lead to positive outcomes for an individual's well-being no matter whether one uses an optimistic explanatory style or not. Some individuals may be naturally optimistic while others need to learn to adjust to their difficulties in life.

Thus, this notion of individual differences and how they are effected by a specific attribution style lead us to propose that the concept of the multiple facets of self-esteem have a significant influence an individual's social perceptions and interpretation of events.

Coping Style

According to Lazarus and Folkman (1984), frustration is shown through individual difference according to the meaning prescribed by the person. They suggest that frustration refers to an incident or setting that impedes individual action or is objective. However, a sense of frustration is generated not by an incident itself but after individual appraisal discovers that it transcends current resources, thus putting an individual's well-being in danger. Stress coping styles refer to different available methods to solve these conflicts.

As people cannot be detached from the environment, we constantly receive all changes and stimuli from the external environment, bearing the energy amassed relentlessly from interacting with others. The most important issue is what attitude we adopt to face it.

Lazarus and Folkman (1988) further discuss how to cope with crises, with an individual making any effort, through cognition and behaviour patterns, to eliminate anxiety. Coping can be divided into two categories. One is problem-focused coping which can change an objective situation after directly facing questions. The other is emotion-focused coping, which does not confront the problem directly and uses subjective emotion as the focus. The latter includes avoidance, rationalisation, emotional let offs, reprisal attacks, and positive thinking (Folkman & Lazarus, 1988; Lazarus, 1999). The timing of using these two coping methods is different according to individual evaluations of the frustration. The former occurs when an individual feels an incident can be changes, with the latter happening when an individual feels he/she does not have the ability to change it.

Research points out that many of the physical and mental benefits might occur because effective coping strategies are employed. In a number of studies (Scheier, Weintraub & Carver, 1986; Carver, Scheier & Weintraub, 1989), well-being tends to be related to several adaptive coping responses (e.g., planning, active focusing coping and positive cognitive reinterpretation). There is also considerable evidence that one's coping style mediates the relationship between stressful events and the sense of well-being. Findings indicate that when dealing with stress, individuals use problem-focused coping associated with a higher level of morale, while individuals adapting emotion-focused coping are associated with a higher level of work-related distress (Billings & Moos, 1984; Heady & Wearing, 1990; Hart, Wearing & Headey, 1995). Furthermore, problem-focused coping also positively correlates with optimism. In contrast, optimism is seen to be related to less use of avoidant-oriented coping responses, including denial, both psychological and behavioural disengagement, and drug or alcohol use (Carver, Scheier & Weintraub, 1989). There is more evidence indicating that certain coping strategies, such as spirituality, cognitive reappraisal, optimistic approaches, and active problem focused solving, are linked to higher subjective well-being (Diener et al., 1999; Folkman, 1997). Likewise, certain researchers demonstrate that happy people have been found to use humour (Kuiper, Martin & Olinger, 1993; Masten 1994; Werner & Smith 1992; Wolin & Wolin 1993), or directly struggle with problems and seek help from others (McCrae & Costa, 1986), or through creative exploratory approach (Cohler, 1987), or use relaxation and optimistic thinking (Murphy & Moriarty 1976; Anthony 1987), and engage in actively building pleasurable experiences into daily life (Menec, 2003; Reich & Zautra, 1981; Zautra, 1996; Zimmer, Hickey, & Searle, 1995), as ways of coping with stressful

situations. Furthermore, happy people are more likely to portray greater self-control, self-regulation and coping abilities (Aspinwall, 1998; Fredrickson & Joiner, 2002; Keltner & Bonanno, 1997).

There are interesting and contrary results about active focus coping and lower well-being. While choosing coping strategies for stressful events, self-reflection has the potential to decrease an individual's subjective well-being. Frederick and Loewenstein (1999) state that highly subjective well-being individuals change their self-focus from past impacts quickly. Abbe, Tkach & Lyubomirsky (2003) also addresses that in their laboratory experiments, compared with less happy people, happy people are less inclined to self-reflect.

Other research points out (Scheier, Carver & Bridges, 2001; Snyder & Pulvers, 2001) optimists are often active in dealing with crises and are not restrained from adopting problem-focused coping strategies. For example, when individuals cannot change a situation, they use positive thinking from their emotion-focused coping strategy to quell their sense of frustration. On the contrary, pessimists use a passive, non-flexible way for coping with crises. According to Lazarus's (1999), there is nothing good or bad in the coping strategies an individual uses as long as the strategy can help them adjust their functions properly, build up positive experiences in life from being confronted with these crisis, which is the optimal result of coping with stress.

Forgiveness

Other research points out (Sheldon & Lyubomirsky, 2006) that individual happiness may be enhanced by practicing certain virtues, such as gratitude and forgiveness. The recent positive psychology movement suggests that many effective interventions can be practised to enhance happiness, including forgiveness (McCullough, Pargament, & Thoresen, 2000). In a survey conducted by Poloma and Gallup (1991), they discovered that forgiveness can incur other positive experiences. People who are more forgiving found fewer physical symptoms, greater optimism in their expectations for the coming week, and are more likely to report satisfaction about their lives. Witvliet et al. (2001) provides more direct evidence that forgiveness may improve health because it correlates to lower blood pressure and a better heart rate. Furthermore, Farrow et al. (2001) found that emotional forgiveness involves psycho-physiological changes and that it has more direct health and well-being consequences.

In addition to these physiological benefits, many researchers focus on forgiveness in therapy. Freedman and Enright (1996) report that more hope was produced, and that anxiety and depression were significantly reduced by a designed intervention developed to help victims forgive their abusers.

Coyle & Enright (1997) also discovered that there was a decrease in anger and anxiety, and an increase in hope and self-esteem in the control group when participants received forgiveness education. Koenigh (1999) found similar findings that forgiveness is related to a reduction in anger, hopelessness, depression, and anxiety; all of which are related to physical and psychological diseases. Other researchers focus on forgiveness improving interpersonal relations (Nelsen et al.,

2001; Woodman, 1991). These findings do not stop here: several studies have shown forgiveness to be associated with increased emotional well-being and that the process of forgiving can heal relationships in families dealing with alcoholism (Flanigan, 1987) and marital conflict (Worthington & Diblasio, 1990). Luskin (2001) found that forgiveness can increase optimistic thinking skills and self-efficacy, high social and emotional support, and reduce hopelessness.

However, based on a questionnaire research, Munoz-Sastre et al. (2003) suggest that benefits brought by forgiveness are not very obvious. On the contrary, the results show that forgiveness is irrelevant as an influential component of life satisfaction. Kelln and Ellard (1999) even discover that people who are being forgiven are more likely to dislike the victim.

The Aims of This Chapter

Unravelling the psychological and behavioural underpinnings of self-esteem and advocating positive psychology to others is not an easy task. Even amongst those who extensively work in self-esteem theory, there are at times significant difficulties in applying the theory.

The purpose of this chapter is to review considerations, in a positive psychology context, self-esteem, the core of which is was based on the observation of different dimensions of self-esteem in the following four studies. From a positive psychological perspective, a complete understanding of enhancing well-being must

include the exploration of relationships within these optimal functioning determinant domains and the nature of the multiple facets of self-esteem.

Despite the importance of distinguishing the different dimensions of explicit self-esteem, and in spite of the unique impact of implicit self-esteem on psychological outcomes, no studies to date have attempted to uncover the mechanism by which comprehending the multiple facets of self-esteem by investigating explanatory styles, stress coping styles and forgiveness, which will contribute to knowledge in the positive psychology field. It is the purpose of this research to explore and examine these connections, posing the question: What are the possible theoretical underpinnings of multifaceted self-esteem and these positive domains that lead to well-being.

Another aspiration of this research is to explore the notion of the social perceptions of self and of others, with a focus on attribution styles, stress coping style, and forgiveness, as well as to explore whether these aspects of optimal human functioning (self, interpersonal) are associated with a specific dimension of self-esteem. To address this gap in knowledge, four studies were conducted into the relationship between the multiple facets of self-esteem, explanatory style, coping and forgiveness.

The following chapter will present an overview of the current research pertaining to the models concerning the facets of self-esteem, including discussion of definitions, and the nature and measurement criteria of self-esteem, which has been quite a contentious issue throughout the years. In Chapter Three, links between all

self-esteem models are explored, with a model depicting the broad framework that connects the various empirical studies presented in Chapter's Four, Five and Six. Chapter Four includes a brief history of attribution theory. Chapter Five includes a more thorough review of literature related to coping with stress and follows on to establish the relevance of self-esteem on research into coping styles. Chapter Six presents a review of forgiveness. Chapter Seven summarises this research's findings and concludes the thesis.

CHAPTER 2

REVIEW OF THE MULTIPLE FACETS

OF SELF-ESTEEM

ABSTRACT

Over the past 20 years, research and theories recognising that self-esteem is made up

of hierarchical multiple facets constructs has been conducted (e.g., Harter, 1985;

Marsh & O'Neill, 1984), advancing development in this field both conceptually and

empirically. In addressing an overall review, self-esteem was explored; (a) from three

perspectives: the source of self-esteem, the development of self-esteem and the

functions of self-esteem; (b) highlighting points on the two-dimensional explicit self-

esteem according to the information processing model: cognitive structure,

behavioural motivation and information receiving; and (c) according to the meaning

of implicit self-esteem to emphasise the creation of implicit self-esteem and the

differences between explicit and implicit self-esteem.

INTRODUCTION

Self-esteem is a self-attitude and an individual's evaluation of the self (Baumeister,

1998). It belongs to a part of the self-image that has the function of maintaining an

individual's psychological well-being. The state of self-esteem is not only related to the psychological level but effects a change on entire cognition. High self-esteem does not necessarily mean being arrogant or self-complacence but an approval of self-evaluation (Mruk, 1995; Campbell and Lavallee, 1993). Rosenberg (1979) suggests that self-esteem is the overall positive or negative attitude of the self. Rosenberg's self-esteem scale was designed to be a uni-dimensional measurement (which means that self-esteem is along a continuum of low self-esteem to high self-esteem) but many researchers have indicated that Rosenberg's self-esteem scale appears to be implied two different dimensions (Tafarodi and Swann, 1995).

Psychologists have mainly discussed the global traits of self-esteem since it was first mentioned by Horton Cooley (1902). He started to edit global traits using self-esteem tools, including three adults scales and two child scales. The most often used is Rosenberg's (1965) self-esteem inventory, which tests adults' global self-esteem.

Self-esteem has been a popular topic of study in psychological research, largely because it is a major predictor of various emotional and behavioural dysfunctions, such as mood, anxiety personality disorders, drug and alcohol use, misdeeds, and suicide (Leary & MacDonald, 2003).

Definition of Self-Esteem

The study of the self-esteem in psychology has evolved both conceptually and empirically during the past few decades. There are many subjects (academic performance, physical health, mental health, subjective well-being) exploring

individuals' self-esteem differences (Lockett & Harrell, 2003; Asci, Kosar & Isler, 2001; Sonnak & Towell, 2001; Schimmack & Diener, 2003). Generally speaking, global self-esteem is defined as "a self evaluation of worthiness which is expressed in the attitudes the person holds toward himself" (Coopersmith, 1967). Definitions are different according to their sources, developments and the functions of various theoretical models but these definitions basically evolved from studies into an individual's subjectivity inner ego (or self). The "self" can be divided into two parts, one is 'knowledge' (e.g. What am I?) and the other is 'evaluation' (e.g. How do I feel about myself?) (Campbell et al., 1996). Knowledge refers to information related to the subjective inner and self, which is normally called the "self-concept" (Banaji & Prentice, 1994). Evaluation means when an individual views themself as an object, making value judgments about their self-concept (Tesser, 2001). Self-concept and self-esteem do not exist independently from the self. Self-esteem has critical influences on the structure of the self-concept, as external sources of perceived information about themselves (Campbell, 1990). According to the substance and structure of the self, self-esteem can monitor an individual and detect any deficiencies, and try to improve oneself as a form of self protection, thus making it possible to better adjust to the environment (Greenberg, Pyszczynski & Solomon, 1995; Deci, and Ryan, 1995).

Traditionally, self-esteem is a long-term stable trait in human beings (Rosenberg, 1979). Epstein (1983) points out that self-esteem begins to take shape during an individual's early development, and is not easily changed by external factors, this, maintaining a stable state over a long time. When the external environment threatens to devalue self assessment, self-esteem has the functions of maintaining or enhancing

self evaluations (Brown and Dutton, 1995), as well as the function of maintaining self-consistency (Swann, 1987). Differences in levels of self-esteem change the operational mechanism within an individual's inner self, leading to different patterns in external behaviour and environmental adjustments.

AN OVERVIEW OF PREVIOUS RESEARCH

Self-Esteem: Applied in Psychology

Recently, a significant development in literature is that greater attention is placed on the multidimensional conceptualisation of self-esteem (Harter, 1993). In this section, the theory and key findings associated with each dimension of these approaches to self-esteem will be reviewed.

1. The Source of Self-Esteem

According to a source of self-esteem framework, previous empirical research has looked almost exclusively at several sources of self-esteem, with researchers finding that a number of factors are predictive:

(1) Academic or Work Performance:

The relationship between self-esteem and academic or work performance has been addressed largely but inconsistently in research. Different studies reach the conclusion that academic achievements and self-esteem positively correlate. Evidence reports that people with higher self-esteem will increase and make higher achievements and will be successful in work goals, while people with lower self-esteem will show reduced achievements (Carr, Borkowski & Maxwell, 1991; Crocker et al., 2003;

Covington, 1989; Lawrence, 1996; Vermigli, Travaglia, Alcini, & Galluccio, 2001).

Covington (1989) concludes that self-esteem may be improved via providing direct instruction to enhance achievement gains. Lawrence (1996) reports that those with high self-esteem will be successful in work-oriental goals. Ross & Broh (2000) found that a high score for performance enhanced students' self-esteem. Kohn (1994) demonstrates that work also suggests that self-esteem is actually more likely to be a consequence, rather than a cause of academic or work performance, as individuals who are successful in academic pursuits or at work have a higher level of self-esteem compared with those who are less successful.

(2) Popularity, Appearance, Weight & Body Image:

Self-esteem is significantly associated with physical appearance, interpersonal skills and the level of popularity. In Martin, Housley & McCoy's (1988) study of the relationship between obesity and self-esteem, a correlation indicates that as weight increases, self-esteem decreases. Button et al. (1997) report that patients with eating disorders also exhibit other characteristics associated with low self-esteem, such as problems with a low self-image, over concentration on their weight and body shape, and negative attitudes about self-control.

(3) Approval from Parents or Peers:

Rosenberg's (1979) research finds that an individual's perceived support from parents is more predictive of self-esteem than their perceived approval from peers in young children. The perceived approval from adolescent's classmates is more predictive of an adolescent's self-esteem than their perceived approval from close friends (Harter, 1990).

2. Development of Self-Esteem

Positive feelings about the self at different ages and stages (e.g. childhood, middle childhood, adolescent and adulthood) during development have been stressed as promoting psychological well-being and stability (Harter, 1993). In studies that undertook examining the development framework for conceptualising childhood and adolescents' self-esteem, researchers outlined that childhood experiences and upbringing form the basis on which self-esteem is built, as well as experiences in adulthood and how we deal with them also affecting our self-esteem levels (Mruk, 1995).

Neary & Joseph (1994) found that in middle childhood, lower levels of self-esteem for victims persisted, whereas bullies has comparable scores with those not involved in bullying. Developmental researchers (Savin-Williams & Demo, 1983) have documented fluctuations in adolescents' self-esteem, but daily variability in self-esteem has not been examined in middle childhood. There is some indication that self-esteem tends to decline in later childhood even though existing research is not conclusive (Rosenberg, 1986). Although other studies have also showed that people's self-esteem decreases immediately after experiencing failure, there are no studies investigating daily self-esteem in specific situations (Brown & Dutton, 1995).

This line of research eventually led to the development of three age-appropriate instruments: the SDQ I, SDQ II, and SDQ III (Byrne, 1996). Researchers make distinctions between global self-esteem and domain-specific self-valuations. The three self-report instruments vary in the use of items and subscales they use to measure global self-esteem and assess overall self-regard, whereas domain-specific

self-evaluations assess self-regard in particular areas (Academic, Non-Academic, and General Self-Concept).

One of the important social contexts (e.g. how we relate to other people) in the development of self-esteem is the family, which is considered relevant according to the developmental-ecological perspective. Thornberry's (1996) study focuses on the role of relationships formed with adults (e.g., parents or teachers), rather than peers, in reducing levels of problem behaviour among early adolescents. For children, the family is the most important context because its major function is the socialisation and caring of children. Steinberg's (2001) authoritative and permissive parenting practices is one major research in this area, suggesting that authoritative parenting has proven to be related to adolescents' higher levels of competence and higher self-esteem.

Furthermore, the intimate, extensive, and relatively enduring relationship characteristic of the family as a primary group make it a key context for the self-esteem of adults and children. Some processes have also been identified as important to the development of self-esteem: a sense of security, identity, belonging, purpose and a sense of competence. According to Reasoner's (1983) study, children significantly increased their higher self-esteem after a two-year program that incorporated attitudes about security, identity, belonging, purpose, and a sense of competence in their school environment. Franz, McClelland & Weinberger (1991) stress that the positive development of self-esteem and well-being depends on the promoting trust and security, which are formed from relationships between children and their primary caregiver in the very early stage. Feeney & Noller (1990) indicate

that individuals who are characterised by a secure attachment style have reported positive early family relationships and trusting attitudes toward others. These individuals have also been shown to have higher levels of self-esteem compared to individuals with insecure attachment styles. Holman & Associates (2001) found family-of-origin characteristics to be an important predictor of self-esteem, which then influences relationship satisfaction.

3. Functions of Self-Esteem

A number of scholars also investigate why we need self-esteem and what functions it serves.

(1) Terror management Theory

Solomon, Greenberg & Pyszczynski (1991) demonstrate the terror management theory, suggesting that people will generate existential anxiety when they are aware of eventual demise. To overcome existential anxiety, people produce self-esteem, which is a spontaneous conviction showing they are valuable in this meaningful world. In addition, this kind of self value will continue to exist after the demise of the physical self (Greenberg, Solomon & Pyszczynski , 1997). The conclusion drawn from the hypothesis is that the function of self-esteem's existence is to confront and alleviate people's fear against the forthcoming death experience. Researches have shown that people with high self-esteem will use a strong mind-body identification to overcome existential anxiety, whilst people with low self-esteem will not because the loss of self-esteem is an important reason that causes self-destruction (Goldenberg et al., 2000). However, current research evidence does not support that high self-esteem people possess less fearful attitudes toward death when compared to those with low self-esteem (Leary, 2004).

(2) Sociometer Theory

Another influential theory explaining why we seek self-esteem is the sociometer theory (Leary & Downs, 1995), which suggests that self-esteem is basically a mental assessment about the quality of an individual's relationships with other people (Leary, 1999). Sociometer theory indicates that people are social animals possessing a strong need to belong. In daily life, people feel anxiety because of others' rejection and the fear of social isolation. Thus, people gradually produce self-esteem to overcome this anxiety, meaning that self-value is built on consistent social identification instead of isolated rejection and ignorance from others. Leary (2004) suggests that the existence of self-esteem has a meaning and function, reflecting a person's tolerance towards oneself and adjustability in society.

 (3) Self-Affirmation Theory

Self-affirmation theory proposes a third alternative, a different kind of psychological adaptation. Steele (1988) proposes the self-affirmation theory, in which an individual wishes to maintain a positive self-evaluation which is not unlimited. People are motivated to protect their perceived integrity and self worth. The motivations to protect self-integrity can result in defensive responses, with the theory suggesting that when an individual's self is threatened, the global self-system will lose its balance because people have a need for a positive self-concept. At this time, self functions will begin to operate through a self-affirmation process (for example approve some important values of oneself) to restore the self-system's balance. This theory re-introduces an issue that has been neglected for a long time, which is people's basic inner need. People can be affirmed by engaging in activities with a full sense of wanting, choosing, and personal endorsement that remind them of "who they are" (Steele, Spencer, and Lynch, 1993). Steele (1988) states that affirmation resources of

self-esteem are not equal. Since people with low self-esteem's affirmation resources are fewer, they have to employ other strategies to protect self-esteem when facing an impact. Yet high self-esteem people have more affirmation resources, so they can easily restore their self-esteem by reminding themselves of their self's value when facing threats.

These theoretical models, including the terror management, sociometer and self-affirmation theories, do not precisely pinpoint the concept of self-esteem and offer a conclusive explanation, which is why self-esteem research often produces inconsistent, contradictory and unexplainable results.

Therefore, there are different research conclusions on whether self-esteem really reduces anxiety or fulfils a positive need produced by internal motivation. Recently, new developments in self-esteem structure research focuses on implicit self-esteem and collective self-esteem, asking for more perfect and reasonable research on these new self-esteem concepts.

Differences Between High and Low Self-Esteem

Previous studies have also paid attention to differences between high and low self-esteem from three angles in accordance with an information processing perspective:

1 Cognitive Content and Structure

Traditionally, differences in high and low self-esteem are divided by the quantity of positive characteristics an individual perceives concerning their self-concept (Taylor and Brown, 1988). People with high self-esteem have more positive characteristics

than those with low self-esteem. This does not mean that those with low self-esteem have more negative than positive characteristics. In the normal group, although the overall self assessment of people with low self-esteem is lower than people with high self-esteem, it is still in positive direction, having more positive characteristics than negative ones. In Greenwald, Belezza and Banaji's (1988) & Baumgartner's (1990) studies, high self-esteem was found to significantly relate to more definite self-knowledge and higher confidence.

In the early 1990s, many researchers began to take notice of the difference in the cognitive structure of the self-concept in people with high and low self-esteem. They designed a series of researches focusing on self-concept clarity. According to Conley (1984), self-concept clarity is a 'self-opinion' and the extent to which people's beliefs about the self are clearly defined, internally consistent, and stable over time. The results suggest that people with high self-esteem had much higher clarity than those with low self-esteem (Baumeister, 1990; Campbell, 1990; Campbell et al., 1996; Nezlek & Plesko, 2001; Smith, Wethington & Zhan, 1996). For example, Campbell (1990) conducted four experiments to show the differences between high and low level self-esteem, asking participants to mark the 15 characteristic phrases and rating them about how much they are related to one's self. The outcome of experiments suggest that the assessment people with high self-esteem tend to be distributed on both ends of the scale, while people with low self-esteem are in the middle levels. The experiment also suggests that the self-concept of people with high self-esteem is higher than those with low self-esteem over time and irrelevant of the situation. Lastly, the content consistency of the self-concept in people with high self-esteem is higher than those with low self-esteem. Therefore, the self-concept of

people with high self-esteem is more stabile than it is for people with low self-esteem, and is not easily altered over any time or situation. On the contrary, people with low self-esteem tend to be more neutral, more vague and uncertain about their beliefs about the self, and are influenced over time by recent negative experiences (Campbell et al., 1996; Nezlek, and Plesko, 2001; Smith, Wethington, and Zhan, 1996).

2 Behavioural Motivations and Performance

No matter whether the level of self-esteem is high or low, individuals tend to receive positive information and maintain demands for self evaluation (Brown, 1990; Brown and Dutton, 1995; Campbell, 1990). However, differences in levels of self-esteem will affect an individual's subsequent behaviour, motivation and performance. Brown, Collins and Schmidt (1988) examine the motivational differences in people with high and low self-esteem. The experiments were divided into two, one was to let individuals have their own opinions about improving academic work, which was compared with the improved academic work in the other group; whilst the other was for individuals to be observers and giving suggestions about academic work, which was then compared with the other group. The results show that people with high self-esteem tend to take part in academic work directly and demonstrate strong personal performances. People with low self-esteem, though, tend to adopt the role of observer, using indirect methods to improve self valuation.

Following the suggestion of the stability of self-concept in people with high self-esteem being higher than those with lower self-esteem, it can be inferred that people with high self-esteem trust their abilities and tend to use dynamic, direct ways to affirm their capabilities. Although people with low self-esteem intend to enhance

their self valuation, their self-concept is unstable and they do not think they can increase their self valuation by themselves. They are so worried about making mistakes that this leads to a decrease in self-esteem, thus using conservative and indirect ways to increase the connection between self and positive characteristics. Britt, Doherty & Schlenker (1997) point out that the motivation of people with high self-esteem increases self valuation, whereas people with low self-esteem use self-protection means to avoid a drop in self valuation. While high self-esteem people tend to employ planned and active coping styles to deal with things, low self-esteem people use passive, avoidance coping styles (Smith, Wethington & Zhan, 1996). However, considerable evidence suggests that high self-esteem is heterogeneous (Kernis, 1993) as higher self-esteem individuals are relatively secure in their positive self evaluations, whereas other people with high self-esteem require continual reinforcement of defensiveness, anger and hostility to react to threats to the ego (e.g., negative feedback). Heatherton & Vohs (2000) found that after an ego threat, people with high self-esteem increased their focus on personal versus interpersonal aspects of the self, which statistically accounts for people with high self-esteem decreasing their likeability from others following an ego threat.

3 Information Receiving and Retrieval

According to Taylor & Brown's (1998) study, people with high self-esteem tend to view themselves and the world with an exaggerated and impractically positive bias. The view of people with low self-esteem though tends to be close to reality. Baumeister & Tice (1985), Baumeister, Tice & Hutton (1989) point out that individuals with higher self-esteem are more likely to attribute successes to their own efforts and attribute failure to external factors, thus criticising and devaluing other

people's methods. People with low self-esteem though decline to attribute success to their own abilities and tend not to attribute failure to a lack of effort or external factors. Steele, Spencer & Lynch (1993) demonstrate that when self-esteem is under threat due to situation involving failure, people with high self-esteem will focus their attention on positive thoughts and oppress negative thinking, whereas people with low self-esteem do not do this in this kind of situation. Therefore, people with high self-esteem are more satisfied with their own personal performances than those with low self-esteem. Dodgson and Wood (1998) discover that when receiving information, people with low self-esteem have difficulty identifying any self-related positive traits in their inner self and do not focus attention on their positive traits, which leads to positive thinking. Therefore, people with high self-esteem accept positive information, while people with low self-esteem accept both positive and negative information. Blaine & Crocker (1993) have documented self-esteem differences concerning the tendency to use self-serving bias. Whereas individuals with higher self-esteem are more likely to internalise responsibility for positive events, externalise responsibility for negative situations, and engage in a variety of strategies minimising the impact of the negative feedback they receive, individuals with lower self-esteem are more likely to attribute their own personal factors to both positive and negative events.

To sum up these three different perspectives, different levels of self-esteem have their own different patterns during the processing of information. People with high self-esteem have a greater quantity of positive characteristics and more self-concept clarity than those with low self-esteem (Baumeister, 1990; Campbell, 1990). People with high self-esteem tend to accept positive information, while ignoring the negative in order to affirm their abilities and increase their self valuation with active positive

motivations (Taylor and Brown, 1988). People with low self-esteem accept both positive and negative information and have vague self-concept clarity. They do not easily attribute external factors when facing threatening situations to avoid a drop in self-esteem (Baumeister, Tice & Hutton, 1989). In addition, Brown and Dutton (1995) indicate that the difference in levels of self-esteem and the state of emotional regulation is closely related, especially when incidents that would cause a decrease in self-esteem occur, as people with different self-esteem levels have different coping styles. Although high self-esteem has a significant relationship with the benefits of cognition and affection, the practical benefits are still unclear, and there are actually various interpersonally social costs to for people who have a higher level of self-esteem, particularly after the failure of ego threats (Kernis, 1993).

The aim of this dissertation is to explore these related topics: attribution styles, copying styles and forgiveness behaviours using the concept of the information processing model which will be applied to the multiple facets of self-esteem.

THEORETICAL BACKGROUND

Global Self-Esteem (Rosenberg's Self-Esteem Scale)

Uni-Dimensional Self-Esteem

Most studies adopt Rosenberg's view (1965, 1979) of global uni-dimentional self-esteem, in which an individual makes a global assessment about their value and self-representation. The Rosenberg Self-esteem scale (1965) is a 10-item measurement designed to assess globally positive or negative attitudes towards one's self. Global

often refers to an evaluation that is a time-free and context-free product. In other words, an individual makes an overall impression and evaluation about themself after integrating past performances, with this kind of self-esteem accruing from countless separate incidents and situations (Harter, 1993). Global uni-dimentional self-esteem emphasises that individual will consistently make self-evaluations at various times and in various situations. Uni-dimension refers to the overall self-evaluation that will eventually be integrated as a single standard and assessment. Therefore, self-esteem is the super-ordinate outcome of evaluating oneself. Accordingly, Rosenberg's Self-esteem Scale (Rosenberg, 1965) exactly reflects uni-dimentional self-esteem. For example, 'I feel worthy about myself' or 'I am satisfied about myself'. This scale has been an important tool for measuring self-esteem for decades. Rosenberg (1965, 1979) believes that self-esteem is a global attitude of whether an individual is praiseworthy, after incorporating all the evaluations and emotions related to one's self. Rosenberg (1979) suggests that self-respect is an individual's opinion about global positive and negative attitudes about themself, a view that has been accepted as a prerequisite of studying self-esteem.

Researchers normally distinguish between high and low self-esteem to explore psychological states. People with high self-esteem often judge themselves positively, self-liked, acceptable, and satisfactory. On the contrary, people with low self-esteem tend to assess themselves negatively, as worthless, unacceptable. Researchers agree that positive self-esteem is an important element in adjusting to daily life (Deci and Ryan, 1995). They also perform well under stress because high self-esteem plays a buffer role (Whisman and Kwon, 1993). On the contrary, people with negative self-esteem do not only have thoughts of self-denigration but also perform worse under

stressful situations, as well as being highly connected with depression, suicide, and aggressiveness (Overholser et al., 1995). Raising self-esteem is a way of improving depression symptoms (Zauszniewski and Rong, 1999), with the counselling process in enhancing self-esteem being an important indicator of recovery. This highlights that self-esteem plays a significant role in people's lives. Not only can self-esteem reflect one's attitudes about their abilities and value but it can also deal with impacts resulting from stress and frustration, which shows that self-esteem has an important survival value (Leary and Downs, 1995).

Although the uni-dimension of global self-esteem is widely accepted by researchers who use it to understand that self-esteem has a simple and integrated value, there are still different views on whether self-esteem is "global uni-dimension". There are two sources for forming self-esteem, one is an assessment of self-capability and the other is the internalisation of social value. The former came from James (1890, 1950), who defined self-esteem as "achievement/expectation", suggesting that an individual will base their current performance (achievement) on areas they think are more important, thus producing an overall assessment of themself. When an individual's actual performance matches their expectation, they are deemed to be a person with positive self-esteem. If not, they have negative self-esteem (Harter, 1993). Higgins et al. (1994) named this phenomenon "a gap between the real me and ideal me". The narrower the gap, the more positive the self-esteem; the greater the gap, the more negative the self-esteem.

Self-Liking and Self-Competence Scales (SLCS-R)

Self-Competence & Self-Liking

Since self-esteem has different sources and elements, Tafarodi and Swann (1995) point out that these two sources yields two separate self-esteem dimensions: self-competence and self-liking. They call it global two-dimensional self-esteem. Self-competence refers to whether an individual can achieve their objective through the sentiment of controlling and influencing the environment, emphasising the cognitive evaluation of oneself. If an individual's behaviour matches the outcome (e.g. achieve the objective), this part of self-esteem is enhanced. Self-liking views an individual as a social object to see whether one's performance matches the social standard and social worth, which leads to a feeling about oneself, such as, praise or accepting oneself. This is the product of internalised social value, emphasising the liking level of the self. If an individual is accepted by others, one tends to like oneself more. A high correlation has been found between self-liking and self-competence (Tafarodi & Swann, 1995), which can be explained by the fact that the two constructs are related and influence each other (Tafarodi & Swann, 1995, 2001).

Distinguishing self-competence and self-liking is not a new idea, with researchers having been separating an individual's self-evaluation from emotions accompanied by evaluation during discussions of self-esteem (Diggory, 1966; Gecas, 1971; Harter, 1990; White, 1963). According to self-esteem sources, Franks & Marolla (1976) name them the self-esteem inner dimension and self-esteem outer dimension, to assess whether one's fulfilled objective matches social demand. Moreover, Rosenberg's Self-esteem Scale also discovered that its scale implicitly

contained two dimensions (Shahani, Dipboye, and Phillips, 1990), which correspond with 'Self-liking/Self-competence Scale' (SLCS), as designed by Tafarodi and Swann (1995).

Empirical research has also found that two-dimensional self-esteem helps us understand the differences in self-esteem. Tafarodi's (1998) series of studies support that different self-esteem dimensional groups show different performances. People with high self-liking would distort social information about themselves, whilst those who encounter frustration subsequently gave up belonging to the low self-liking group instead of low self-competence group. In a collective culture, such as in Japan or China, self-liking level tends to be high, while in an individualist culture, like America, they tend to have higher self-competence (Tafarodi, Lang & Smith, 1999; Tafarodi & Vu, 1997; Tafarodi, and Swann 1996). In Whitehead's (2006) study, the self-competence dimension has been shown to be important, especially to athletes and during sporting performances. A qualitative survey preformed by Mallett and Hanrahan (2004) on athletes indicates that self-competence is a strong mediating variable in influencing motivation. Research with non-athletes has also shown that winning will increase perceived self-competence, and hence, increase intrinsic motivation (Reeve & Deci, 1996). A strong relationship between self-liking and the physical symptoms of eating disorder symptoms was discovered, even though no significant associations with self-competence was noted (Silvera et al., 1998). Tafarodi, Tam & Milne (2001) found that individuals with a high self-liking interpret uncertain, unclear social feedbacks as a positive.

In recent years, another important subject of investigating self-esteem is replacing one-dimensional self-esteem, that is two-dimensional self-esteem, consisting of self-competence and self-liking and producing a revised instrument designed to measure the two correlated dimensions (Tafarodi & Swann, 1995). Researchers suggest that the two dimensions can be one of the factors that influence individual depression and attacking behaviours (Mruk, 1995). Studies specifically point out that individuals with lower self-esteem tend to be more sensitive and prone to failure (Tarafodi and Vu, 1997; Bosson and Swann, 1999), whilst those whose self-competence is higher than self-liking are susceptible to anti-social behaviours (Mruk, 1995).

Paradoxical Self-Competence & Self-Liking

From the angle of two-dimensional self-esteem, Mruk (1995) proposed a similar view to Tafarodi and Swann (1995), dividing self-esteem into competence and worthiness. If one's competence and worthiness do not match, it will lead to problems with personality and behaviour. An individual possessing high competence but low worthiness in which a large gap exists between them will lead to antisocial behaviour, whilst an individual possessing low competence but high worthiness will lead to self-narcissism (Tafarodi, 1998). According to Mruk (1995), the traditional concept of low self-esteem does not lead to attacking behaviour and neither does Baumeister's (1998) proposal concerning global high self-esteem. Baumeister et al. (2003) argue that self-esteem produces a pleasant feeling and increases activeness but does not improve academic achievements, a high working performance or to a leadership ability. Neither does low self-esteem lead to violence, smoking, drinking, drug addition, or sexual pre-maturity.

It is actually the inconsistency within self-esteem, where evaluations of high competence and low worthiness permeate, that generates attacks or antisocial behaviours. People with high competence and low worthiness show a pretty good performance but do not receive endorsements from others. If their demand is not fulfilled and they lack alternative solutions, they may tend to commit crimes to show high competence (negative achievements) in an attempt to gain respect from others (increase worthiness), or even to join gangs (peer value) to gain a sense of value (Kaplan, Martin, and Johnson, 1986).

Tafarodi (1998) used arsonists as a case study to demonstrate they have a high sense of competence when achieving the feast of burning down buildings. However, at the same time, it produces guilt and self-abhorrence because this kind of behaviour is 'bad' and unacceptable to society (low self-liking). After the arsonist conducts their act, they possess much higher self-competence but have a much lower self-liking, which deepens the gap between the two. This perhaps explains why some studies find that some attackers have a high and some a low self-esteem, because attackers' self-esteem is paradoxical. The paradoxical character of self-esteem can be observed in our research studies.

Baumeister (1998) points out an important antecedent variable before an attack; that is, the discrepancy between self-evaluation and the preceptor-evaluation. When the latter is much lower than the former, it will produce a sense of threat to self-esteem, which can be explained by the self-paradox perspective. According to two-dimensional theory, the sense of competence comes from an evaluation of self-capability and achievements, while self-liking is a long-term internalisation of social

value, including other people's evaluations on whether he or she is good or bad, or respectful or not. If people's self-evaluation is higher than the preceptor-evaluation, they will, at the same time, have higher a competence and a lower liking of themself. Their self-competence perception may be distorted (or exaggerated), so that their evaluation of their competence is much higher than others' observations. Since the surrounding people's evaluation is always lower than the self-evaluation, the negative assessment will undermine the sense of value of an individual, thus resulting in one having a negative self-like.

In daily live it is not difficult to see that some people think they have high self-competence, even though they are snubbed by others, who always criticise, reject, and dislike them. People's self-liking will be disparaged, which creates a discrepancy between their self and preceptor-evaluations. This is why paradoxical self-esteem was produced in those with high competence and a low self-like (Tafarodi, 1998). To defend one's self-liking (sense of value), individual tends to use attacking behaviour to respond to external information as a means to deter others' criticisms.

According to the literature review above, people with both high self-competence and low self-liking are easily identified with high self-esteem because they tend to exaggerate their positive competent ability. However, their sense of value is not stable and is often shaken by negative evaluations when they perform badly. The discrepancy between evaluations reflected the paradox at the heart of self-esteem. On one hand, individual wants to reduce the internal paradox that brings a cognitive imbalance, whilst on the other hand, they do not want to give up their self-competence.

Explicit vs. Implicit Self-Esteem

The Meaning of Implicit Self-Esteem

During daily life, we sometimes experience things that are satisfactory or unsatisfactory, such as doing badly in an exam, being accepted in an interview, or winning games, which more or less affect our mood. Very often the causes that affect our mood undermine, reduce or enhance our confidence. Greenberg & Pyszczynski (1985) demonstrate that after experiencing failure in one area, people often compensate by enhancing their feelings of competence in another area or by distancing themselves from close others who outperform them in areas of high personal relevance (Tesser, 2001). In addition, people possessing high or low explicit self-esteem differ dramatically in how they respond to self-threatening feedback (Taylor and Brown, 1988). Heine, Lehman, Markus & Kitayama (1999) explain that this is because we all want to be outstanding and capable; that is, the need to feel positive self-regard.

In the past, many studies discuss people's differences pertaining to the level of self-esteem (Brown, 1990; Brown and Dutton, 1995; Campbell, 1990) and compare those peoples' responses after accepting good or bad feedback in different situations (Dodgson & Wood, 1998; Steele, Spencer & Lynch, 1993).

However, most studies use self-reports to measure an individual's self-esteem. The prerequisite for employing this self-report self-esteem measure is that individuals consciously touch upon their inner self-knowledge through their ability to reflect. Yet, if an individual cannot comprehend their self-knowledge effectively, it is not possible

for the self-esteem scale to detect in this level. In addition, the self-report scale also

has a problem with self-presentation, through which people may consider their own

performances on the scale and might moderate their answers when filling in a self

report questionnaire and measuring themselves because of their self-image, thus

leading to deviation bias in the scales (Tajfel & Turner, 1986).

In recent years, researchers have used other ways to measure self-esteem that makes

respondents unaware consciously of their answers. This type of measurement is called

implicit self-esteem and is in contrast with measuring explicit self-esteem that uses a

self report measurement scale (Bosson, Swann & Pennebaker, 2000). Greenwald and

Banaji (1995) define implicit self-esteem as "the introspectively unidentified (or

inaccurately identified) effect of the self-evaluations on self-related or self-unrelated

issues".

Interestingly, there is no distinguishable connection between implicit and

explicit self-esteem. Many research has studied implicit self-esteem, suggesting

strongly that both types of self-esteem (explicit vs. implicit) have different constructs

(Aidman, 1999; Hetts, Sakuma & Pelham, 1999; Pelham & Hetts, 1999; Bosson,

Swann & Pennebaker, 2000; Farnham et al. 1999; Greenwald & Farnham, 2000). In

social psychology, many information processing models share the assumption of two

distinct modes of information processing: rule-based processing and associative

processing (Smith & DeCoster, 2000). In the last few decades, dual-process models

have been updated and refined in many ways. Therefore, it is important to discuss the

effect on an individual's self-esteem exerted by both implicit and explicit self-esteem.

Just like the situation mentioned concerning the limitation of using a self-report

measurement, explicit self-esteem may reflect an individual's positive needs, allowing individuals to perform actions that satisfy their positive demands to preserve their own self-evaluation of their own implicit self-esteem. With this, individuals themselves are not aware that protecting their self-esteem is the cause of their behaviour.

Greenwald et al. (1998) imply that although the need for positive self-esteem is based on both explicit and implicit self-esteem, an individual's explicit self-esteem affects one's behaviour after evaluating the situation and making a self-evaluation. Only when individuals are unaware of their behaviour that satisfies their need for positive self-esteem can the effect of implicit self-esteem be shown. For example, in the test for the initial letter effect (Nuttin, 1985), participants were told their task was to complete aesthetic judgments for alphabet letters. The research found that people tend to score the initials of their name higher than the other letters. Further, the initial letter effect has been found also correlated with positive affections. The initial letter has stronger connection with self, thus enhancing the evaluation of that alphabet satisfy their need for positive self-esteem. However, this connection of 'enhancing the evaluation for their own name's first alphabet' and 'self-esteem' is not consciously considered by individuals, so it belongs to the implicit self-esteem effect. According to Greewald et al. (1998), similarity increases interpersonal attraction and nepotism within groups, which belongs to implicit self-esteem to a certain degree.

Greenwald (1998) further suggests that the level of the effect of self-esteem is different on individuals. People with a high implicit evaluation have a stronger performance that can be detected via indirect methods. Epstein and Morling (1995)

propose a similar view describing the meaning of self-esteem. In their Cognitive

Experiential Self Theory (CEST), they imply that people have two ways of processing

information: rationally and experientially. The former operates consciously and

reflects logic and reason, whilst the latter operates unconsciously and is a process

based on intuition that relies on substantial experience. According to CEST,

developed by Epstein and Morling (1995), an individual's self-evaluation also

contains two different outcomes: "explicit self-esteem" created by a rational process

and "implicit self-esteem" produced by an experiential process. Although Greenwald

et al. (1998) and Epstein & Morling (1995) use a different perspective to describe

implicit self-esteem, both views are complimentary. In other words, individuals make

instinctive, intuitional automatic evaluations about the global self, which is different

from measuring explicit self-esteem under the self-reporting measurement. This is

called implicit self-esteem and suggests that various behaviours might have a

relationship with the level of implicit self-esteem.

The Measurement of Implicit Self-Esteem

To conduct research on individual differences caused by implicit self-esteem, many

researchers in recent years have developed implicit self-esteem measurement tools.

Compared with explicit self-esteem's direct measurement, measuring implicit self-

esteem has facilitated the adoption of indirect measuring methods that can be

classified into five major tests:

1). Priming task: Participants are told to evaluate a vacation package. Then,

participants engage in a priming task, followed by being presented with a self-related

word (i.e. self) and asked to rate the word with a positive or negative descriptive

phrase, with response times recorded. People with a high level of implicit self-esteem

tend to mark the self-related word with a positive word in a shorter response time (Bosson, Swann and Pennebaker, 2000).

2). Word-completion: Subjects are presented with self-related words to prime them and then receive a word stem completion task (i.e. __OOD). High implicit self-esteem subjects tend to complete the word as "GOOD" rather than "MOOD" or "HOOD".

3). Implicit Association Test (IAT): IAT was developed by Greenwald and Farnham (2000). Participants are asked and recorded for their response times when categorising a self-related word with positive words and not-self-related words with negative words. Then they are asked to categorise in the reverse way again (self-related words with negative words and not-self-related words with positive words). Implicit self-esteem is the latter sets of response time minuses the former set response of task time.

4). Preference on first alphabet or birthday numbers: subtracted each participants preference score for alphabet letter and birthday number. In research by Bosson, Swann & Pennebaker (2000), the participants' preference score was r = .89 with alphabet letter and r = .88 for birthday numbers.

5). Self-apperception test: This was developed by Aidman (1999). Participants are be presented with a series of randomly paired images of human faces, which they will be asked to rank concerning what they liked better and how much more similar with self. Aidman demonstrates that people with high implicit self-esteem will have a highly correlated score between these two ratings.

As soon as all the implicit measurement tools were developed, most researchers discovered that implicit and explicit self-esteem have no significant correlation, showing that both have a different validity-identification construct (Aidman, 1999;

Hetts and Sakuma, and Pelham, 1999; Pelham and Hetts, 1999; Bosson, Swann, and

Pennebaker, 2000; Farnham, 1999; Greenwald and Farnham, 2000).

To make sure that implicit self-esteem is a meaningful and existent construct, and to

understand the inner facet meaning of self-esteem and its impact on individuals,

empirical research on implicit self-esteem will be reviewed in the following section.

Empirical Research on Implicit Self-Esteem

Many researchers discuss the characteristics and effects of implicit self-esteem, with

empirical research able to be divided into two categories. Firstly, discussing the

creation of implicit self-esteem, which includes the meaning and the process of

evaluating implicit self-esteem or the cause of differences between implicit and

explicit self-esteem. Secondly, exploring the connection between implicit self-esteem

and an individual's perception or behavioural response; that is, conducting research

on individual differences caused by differences between high and low levels of

implicit self-esteem.

1) The Content and Development Process of Implicit Self-Esteem

According to cognitive experiential self theory (Epstein & Morling, 1995), implicit

self-esteem is a global self-evaluation created by experiences put together from the

past, so it is impossible to change. If it does change, it will shift in line with the

accumulation of new experiences (Pelham & Hetts, 1999). Hetts, Sakuma & Pelham

(1999) use a cross-cultural method to verify their belief. Hetts al et. (1999) suggest

that individuals, whether form a collectivist culture or an individualist culture, have a

need for positive self-esteem. However, in a collectivist culture, positive self-esteem tends to rely on the group a person belongs to, thus making the level of collective self-esteem higher than those from an individualist culture.

Moreover, Hetts et al. (1999) discover that when an individual moves from a collectivist to an individualist culture, his or her explicit self-esteem changes step by step, even though their implicit self-evaluation does not change after the move. After accepting the influence of the individualist culture, and after ten years, their implicit self-evaluation finally changes slightly, with their explicit self-esteem being as high as local peoples. Therefore, implicit self-esteem is created from substantial experiences in the past that cannot be changed in a short time.

Pelham and Hetts (1999) suggest that the creation of explicit self-esteem originates from an individual's perception of the environment. People will construct an evaluation of themselves based on social standards. It appears that implicit self-esteem is a stable characteristic in the long term, whereas the environment more easily affects explicit self-esteem. As a matter of fact, researchers have discovered that explicit self-esteem is more unstable than implicit self-esteem. For example, in the high explicit self-esteem group, people tend to self-exaggerate after positive feedback (Kernis, Whisenhunt, Waschull, Greenier, Berry & Herlocker , 1998), have a stronger preference to positive feedback (Kernis, Cornell, Sun, Berry & Harlow, 1993), and display a stronger hostility when self-esteem is under threat (Kernis, Grannemann, and Barclay, 1989).

From research conducted by Hetts et al. (1999), both implicit and explicit self-esteem reflect an individual's need for positive self-esteem, with the difference

between these two being that implicit self-esteem is long-term and based on an old self-evaluation, whereas explicit self-esteem is a new self-evaluation based on environment changes. Wilson, Linsey & Schooler (2000) propose a dual attitude model, suggesting that when a new attitude is being developed, old attitudes do not vanish but are overridden into implicit level. When an individual's perceived resources are not enough or their explicit attitude cannot be shown for a particular reason, their implicit attitude will again dominate their evaluation. Therefore, when an individual is placed in a new culture, the emergence of a new self-evaluation (explicit self-esteem) will develop, which does not mean that their old self-evaluation will disappear from the implicit level (implicit self-esteem).

Continuing from the dual attitude model and cognitive experiential self theory, Koole, Dijksterhuis & Van Knippenberg (2001) further provide evidence that implicit self-esteem is an automatic evaluation of the self. They manipulate the measurement speed or perception load for explicit self-esteem, discovering that although implicit and explicit self-esteem have large differences and no correlation, their participants' explicit self-esteem showed a significant correlation with implicit self-esteem if they were subjected to time pressure. This shows that implicit self-esteem is an automatic process, through which a global implicit evaluation of oneself is been assessed and developed.

According to studies by Hetts et al. (1999) and Koole et al. (2001), it is known that implicit self-esteem is an existent construct, which is a global evaluation or attitude about the self that is connected with a positive need for self-esteem. It is

created from past living experiences, as individuals unconsciously use intuitional and automatic processes to evaluate themself.

2) The Influence of Implicit Self-Esteem on Individuals

Just as with individual differences for explicit self-esteem, people with high implicit self-esteem and low implicit self-esteem show behavioural differences related to self-esteem. To understand the motivation and effects resulting from implicit self-esteem, it is important to dig further in the affected process. Therefore, firstly, Farnham's (1999) study will be reviewed.

Farnham (1999) explores the relationship between implicit self-esteem and in-group nepotism. Since the level of self-esteem and the intensity of in-group nepotism did not present a consistent conclusion, Farnham (1999) argues that past research does not clearly distinguish between the states and the characteristics of self-esteem, and that there is also a bias through self-report measurements. As a result, Farnham (1999) uses the IAT's indirect method to measure participants' self-esteem, in-group identification, and in-group nepotism.

Farnham (1999) uses the content of the unified theory (Greenwald, Banaji, Rudman, Farnham, Nosek & Rosier, 1999) as basis, predicting that people with high self-esteem should have stronger in-group nepotism and in-group identification. For people with stronger in-group identification, a correlation between self-esteem and in-group nepotism was found to be higher. To explore the affected process of implicit self-esteem, we need to comprehend the content of the unified theory according to Greenwald, Banaji, Rudman, Farnham, Nosek, and Rosier (1999).

Unified theory:

1.Balance-congruity: When A & B have the same link with C, the association between unlinked or weakly linked A & B should strengthen.

2.Imbalance-dissonance: The network resists forming a new link to both bipolar opposed nodes.

3.Centrality of self: Self-concept is the construct of social knowledge and will not change over a short time.

4.Self is positive: In implicit self-esteem, an individual still has the need for a positive self.

5.The intensity of correlation tends to balance: When A and B are much more strongly related to C, then the relationship between A and B should be stronger.

Farnham (1999) used the IAT measurement to test participants' implicit self-esteem, implicit group identification (connection between self and in-group), and implicit in-group nepotism (connection between in-group and positive notion). Just as the unified theory predicted, Farnham discovered that all female participants have a certain identification toward feminism; thereby showing that implicit self-esteem and implicit in-group bias have a significant positive correlation. Additionally, the higher the implicit female identification, the stronger the connection between implicit self-esteem and implicit in-group bias. Experiment two used race as the in-group indicator, discovering that the results were the same as in experiment one. In experiment's three and four, Farnham manipulated the group to verify the unified theory. Firstly, he let participants become familiar with a word-guessing game by watching a picture, then told them to imagine which group they belonged to. Although no predicted positive

correlation was shown on implicit self-esteem and in-group bias, it still discovered that once participants were manipulated to identify with a certain group that in-group bias would emerge. Experiment four found that when participants imagined their own team winning, IAT should show that participants' self is strongly connected with their own team. When imagining their own team losing their implicit in-group identification would weaken, a difference particularly obvious for people with high self-esteem. Therefore, self-esteem does affect the need for positive self-esteem, especially in the implicit self-esteem perception system, where people with high self-esteem are more obvious.

In Farnham's (1999) research, the unified theory clearly described implicit self-esteem and implicit in-group bias, as well as implicit in-group identification. In addition, he found that the connection is weak between self-esteem, in-group bias, and in-group identification using the self-reporting method. It is possible that the unified theory is more suitable for conducting an investigation into the implicit perception system. Although Farnham (1999) demonstrates that an implicit measurement can exclude self-presentation and impression management and touch up the real reactions of participants, the results of the implicit measurement only inferred interactions within the implicit system. This raises the question, does implicit self-esteem really affect perception and behavioural responses at a conscious level? Research by Spalding and Hardin (1999), Greenwald and Farnham (2000), and Bosson, Swann, and Pennebaker (2000) may answer this question.

3) The Different Behavioural Dimensions Influenced by Implicit Self-Esteem

Spalding and Hardin (1999) demonstrated that behaviours affected by implicit self-esteem and explicit self-esteem have different dimensions. Spalding and Hardin (1999) also assume that non-verbal behaviour is not controlled consciously by the individual but affected by implicit self-esteem, whilst in contrast, verbal behaviour is affected by explicit self-esteem.

In the experiments, participants accepted interviews related both to the self and non-related to the self, recording their levels of anxiety towards non-verbal behaviour. After the interview, they used an anxiety scale and self-handicapping scale to test participants' anxiety responses and self-handicapping tendency. Since self-esteem can moderate, decreasing the level of anxiety (Greenberg et al., 1992), Spalding et al.(1999) discovered that when individuals accept an interview related to the self, implicit self-esteem can predict an individual's anxiety level through their non-verbal behaviour. Explicit self-esteem can predict an individual's anxiety response through using an anxiety scale.

Although Spalding et al. (1999) clearly distinguish the affected facets between implicit and explicit self-esteem concerning the issues of anxiety responses, their research still has problems. Firstly, Spalding et al. (1999) saw implicit self-esteem as a sub-conscious construct, in which individuals are not aware of the content. Therefore, self-esteem only affects non-verbal behaviours through non-consciousness intervention. As a matter of fact, there is no evidence to prove that individuals are not aware of their implicit self-esteem. On the contrary, the difference between implicit and explicit self-esteem is possibly that the latter is affected by self-presentation and other factors, whereas the former is a global self-evaluation that does not 'want' to be

expressed. Secondly, Spalding et al. also measured the self-handicapping tendency during the interview. Since the self-handicapping measurement is a self report method belonging to verbal behaviour, they infer that it should be affected by explicit self-esteem. However, the results show that both types of self-esteem have a significant effect on self-handicapping, while people with high implicit or high explicit self-esteems self-handicapping was lower. As such, even verbal behaviours can be affected by implicit self-esteem.

Can implicit self-esteem really affect verbal behaviour or explicit behaviour? Greenwald and Farnham (2000), and Bosson, Swann & Pennebaker's (2000) research shows clearer results. When Greewald et al.(2000) tested the construct validity of implicit self-esteem through IAT, the dependent variable they used was an individual's self-report. Previous literature points out that people with low implicit self-esteem are more easily affected by a task's success and failure than people who have high implicit self-esteem. Greenwald et al. (2000) suggest that the dependable variables should reflect the interaction of task manipulation and implicit self-esteem.

At the same time, there is no literature that proves whether implicit self-esteem's influence on individuals is any different than explicit self-esteem when facing positive or negative feedback. Therefore, both implicit and explicit self-esteem are a global evaluation of the self. As such, Greenwald et al. (2000) predict that high implicit self-esteem should also moderate feedback about success and failure. Implicit and explicit self-esteem should have same interaction through task manipulation.

In addition, Bosson, Swann, and Pennebaker (2000) demanded that participants write a paper in a test and then invited another reviewer to evaluate their characteristics. The results show that the evaluations made by reviewers about the participants have a significant correlation with the implicit self-esteem measured by IAT. People with high self-esteem measured by IAT were valued higher in self-competence, self-esteem, and self-certainty. Although implicit self-esteem and their correlation (between .23 and .25) is not as high as explicit self-esteem (between .32 and .55), it still reached a significant standard. This shows that the performance of verbal behaviour by people with high implicit self-esteem would let other people judge them more positively than they would people with low implicit self-esteem.

According to research by Spalding et al. (1999), Greewald et al. (2000), and Bosson et al. (2000), implicit self-esteem still affects verbal or explicit behaviour. From this perspective, it is thought that as long as environment stimulation, self-esteem and correlation among behavioural reactions are not overtly significant, implicit self-esteem affects verbal behaviour. According to the cognitive experiential self theory, rational and experiential processes do not independently affect certain behaviours. Epstein and Morling (1995) suggest that the resulting behaviour is a compromise between the two. Occurrence of behaviour might contain both a rational and experiential operation. The more consciousness intervene, the more rational the process. If consciousness intervention lowers, the effect of the experiential process is stronger. Therefore, we cannot entirely rule out the influence of the other process.

However, the effect of implicit self-esteem belongs to an experiential process, whereas explicit self-esteem belongs to a rational process (Epstein and Morling, 1995).

When situational clues (negative feedback) or behavioural response concerning maintaining self-esteem are not clearly related to self-esteem, the effect of implicit self-esteem can still be detected through verbal behaviour. In Greenwald et al's. (2000) research, it is suggested that implicit self-esteem affects an individual's need for positive self-esteem through certain verbal behaviours, whereas people with low implicit self-esteem display stronger self-esteem-protecting behaviour in such circumstances. They believed that their participants with low implicit self-esteem were not clearly aware that their behaviours had anything to do with negative feedback at that time.

If implicit self-esteem seems to affect an individual's need for positive self-esteem through verbal behaviour, then we can further discuss whether the need for positive implicit and explicit self-esteem can affect the individual in the same way, as predicted by Greenwald et al. (2000). Greenwald et al. (2000) only manipulated positive and negative feedback in their experiments. If we take other social psychology behaviours, for example, attribution, coping and forgiveness, into consideration, it is important to explore how implicit self-esteem affects the individual. To answer these questions, we have to discuss the connection between implicit self-esteem and the need for positive self-esteem.

GENERAL DISCUSSION

Until present, implicit self-esteem is still a newly developing academic subject, whose related literature is extremely limited. In recently years, only sporadic research has

suggested that implicit self-esteem is a more stable construct than explicit self-esteem in the long term (Hetts, Sakuma & Pelham, 1999). People with high self-esteem seem are able to resist external threats, while people with low self-esteem are more vulnerable, clearly more worried and try to preserve or protect their self-esteem when facing threats. However, these studies do not reveal what effect implicit and explicit self-esteem, when put together, have on individuals. Furthermore, it is not known clearly whether implicit and explicit self-esteem's influence on behaviour is independent or interactive.

In this research dissertation, we will observe the multiple facets of implicit self-esteem and the level of impact of implicit self-esteem on different topics (attribution styles, coping styles and forgiveness), and compare them with those cognition processes and behaviours conducted under explicit self-esteem. Apart from trying to look for differences in the functionality implicit self-esteem, we also aim to understand how implicit self-esteem functions in relation to different issues. The interactive effect of implicit and explicit self-esteem on the influences of these different topics (attribution styles, coping styles and forgiveness) will be further explored.

CHAPTER 3

STUDY OF THE MULTIPLE FACETS

OF SELF-ESTEEM

ABSTRACT

This study examines the relationship between uni-dimensional explicit self-esteem (Rosenberg's Self-Esteem Scale), two-dimensional explicit self-esteem (Self-Liking/Self-Competence Scale) and implicit self-esteem (Implicit Association Test for Self-Esteem) among 591 (male = 263, female= 328) UK participants.

As expected, the findings in this study are consistent with Tafarodi and colleagues' two dimensional self-esteem model which suggests that the two dimensions of SLCS-R (self-liking or self-competence) increase, the global self-esteem also increases, and the self-liking dimension has a higher positive correlation with Rosenberg's self-esteem scale than self-competence. Another important result in this study also supports the concept suggested by Greenwald and colleagues, that implicit and explicit self-esteem are two different independent evaluative systems.

INTRODUCTION

The Role of Multifaceted Self-Esteem

Kitano (1989) used computers to discover that there were 6500 articles that contained the word self-esteem. Research on self-esteem primarily focuses on global self-esteem that tends to treat self-esteem as uni-dimension, suggesting that self-esteem is a global assessment of self. Rosenberg (1965) believes that self-esteem is an individual's positive or negative attitude toward the self, being a judgement of approval or disapproval about the overall self. Therefore it is a uni-dimensional concept. In uni-dimensional instruments, Rosenberg Self-esteem Scale (Rosenberg, 1965) was used often because it has proved to be a simple and easy yet powerful tool. However, in recent years there is increasing evidence suggesting that self-esteem is a multidimensional construct (Baumeister, 1999; Buss, 2001; Coopersmith, 1981; Higgins, 1987; Linville, 1987; Markus, 1977; Westen, 1992). A complex and multiple-faceted phenomenon perspective about self-esteem enables psychologists to distinguish the characteristics of the content and structure, or the organisational features of self-knowledge.

Over the years many different facets of the self or self-esteem have been identified, with researchers providing many new perspectives and ideas from different angles that provide new perspectives and angles to understand and explore the structure of self-esteem. A thorough literature review reveals evidence to support that the role of multiple self-esteem contributes to psychological well-being.

Emphases from Global to Structures/Domain Specific Self-Esteem

Gecas (1971) identifies two self-esteem factors: the dimension of power (e.g. confident, powerful, intelligent, clever) that is a construct measuring a person's sense of efficacy or potency in the social environment, and the dimension of moral worth (good, dependable, honest) that is a construct connoting a sense of moral or social worth. Markus (1977) suggests that a system of self-schemata provides us with interpretive frameworks to understand our own and schema related behaviours in others. Some self-schemas are derived from one's place in the social structure, while others are based on one's past experiences, feelings, and behaviours in various areas. From the 1980s to the early 1990s, according to Coopersmith (1981), self-esteem is made up of four components: 'one's ability to control behaviour of their own or others (power); the acceptance, attention and popularity given from others (significance); adherence to a set of moral standards in the society (virtue); and an individual's level of achievement (competence)'. However Blascovich & Tomaka (1991) criticise that these four influent sources of self-esteem are not the stable structures of self-esteem. Furthermore, Markus & Nurius (1986) propose that people develop possible selves they'd like to become, that they're afraid of becoming or the ideal selves they expect to become. A remarkable finding by Knox et al. (2000) suggests that increased fear about possible selves can predict a man's occupation, whereas increased fear about possible selves can predict a woman's functioning. Higgins' Self-Discrepancy Theory (1987) posits that each person has multiple mental representations of the self. The big three representation categories are actual, ideal, and ought self. The theory focuses on the relationship between discrepancies in various types of self-beliefs and particular negative emotional states. More specifically, actual–ideal self-discrepancies are

hypothesised as related to depression, whereas actual-ought self-discrepancies are hypothesised as related to anxiety.

Models such as Linville's (1987) self complexity theory provides a framework for understanding self knowledge. A complex structure means that you define yourself in many ways, with a greater self-complexity protecting a person from emotional turmoil when the self is threatened, which also means better mental health. Individuals with high numbers of self-aspects (greater self-complexity) are less influenced by negative and positive life circumstances than those who are less complex, since the more of their self-aspects that remain unaffected by stressful experiences (even a positive one), the less impact an individual will have (Coleman & Antonucci, 1983). Linville (1987) argues that this is because having a highly complex self-concept serves as a cognitive buffer in response to one's ups and downs. Differentiated self-aspects display a different role, relationship, activity, goal and trait. However, even though the self-complexity term has been popularised through the studies by Linville and her followers, the measurements and research applied in psychology about the self-complexity theory are not provided with further evidence.

Greenwald & Breckler (1985) classify three facets of the self: public, private and collective for establishing and maintaining self-esteem, which they label 'ego task'. According to Greenwald and Breckler (1985), the public self represents cognition concerning others' views of oneself, which is sensitive to the evaluation of significant others as they seek to gain their approval. The private self strives to meet personal achievement needs, whilst the collective self tends to use a specific reference group to assess the self. The goal for the collective self is to serve as a self-

presentation for greater purposes than individual needs, not only to manage others' opinions but also to influence their impressions.

Furthermore, Marsh (1987) expresses that hierarchical models have offered an interesting framework to understand how daily events influence self-esteem. According to these models, global self-esteem is a hierarchical system based on several specific domains (e.g., academic domains, physical ability and attractiveness domains, peer and family social domains, and behavioural domains). Each domain can be further differentiated into sub-domains more specifically tied to individual experiences.

Other researchers also have different opinions about the self-esteem structure. For example, Watkins (1994) divides the self-esteem structure into eight dimensions, which are physical ability/sport, physical appearance, peer relations, parental relations, language, mathematics, school, and normal self-esteem. Marjoribanks & Mboya (2001) divide self-esteem into family relations, school, physical ability, physical appearance, emotional stability, music ability, peer relations, and health.
At the same time, research has also been conducted into specific self-esteem, most of which concentrate on body esteem. Body esteem refers to an individual's sentimental evaluation of their won body image, or their self-evaluation of one's body or appearance. Generally speaking, body esteem includes appearance, weight, and attribution factors. The research shows that self body esteem is related to depression, anxiety, and eating disorders. Clinically obese people's body esteem is lower than normal people's. People who have a high evaluation of their appearance possess higher self-evaluation (Mendelson et al., 2001). The related sex in the body esteem

issue is also another research point. Current research shows that a female's body satisfaction is lower than a male's at every age stage. As people get older, female bodily satisfaction keeps decreasing. The difference between an ideal body image and the real body image enlarges and the negative evaluation increases. For males though, their bodily satisfaction is on the rise as they get older and their positive evaluations increase. Ethnic differences in relation to body esteem show that white females care more about their body esteem than white males and black females, caring more about their appearance, weight, and fitness, and about their eating, which produces many eating disorders and anorexia (Henriques & Calhoun, 1999). Currently, the main scales used to measure body esteem are Mendelson et al's.(2001) Body-Esteem Scale for Adolescents and Adults, Cash's (1990) Multiple Body Self-Relations Questionnaire, MBSRQ and Fox's (1990) Physical Self-Perception Profile and Physical individuation Profile (Wade & Cooper, 1999). PSPP includes one major scale that includes a self-evaluation of the body and four sub-scales, which are sporting technique, physical condition, body attraction, and masculinity. PIP is personality scale for measuring body esteem and reflects every physical aspect of an individual, including their sporting ability, physical condition, physical attraction, and masculinity.

So far, however, research has not yet consistently proved that individuals with learning, physical and sensory disabilities have lower levels of self-esteem than their typically developing peers. It is not enough to distinguish among different domains of self-esteem if one wishes systematically to relate to the self and others. Previous theories concerning multifaceted self-esteem are limited in that they do not consider that distinct kinds of cognition or behaviour may be associated with self-esteem

incompatibility. These theories, then, cannot predict which kind of patterns will be induced by a particular dimension of self-esteem.

Although the differences between global and specific attitudes are sometimes highly related, Rosenberg et al. (1995) illustrate that global self-esteem refers to an individual's positive or negative attitude towards the self in totality, and is related to measurements of psychological well being (such as life satisfaction and happiness). Specific self-esteem is relevant to behaviour (such as academic outcomes). Marsh (1986) argues that whilst specific self-esteem and global self-esteem may be highly related, they are not interchangeable.

Crocker et al. (2003) have recently proposed a model of contingent self-esteem. An attempt has been made to locate the various dimensions in which self-esteem is contingent. These dimensions include internal (i.e., God's love, virtue) and external (i.e., others' approval, appearance, competition). According to the contingent self-esteem model, the domains in which individuals are highly selective about their feelings of self-worth have a significant influence on the behaviour one chooses to engage in. Individuals should experience an increase in self-esteem following success in a relevant domain, whereas failure in a relevant domain should result in a decrease in self-esteem (Crocker et al., 2003; Crocker & Wolfe, 2001). Crocker and colleagues also found that external bases are negatively related to self-esteem, while internal bases are more positively related (Crocker & Wolfe, 2001; Deci & Ryan, 1995).

Tafarodi and Milne (2002) found that global self-esteem is composed of somewhat correlated but distinct attitudinal dimensions, self-competence and self-

liking. Self-competence refers to the generalised sense of one's efficacy or power, originating from an individual's goal-oriented behaviours in the past, which reflects one's self ability. Self-efficacy is viewed as a more reality-bound development of self-esteem. On the other hand, self-liking refers to the generalised sense of one's worth as a social object, originating from others' evaluation of oneself. These evaluations can be judged by their behavioural towards an individual. According to this demarcation, Tafarodi and Swann (2001) revised their scale and created SLCS-R, which has a better structural validity to distinguish validity from convergent validity. Clearly, there is a correspondence: "self-competence" to the term "power" and "self-liking" to the term "worth", which are both used by Gecas (1971). Moreover, Tafarodi, Lang & Smith (1999) observe that there is a relationship between these components and culture. Individualism (primarily Western) was found to promote the development of self-competence rather than self-liking, whereas collectivism (primarily non-Western) produces the opposite effort.

Emphases from Explicit to Implicit Self-Esteem

Explicit self-esteem is built on participant's obvious awareness of self-reflective, non-spontaneous self-esteem. Before the 1990s, self-esteem research always used the self-reflective method but research based on participants' subjective reports unavoidably was affected by an insufficiency in self-reflection. Participants are easily influenced by social expectations and disguise their real thoughts (Leary, 1995). Therefore, self-reflective research's credibility has always been questioned. This difference, concerning explicit self-esteem, is that it tests participants' self-value under unintentional or subconscious states. Implicit self-esteem is more real than explicit self-esteem and accurately reflects self-attitudes. Presumably, the conscious content

of explicit judgments of the self may be different from an individual's implicit or unconscious sense of self. Accordingly, Greenwald & Banaji (1995) suggest that implicit self-esteem should be less susceptible to the influence of self-presentation and defensiveness (Pelham & Hetts, 1999).

Leary et al. (1995) assume that much like explicit attitudes, implicit self-esteem is developed during interactive experiences with significant others. However, if an individual's self-evaluation, whether explicit or implicit, is based on interaction with significant others, a high degree of congruent relations should be expected between an individual's explicit and implicit self-esteem. However, the results for self-esteem related domains have reported that the relationship between implicit and explicit measures are weak (Greenwald et al., 1998; Banse et al., 2001; Bosson, Swann & Pennebaker, 2000; Egloff & Schmukle, 2002; Jordan, Spencer, Zanna, Hoshino-Browne & Correll, 2003; Koole, Dijksterhuis & van Knippenberg, 2001; Pelham, Mirenberg, & Jones, 2002), which is consistent with the idea that the self operates on two relatively parallel tracks—one involving controlled and deliberative thought and action, and the other involving relatively automatic and non-reflective processes.

Such discrepancies between explicit and implicit self-esteem have been associated with important consequences. Research also demonstrates that implicit self-esteem predicts important psychological and physical behaviours above that of explicit self-esteem. For example, implicit self-esteem has been found to be a better predictor than explicit self-esteem concerning people's non-verbal anxiety and interpersonal stress (Spalding & Hardin, 1999). Moreover, implicit self-esteem has

been associated with physical health above and beyond the relationship between explicit self-esteem and health (Shimizu & Pelham, 2004). In addition, research shows that the combination of high explicit and low implicit self-esteem with greater defensiveness, increased in-group bias and fostered higher levels of narcissism (Bosson et al., 2003; Jordan et al., 2003). These various findings may help to explain why people with higher explicit self-esteem are often significantly reported as having a highly association with negative behaviours at times.

Greenwald and Banaji (1995) explain that implicit self-esteem is formed on the basis of past experiences, whereas explicit self-esteem may reflect more recent and accessible events. Similarly, Hetts & Pelham (2001) and Koole et al. (2001) found that implicit self-esteem is formed at an earlier age than explicit self-esteem. In support of this hypothesis, recent research indicates that early childhood experiences with parents affects levels of implicit self-esteem later in life (DeHart, Pelham & Tennen, 2006). Furthermore in an empirical study Hetts et al. (1999) investigated differences over a 10-year period between an implicit and explicit self-esteem, revealing that implicit self-esteem appears to change much more slowly than explicit self-esteem, which is the reason why Hetts et al. (1999) suggest the potential dissociation between implicit and explicit self-esteem.

Thus, it is theoretically presumed that characteristics of the different dimensions in the self-esteem structure are relatively independent. While new ideas about the multiple-dimensions of explicit and implicit self-esteem all emerge and expand research knowledge, providing new perspectives and angles, there are still inconsistencies concerning many questions that indicate that our understanding of

self-esteem structures need to be examined further. What is self-esteem's multi-dimensional structure, and are these different structures related to other psychological processes? It has a firmly held belief in psychology that people who hold compatible or conflicting evaluations of the self are likely to have different patterns of cognition, emotion and behaviour. Very little research into the multi-dimensional self-esteem perspective has been conducted into the differential effects of these construct processes on important human cognitive and behavioural experiences. These basic questions still have not reached consensus.

THEORETICAL BACKGROUND

Rosenberg's Self-Esteem Scale

Rosenberg (1965) developed the widely used measure of self-esteem, the 10-item Self-Esteem Scale, with the internal consistency of the questionnaire deemed good (α = .87), as well as the reliability and validity of the scale being well built (Cauce, 1987; Connolly & Konarski, 1994; Granleese & Joseph, 1994; Harter, 1988, 1990). Despite the development of multiple dimensions self-esteem, Shafer (2000) demonstrates that many researchers still tend to rely on uni-dimensional global measures of self-esteem. It is possible that many of the multi-dimensional instruments are still too large to be easily incorporated into a test battery, which suggesst that a thorough understanding of the interaction between Rosenberg's uni-dimensional self-esteem scale with other explicit self-esteem scales, and explicit self-esteem scales with implicit self-esteem scales, will help establish a multidimensional self-concept perspective within the wider self-esteem-studying research community.

The Self-Liking/Self-Competence Scale (SLCS)

Harter (1990) proposed a two-factor self-esteem model that established the theoretical background of (a) self-esteem obtained from positive regard from individuals' social environment and (b) self-esteem obtained from the objective evaluation of an individuals' own abilities. These two basic sources of self-esteem have been suggested as two different self-esteem dimensions: (a) feelings of social worth and (b) feelings of efficacy or control. Tafarodi and colleagues demonstrates that the most widely use measurement of global self-esteem (Rosenberg's Self-Esteem Scale) actually reveals itself to be two-dimensional, consisting of indicators of two distinct but related constructs: self-competence and self-liking (Tafarodi & Milne, 2002; Tafarodi & Swann, 1995).

The self-liking dimension is a purely subjective evaluation of an individual's worth, not explicitly related to behaviour and ability, but linked to the self as a social object related to social approval and acceptance, according to internalised criteria of social worth such as morality or attractiveness. Individuals with high self-liking tend to have a higher positive effect, feel comfortable in social settings, and have greater self-acceptance (Tafarodi & Swann, 1995, 2001). Self-liking is more likely to be our affective judgment about ourselves (Leary, 2004). In contrast, the self-competence dimension overlaps Bandura's (1977) concept of self-efficacy, which is primarily cognitive rather than affective. Bandura (1991) demonstrated that self-efficacy is separate from self-esteem.

Generally, it has been found that the self-liking-self-competence correlation is high (Tafarodi & Swann, 1995), which can be explained by the fact that the two constructs are related and influence each other (e.g., believing you are competent makes you feel good about yourself), with the validity and reliability of these two relatively distinct types of evaluation to individuals having been demonstrated (Barker et al., 2002; Tafarodi, Marshall & Milne, 2003; Tafarodi & Swann, 1995, 2001; Tafarodi & Vu, 1997).This two-dimensional self-esteem theory, which makes a distinction between self-liking and self-competence, has been also shown to provide theoretical support and empirical evidence (Mar et al., 2006; Silvera, Neilands & Perry, 2001; Tafarodi & Milne, 2002; Tafarodi & Swann, 1995, 2001). For example, in studies on elite athletes, Ntoumanis (2001) found that people feel that their behaviours are self determined, and that a high perceived competence (refers to the subjective view of people hold about their ability to determine the outcome of an activity) tends to increase an athlete's competency. Whitehead & McNiff (2006) indicate that the self-competence dimension demonstrates the validity of this distinct construct in particular to athletes and sport performance. Mallett & Hanrahan (2004) also demonstrate that self-competence is a strong mediating variable in influencing motivation. Nonetheless, research has also shown that winning will increase perceived self-competence, and hence, increase intrinsic motivation (Reeve & Deci, 1996). The self-liking dimension has also been shown to be very important for predicting eating disorders (Silvera et al., 1998).

In summary, it will be helpful if future research studies categorise explicit self-esteem into two broad areas that have two relatively independent critical components: self-liking and self-competence. Also, it will allows us to examine

unique and interactive associations between the two explicit self-esteem dimensions and how it influences our behaviours.

Implicit Association Test for Self-Esteem (IAT)

Generally speaking, IAT is an implicit measurement technique extensively employed in the USA that has good reliability and validity. However, can this self-esteem-measuring technique be used in testing participants from a different cultural background? This is one of the research purposes of this dissertation. Before using the IAT to measure U.K. participants' self-esteem we will review literature definitions and research into IAT self-esteem.

Standard IAT has five steps, each of which asks participants to press the right or left button on a computer keyboard when they see an object on the screen. Taking the racial discrimination measure (Greenwald, McGhee, and Schwartz, 1998) as an example, step 1 is the initial target concept discrimination task. Step 2 is an associated attribute discrimination task. In this stage, the computer screen displays pleasant and unpleasant terms. Step 3 is an initial combined task. Black and pleasant belong to the same button, whereas white and unpleasant belong to the same button. Participants need to press the left button if they see black names or pleasant terms but if it shows white names or unpleasant terms they need to press the right button. Step 4 is a reversed target concept discrimination task, which is similar to step 1 where black or white names appear. However, whereas in step 1 the participant needs to press the left button when a black name appears and the right button when a white name appears, in Step 4 they need to press the opposite button; that is the left button when seeing a white name and the right button for a black name. Step 5 is a reversed combined task,

which is similar to step 3 with black/white names and pleasant/unpleasant terms appear interchangeably, but black and unpleasant belong to the same button (right) and white and pleasant belong to the same button (left). It provides an implicit difference when measuring different categories. In every IAT's step, each participant responds by pressing a button, with the computer recording the reaction time and whether it is accurate. Compiling all the response times and averages for them will present statistical date concerning whether participants' reaction times are quicker or slower during these steps. Although IAT has five steps, only step 3 and step 5 are calculated. The average reaction time in step 5 needs to minus the average reaction time in step 3, thus representing the level of implicit attitude among individuals. This is called the IAT effect. Taking the racial discrimination measurement as an example, if an individual's IAT effect is high, it represents that his or her racial bias is stronger.

There is other research following the IAT process and testing its reliability and validity. Regarding alternate-forms reliability, Greenwald et al. (1998) reported experiment 2 as ($r = .85$) and experiment 3 ($r = .46$); whilst Dasgupta et al. (2000) reported ($r = .39$). Concerning test-retest reliability, Dasgupta & Greenwald (2000) reported ($r = .65$) and Bosson et al. (2000) reported ($r = .69$). Concerning validity, Greenwald et al. (1998) confirmed that IAT can detect evaluation differences in participants for non-social things (flowers, musical instruments, insects, and weapons) and social issues (Japanese and Korean, or Blacks and Whites).

Some researchers also discovered that IAT's results match automatised theory in attitude and stereotype, with the test process and scenario affecting participants' performances for the implicit self-esteem measurement. Dasgupta and Greenwald's

(2000) research shows that giving opposite examples (pictures of outstanding blacks) before testing will reduce their bias towards that particular ethnic group. Blair, Ma & Lenton (2001) discovered that allowing participants to imagine writing an article about a muscular female will lessen their stereotypes of muscular man and weak females. Rudman, Ashmore & Gary (1999) found that participants, who attended a conference on bias and conflict before the test, would reduce their IAT's score relating to discrimination about black people.

Concerning convergent validity, Rudman and Glick (1999) found that IAT's stereotype score and the participants who were in imagined scenario significantly correlate to female interviewees' discriminatory behaviour. Moreover, many researchers discovered that the IAT's measure and priming task measurement process significantly correlates (Cunningham, Preacher & Banaji, 2001; Mellott & Greenwald, 2000; Rudman & Kilianski, 2000).

There are two technical issues that need mentioning. One is that the positive and negative phrase terms used in the IAT implicit self-esteem measurement comes from terms that are extreme. The other issue is that research produced materials with a positive bias might cause extreme values (especially the response time being too long). The extreme response time does not really reflect participants' internal cognitive process. Therefore, Greenwald et al. (2000) used a strict standard to eliminate participants' extreme response times, and transferred the response time to logarithmic form. We assume that as long as these two problems can be overcome, the implicit self-esteem measurement will still be effective.

This research will be based on the 'Implicit Association Test' self-esteem version first created by Greenwald et al. (2000) in the USA, selecting extreme positive and negative terms needed for IAT, and dealing with extreme response times, in order to establish a thorough process environment for the IAT. Finally, the studies will compare the results of IAT's implicit self-esteem with the explicit self-esteem measurement and conduct a validity examination for implicit self-esteem measure, thus assessing the feasibility of using IAT to measure UK participants' implicit self-esteem.

The IAT Measurement Process

The IAT self-esteem measure is conducted on a personal computer. The research's implicit self-esteem measurement is adapted from Greenwald et al's. (2000) study employing seven steps to collect the IAT self-esteem measurement.

Step 1 is the initial target concept discrimination task. In this step, the computer screen will randomly show eight terms related to self (Self, Me, My, Mine) and unrelated to self (Others, They, Them, Theirs), for participants to answer (totally twenty six trials, with the first one is being preparation). When one term appears, participants are asked to judge as quickly as possible whether this term belongs to the self or non-self category. (Odd number participants are asked to press the computer keyboard, the right side of the keyboard [I] representing 'self', and the left side of the keyboard [E] representing 'non-self'. Even number participants' keyboards represent the opposite).

Step 2 is the associated attribute discrimination task. There are twenty six trials. In this step, the computer screen will show four extreme positive terms (Good, Win, Palace, Rich) and four negative terms (Bad, Lose, Slum, Poor). When one term appears, participants are asked to judge as quickly as possible whether this terms belongs to 'pleasant' or 'unpleasant'. (Odd number participants are asked to press the right side of the keyboard [I] representing 'self', and the left side of the keyboard [E] representing 'non-self'. Even number participants' keyboards are the opposite).

Step 3 is the initial combined task for practising. In the stage, the computer screen will show all the term pairings (including four self-related terms, four non-self-related terms, four extremely positive terms, and ten extremely negative terms) randomly for twenty six trials. (Odd number participants are asked to press the right side of the keyboard [I] representing 'self', and the left side keyboard [E] representing 'non-self'. Even number participants' keyboards are the opposite).

Step 4 is the formal combined task. In the stage, the computer screen will show all the term pairings (including four self-related terms, four non-self-related terms, four extremely positive terms, and ten extremely negative terms) randomly for forty-one trials. (Odd number participants are asked to press the right side of the keyboard [I] representing 'self', and left side keyboard [E] representing 'non-self'. Even number participants' keyboards are the opposite).

Step 5 is the reversed associated attribute discrimination task for practising. There are twenty six trials. This stage is the same as step 2, using eight extremely positive and negative terms, with participants needing to press the opposite side of the

keyboard. In other words, odd number participants are asked to press the left side of the keyboard [E] to represent 'pleasant' and press right side of the keyboard [I] to represent 'unpleasant'. (Even number participants press the opposite).

Step 6 is the reversed combined task for practising. There are twenty six trials. This stage's terms are the same as step 3 but participants use different combined rules. Odd number participants are asked to press the right side of the keyboard [I] when they see 'self' or 'pleasant' terms and press the left side of the keyboard [E] when they see 'non-self' or unpleasant' terms. (Even number participants press the opposite).

Step 7 is the formal combined task. There are forty-one trials (the first one is for preparation). In the stage, the computer screen will show all the term pairings (including four self-related terms, four non-self-related terms, four extremely positive terms, and ten extremely negative terms) randomly for forty-one trials. (Odd number participants are asked to press the right side of the keyboard [I] representing 'self', and the left side of the keyboard [E] representing 'non-self'. Even number participants' keyboards are the opposite).

Using the reaction time measurement faces a problem concerning the disturbance of extreme values. Normally, an extremely quick response is perhaps down to participants reacting before being stimulated, whereas an extremely slow response could be due to a temporarily distraction. The performance of extreme values is not information we want to collect as it could distort the average response times, which will increase the variance value. We use Greenwald's (1998) proposed solution,

defining a time less than 30 as 30, and a time more than 300 as 300. Moreover, the research deletes the first response times in each step because the response is obviously slowed by unfamiliarity at the beginning of the experiment.

Although the IAT implicit self-esteem measure contains seven steps, step's 1, 2, 3 and 5, 6 are only practices. Analysing the statistics, the researcher will calculate the average reaction time of each participant in step's 4 and 7. We only calculate the average reaction time for correct responses. If participants' accuracy is low, not only will it affects the statistics stability but will also mean that participants are not serious or do not understand the procedure of the experiment. According to Greenwald's (1998) principle, participants with an error rate over 20% are invalid.

TABLE 3.1: IAT Procedure

Block	No. of Trials	Function	Items Assigned to Left Key Response	Items Assigned to Right Key Response
1	25	practice	Self words	Other words
2	25	practice	Pleasant words	Unpleasant words
3a	25	practice	Pleasant words + Self words	Unpleasant words + Other words
4a	41	Test	Pleasant words + Self words	Unpleasant words + Other words
5	25	practice	Other words	Self words
6a	25	practice	Pleasant words + Other words	Unpleasant words + Self words
7a	41	Test	Pleasant words + Other words	Unpleasant words + Self words

NOTE: IAT = Implicit Association Test.

a. There was no break between Block's 3 and 4 and between Block's 6 and 7. Participants experienced them as one continuous block.

THE PRESENT RESEARCH

The aim of this study is to test the self-esteem of people in the U.K. by using the IAT (Implicit Association Test) developed by Greenwald (1998, 2000) and two types of explicit self-esteem scales: two dimensions for the explicit self-esteem (self-liking and self-competence) scale (SLCS-R) developed by Tafarodi and Swann (1995) and Rosenberg's traditional self-esteem scale developed by Rosenberg (1965). It can be seen that the most of the research evidence reviewed in this study was obtained from late twentieth century America. The logic of the IAT is that the higher level an individual's self-esteem is, the stronger the connection between the self-related concept (for example, name, birth date, birth place) and the positive concept. Therefore, participants should respond much quicker for self-related concepts and positive terms than for self-related concepts with a negative term. Researchers can use the average response time of those two to evaluate one's implicit self-esteem. IAT applies the indirect method to assess attitudes about oneself in order to avoid participants' impression management that intentionally answers questionnaires to match social standards. In this research, 591 participants will be measured by the IAT, the self-liking and self-competence two dimensional explicit self-esteem scale (SLSC-R), and Rosenberg's uni-dimension self-report self-esteem scale.

Firstly, in this study, the relations between global self-esteem and two-dimensional self-esteem (self-liking / self-competence) will be tested. Secondly, some research has found that explicit and implicit attitudes are consistently the same (Leary et al., 1995) while others suggests that explicit and implicit self-esteem are independent (Greenwald et al., 1998; Banse et al., 2001; Bosson, Swann & Pennebaker, 2000),

even though little exploration has been conducted into this issue. This study aims to find out what implicit and explicit self-esteem reflect respectively? Are both connected? The subsequent research following this chapter will examine the reasonability of implicit self-esteem and its relations with explicit self-esteem to understand the nature of multidimensional self-esteem.

METHOD

Participants

Participants are 591 students and staff from Leicester university campus. Participants are voluntary and no course credit or payment was awarded for participation. Participants were individually contacted on campus and invited to participate in this experimental session. Questionnaires were given to the participants after they finished the IAT computer-task and after finishing the process, participants were thanked and fully debriefed.

591 completed IAT's and completed questionnaires were returned (male= 263, female= 328). The age range was 18-67 years (Mean age= 27.34, SD= 9.1). Most of the sample (66.5%) reported to be white Caucasian, with 4.706% of respondents reporting to be of Black ethnic origin, 24.53% of Asian ethnic origin and 2.88 % of mixed ethnic origin, and 2.03% of another ethnic origin.

Materials

Procedure & Measures

Participants started with the IAT (Greenwald & Farnham, 2000), this computer-based experiment took approximately 3 to7 minutes to complete the total 207 trials. Participants then completed the paper-based questionnaires assessing the global uni-dimensional self-esteem: Global Self-Esteem Scale (Rosenberg 1965) and two-dimensional self-esteem: SLCS-R questionnaire (Tafarodi & Swann, 2001) to measure the different facets of a person's Self-Esteem. The entire (including computer-based and paper-based) session lasted about 15 minutes. Each completed questionnaire was checked after the participant finished the entire session to make sure there are no missing or error responses. Thus missing data from the questionnaire were rare so were to delete the case.

The Implicit Association Test (IAT)

In the IAT (Greenwald et al., 1998), participants need to categorise the words shown on the computer screen as quickly and precisely as possible. The target words will appear on each computer screen in front of the participants. In addition, relevant category labels will appear on the upper right side and upper left side of the computer. Each person has to put their left and right hands on the computer keys (E and I) so as to connect the target words with the relevant category labels, showing that every target word belongs to either the upper right or upper left side. Within each block of trials, the words are presented in a random order.

The entire IAT contains seven blocks of trials. Block's 1, 2, and 5 are practice runs. Participants have to practice in order to distinguish pleasant vs. unpleasant, or self vs. not-self. In Block's 3 & 6, they have to categorise unpleasant vs. pleasant words and self vs. not-self words in the same block at the same time. Block's 3 & 6 are viewed as practice for Block's 4 & 7, with only scores for Block's 4 & 7 included in the test.

Prior to the measurement of IAT scores, it has to rule out all incorrect responses and exclude extreme reaction times: i.e. longer than 3000 ms or shorter than 3000 ms (Greenwald et al., 1998). Therefore, the calculation of the IAT score is based on the reaction time of participants responses during block 7, minus the reaction times for block 4. A higher score represents that he or she has a higher positive self-esteem.

The Rosenberg Self-Esteem Scale (RSE)

The Rosenberg Self-Esteem Scale (1965) is a 10-item measurement of an individual's global self-esteem, through a self-report. It has ten sentences describing overall feelings, self-value, and self-acceptance toward oneself. (e.g. I feel that I have a number of good qualities[item 3]; All in all, I am inclined to feel that I am a failure [item 9]) This scale uses a five-point scale ranging from 1= 'strongly disagree' to 5= 'strongly agree'. The overall score for global self-esteem is an aggregation of the ten items, five of whose scores are reversed. The higher the score, the higher the global explicit self-esteem. The Rosenberg Self-Esteem Scale (1965) is a short, uni-dimensional scale. At the same time, it has established good reliability and validity in large samples in different areas. Especially, it has shown effective research results for drug abuse measurements in a clinical test. This scale has been extensively used on

male, female, adults, and the aged.

Self-Liking/Self-Competence Scale-Revised (SLCS-R)

This is a revised version that has 16-items divided into two-dimensions (self-liking &
self-competence), measuring explicit self-esteem (Tafarodi & Swann 2001). It has
eight items measuring self competence (e.g. I am a highly capable person [item 7])
and eight items measuring self-liking (e.g. I am very comfortable with myself [item
1]). This scale uses a five-point scale ranging from 1= 'strongly disagree' to 5=
'strongly agree'. The overall score for explicit self-esteem is an aggregation of the
sixteen items, with a higher score representing high self-esteem.

RESULTS

Descriptive Statistics

Descriptive statistics related to all the self-esteem measures and the sub-scales used in
the present study are shown in Table 3.2 and Table 3.3 according to the two groups
(gender and ethnicity) and contain both the means and standard deviations.

The results reveal that Cronbach's alpha was .90 for the Rosenberg Self-Esteem Scale.
Measurement of the SLCS-R was also reliable as Cronbach's alpha was .91 (the self-
liking component coefficient α was .89; the self-competence component was .82)
which was considerably higher for the self-evaluation scales.

Two-factorial between-subjects analyses of variance (ANOVA) were conducted to examine gender and ethnic-racial differences among all the self-esteem scales. Significant ethnic differences were found by Rosenberg's Self-Esteem Scale (F=4.45, $p < 0.05$) and for Self-Liking (F=11.461, p = 0.001). Asian people showed higher levels of uni-dimensional global self-esteem and self-liking. However, there was no statistical significant in gender differences found for any of the self-esteem scales.

Table 3.2. Means and standard deviations for both males and females.

| Scales | Cronbach's α | Gender | | | | F Test (1,589) | Sig |
| | | Males (N= 263) | | Females (N=328) | | | |
		M	(SD)	M	(SD)		
Rosenberg's Self-Esteem Scale (SE)	.90	3.78	(.71)	3.73	(.73)	.196	.658
Self-Liking and Competence Scale (SLCS-R)	.91	3.69	(.69)	3.62	(.64)	.681	.410
Self-Liking (SL)	.89	3.65	(.79)	3.45	(.80)	2.652	.105
Self-Competence (SC)	.82	3.73	(.64)	3.77	(.61)	.154	.695
IAT		2.63	(3.8)	2.23	(4.9)	.049	.826

Table 3.3. Means and standard deviations for White & Asian people.

| Scales | Cronbach's α | Ethnicity | | | | F Test (1,536) | Sig |
| | | White (N= 393) | | Asian (N= 145) | | | |
		M	(SD)	M	(SD)		
Rosenberg's Self-Esteem Scale (SE)	.90	3.65	(.73)	3.92	(.69)	4.450	.036*
Self-Liking and Competence Scale (SLCS-R)	.91	2.96	(.03)	2.96	(.03)	.053	.818
Self-Liking (SL)	.89	3.38	(.81)	3.83	(.76)	11.461	.001**
Self-Competence (SC)	.82	3.72	(.61)	3.79	(.68)	.457	.500
IAT		2.28	(1.41)	2.28	(1.4)	1.396	.239

Relations Between the SE, Self-Liking/Self-Competence and IAT

Table 3.4 illustrates the correlations between all the variables. A Pearson Correlation was calculated to examine the relationship between all the self-esteem scales and subscales variables: Rosenberg's global self-esteem, SLCSR including self-liking and self-competence, and IAT including self & other.

Table 3.4. Correlations between all measures.

	1.	2.	3.	4.	5.	6.
1. IAT-Self	1.00	.11	.04	.01	.03	.06
2. IAT-Others		1.00	**-.19****	-.06	**-.15***	**-.15***
3. Self-Liking			1.00	**.60****	**.92****	**.85****
4. Self-Competence				1.00	**.87****	**.73****
5. SLCSRT					1.00	**.88****
6. SE						1.00

*correlation is significant at the 0.05 level (2-tailed).

**correlation is significant at the 0.01 level (2-tailed).

A significant and positively high correlations are found for the overall Two-dimensional explicit Self-Esteem Scale with Self-Liking sub-scale ($r = .92$, $p < .01$). A very high correlation was also significant ($r = .87$, $p < .01$) for the Two-dimensional explicit Self-Esteem Scale with Self-Competence. A significant high correlation was found for the sub-scales Self-Liking with Self-Competence ($r = .60$, $p < .01$).

Significant and positive, very high Pearson correlations were found for Rosenberg's uni-dimensional explicit self-esteem scales: Participant's scores for the Two-

dimensional explicit Self-Esteem Scale (r = .88, p < .01) were Self-Liking (r = .85, p < .01) and Self-Competence (r = .73, p < .01).

The implicit measure of self-esteem (IAT) and the two-dimensional self-esteem explicit measures did not correlate significantly with each other, suggesting their independence: a very low correlation was found for the IAT with Self-Liking (r = .04, p > .01); with Self-Competence (r = .01, p > .01); and with SLCS-R (r = .03, p > .01).

Rosenberg's Self-Esteem and IAT scores were also not related to one another (r = .06, p > .01).

The IAT was used to assess the positive and negative associations a person has with the 'self', participants' self-esteem, and their positive and negative general evaluation of 'others' ('other-esteem'). Pinter and Greenwald (2005) investigated the role of the control category "other" in the IAT, indicating that a non-specific other remains a very useful category for assessing self-esteem and the self-concept through an IAT. At the same time, evidence for the value of alternative categories used as a contrast with the self in the IAT measurement is accumulating.

In this study, a low correlation but negative significance was found (r = -0.19, p < .01) in Implicit-feeling-other-is-good and Self-Liking. Moreover, the implicit Feeling other is correlates significantly and negatively with two-dimensional explicit self-esteem (r = -0.15, p < .05); correlates significantly and negatively with uni-dimensional Rosenberg's global self-esteem (r = -0.15, p < .05); is not significant and has a very weak negative correlation with self-competence(r = -0.06, p > .01); and is

not significant and has a low and positive correlation with the IAT 'Self' category. (r = 0.11, p >.01).

GENERAL DISCUSSION

The aim of this study is to clarify mixed results from previous research concerning uni-dimensional self-esteem vs. two-dimensional (self-liking/self-competence) self-esteem and explicit self-esteem vs. implicit self-esteem.

In the present study, the internal reliability of the SLCS-R was satisfactory, with alpha coefficients of 0.89 for the self-liking dimension in the UK sample (0.90 in the American sample and 0.89 in the Norwegian sample) and alpha coefficients of 0.82 for the self-competence dimension in the UK sample (0.87 in the American sample and 0.85 in the Norwegian sample) (Silvera & Seger, 2004).

The present results suggest that in relation to gender, men's scores for the self-esteem dimensions do not show any significant differences from the women's scores in the three different types of self-esteem scales. Concerning ethnicity, the noteworthy results are that Asian people showed higher levels of uni-dimensional global self-esteem and higher self-liking than White people.

This empirical evidence that 'Asian people show more self-liking' is supported by the theoretical framework mentioned in Chapter's 1, 2 and 3.

Within the section of the multiple dimension self-esteem concepts review above in this chapter, Gecas's (1971) identified two self-esteem factors: power and moral worth, which refers to a sense of moral or social worth. Mruk (1999) also demonstrates that the main definitions of self-esteem fall into two categories: those based upon an individual's judgement of competence and those focusing primarily on self-worth. Both terms, 'social-worth' and 'self-worth', mean one's worth as a social object, which originates from others' evaluation of oneself. According to Tafarodi & Swann (1995), self-liking views an individual as a social object to see whether one's performance matches social standards and social worth, which leads to a feeling about oneself, for example, like, praise, and accepting oneself. This is the product of internalised social values emphasising the liking level on the self. If an individual is accepted by others, they tend to like themself more.

In the review of Chapter 2, concerning the topic self-liking & self-competence and previous empirical research, the results are the same in this study as those obtained by Tafarodi's (1998) series of experiments. It supports that in collective culture, such as in Japan or China, people's self-liking level tends to be higher (Tafarodi, Lang & Smith, 1999; Tafarodi & Vu, 1997; Tafarodi, and Swann 1996).

These results about Asian people showing higher levels of uni-dimensional global self-esteem and higher self-liking than White people, furthermore provide support for recent cross-cultural psychology evidence on subjective well-being. In Chapter 1, concerning the topic of subjective well-being & self-esteem, it is mentioned, from Markus and Kitayama's (1991) perspective, that westerners focus more on personal subjective experience, promote personal characteristics, have

unique attributes, and autonomy (the independent self-construal; i.e.., 'I am busy, I am kind'), whereas Easterners concentrate more on interpersonal attributes, such as see oneself as more flexible and intertwined with the social context, and value maintaining group harmony and fitting in (the interdependent self-construal; i.e., 'my family thinks I am too busy, my colleagues think I am kind'). No matter how integration and harmony are achieved through self-criticism and self-correction, we can infer that the interdependent self should have positive correlations with integration and harmony. Therefore, the interdependent self most possibly obtains well-being through fitting in, integrating and having harmonious relationships with others.

Individuals' environments influence their patterns of self regards. High self-liking results from receiving positive affect acceptance and comfort in social conventions. Thus in Asian cultures no matter how integration and harmony are processed through self-criticism and self-correction, it can be inferred that the interdependent self (low self-esteem) should still have positive correlations with integration and harmony because the interdependent self mostly obtains well-being and happiness through integrating and having harmonious relations with others.

Tafarodi and Swann (1996) also suggest that collectivist cultures promote the development of the group harmony and the social needs of others resulting in higher levels of self-liking, whereas individualist cultures promote the development of self-confidence, fulfilments of individual needs and independence resulting in higher levels of self-competence.

When correlating Rosenberg's uni-dimension self-esteem with Two-dimensional self-esteem, as shown above, the results show a significant positive correlation between participant's scores for the Two-dimensional explicit Self-Esteem Scale and Rosenberg's uni-dimensional explicit self-esteem scale ($r = .884$, $p < .01$). According to this finding, Rosenberg's uni-dimensional global self-esteem is positively and highly correlated with the self-liking ($r = .847$, $p < .01$) and self-competence ($r = .725$, $p < .01$) subscales in the two-dimensional self-liking and self competence scale. The positive correlation between the self-liking and self-competence subscales for the explicit two-dimensional self-esteem with Rosenberg's global self-esteem scale supports the idea that as self-liking or self-competence increase, global self-esteem also increases.

This indicates that being an explicit self-esteem measurement, that Rosenberg's uni-dimension global self-esteem scale is still masking some important domains of the self-concept that contribute to self-esteem. Self-liking is especially positively and strongly associated with Rosenberg's global self-esteem, showing that self-liking is the core construct within global self-esteem. The results are also congruent with Tafarodi and colleagues (Tafarodi & Milne, 2002; Tafarodi & Swann, 1995) findings that the Rosenberg's Self-Esteem Scale should be more similar to Self-Liking than to Self-Competence, with both Self-Liking and Self-Competence predicting unique variance in Rosenberg's scores.

Moreover there is a consistent result with Tafarodi and Swann's (1995) work for the SLCS-R. The self-liking and self-competence dimensions are inter-correlated, $r =$

0.603, p < .001 (compared with the studies by Silvera & Seger (2004): r(71) = 0.55, p < .001, in the American sample, and r(86) = 0.72, p < .001, in the Norwegian sample).

Another purpose of this study is to understand whether the results for UK would be similar to Greenwald et al.'s findings, which assume that participants overall have positive implicit self-esteem. The results would, on the other hand, show evidence of validity for the IAT self-esteem measure. In addition, study 1 plans to seek a correlation between IAT implicit self-esteem and explicit self-esteem scales to analyse discriminant validity in the IAT implicit self-esteem measure. Greenwald & Farnham (2000) attempted to use the IAT measure to test self-esteem, which is a complex concept, even though Greenwald et al. admit that the validity of evidence when using IAT to examine self-esteem is not adequate. However, we would like to establish different facets of the self-esteem measurement process as early as possible to test self-esteem's feasibility and examine the construct validity of IAT's self-esteem scale. There are two ways to examine validity:

First, more than half of the UK participants have a positive connection in IAT's self-esteem measurement. In other words, the reaction time for the self and positive concept is significantly shorter than that for the self and negative concept. Greenwald & Farnham (2000) discovered that in their IAT self-esteem measurement both American Caucasians and Asian Americans associated their reactions with the self and positive concept. This is a common tendency. Therefore, this phenomenon is also proved in the IAT self-esteem measurement in the UK.

Secondly, the current study seeks the relationship between the IAT self-esteem measurement and two self-report explicit self-esteem scales to understand the correlations of the each and infer the meaning of the IAT measure indicator. If implicit and explicit attitudes are the product of two different systems of evaluation, it may also be expected that there would be a weak or non-significant relation between implicit and explicit attitudes.

In fact the results showed a marginally positive correlation for the IAT self-esteem with SLCS-R is $r = 0.029$; the IAT self-esteem with Rosenberg's self-esteem scale is $r = 0.061$, which is a low correlation. The results suggest no significant correlation exists between the three, showing that implicit IAT self-esteem is a different construct than self-report self-esteem measurements. In other words, it indicates that both factors in implicit and explicit self-esteem measurements are not the same construct. Based on these findings, Greenwald & Farnham (2000) provided an optimistic explanation, saying that this is evidence of discriminant validity for the implicit self-esteem IAT measurement. If the results of the IAT are different from those of the self-report measurement, implicit and explicit self-esteem display very-weak correlations, so IAT could overcome the flaws of the self-report measurement. The same weak correlation found in this study matches that found in Greenwald's sample, tangentially supporting the concept of an implicit/explicit dual processing model.

Of greatest relevance to the present discussion, Greenwald and Farnham's (2000) studies conducted a range of correlations between the implicit and the explicit measures ranging from $r = 0.13$ to 0.27. Greenwald and Farnham (2000) concluded

that implicit and explicit self-esteem are 'distinct constructs that are positively, but weakly, correlated' (Greenwald & Farnham, 2000, p.1027). Bosson and colleagues (2000) also looked at the relationships between implicit and explicit global self-esteem measures in approximately 80 college students, finding that explicit and implicit self-esteem measures were uncorrelated, ranging from r =0.06 to 0.11. This pattern of findings also indicates that the implicit and explicit self-esteem measures indeed are tapping a different construct.

The current work is consistent with many tenets of Tafarodi and colleagues' two dimensional self-esteem model, which shows the two dimensions of SLCS-R (self-liking or self-competence) increasing, global self-esteem also increasing,and the dimension of self-liking having a higher positive correlation with Rosenberg's self-esteem scale than self-competence. Another important finding in this study also supports the concept suggested by Greenwald and colleagues', that implicit and explicit self-esteem are two distinct evaluation constructs. Given that different implicit and explicit attitudes can simultaneously exist, one can imagine how different reactions toward attitude objects can illicit different types of behaviours.

However, it should be noted that the current study does not speak directly about the proposed differences between these multiple facets of self-esteem, but instead, this study primarily focuses on exploring the basic characteristics whereby different dimensions of self-esteem can only inform these different models and not differentiate between them. In other words, we only know the differences between these self-esteem dimensions but cannot exactly define the natures of these multiple

facets of self-esteem and their correlation with individual behaviour and characteristics.

Although behavioural data was not collected in this study, we predict interesting behavioural asymmetries that would be exhibited toward the attitude object, especially under conditions in this study where the greatest divergence in the multiple facets of self-esteem are revealed. As such, the next three studies in the following chapters (attribution style, coping style, and forgiveness) will validate the relationship between these constructs in relation to important areas of human cognitive and behavioural experiences.

As many new concepts for implicit self-esteem and specific self-esteem emerge, past studies on the structure of self-esteem appear to be superficial and incomprehensive. How to generalise and integrate our current dual processing views and propose a more reasonable self-esteem structure model is a big issue in self-esteem-related research.

CHAPTER 4

THE MULTIPLE FACETS OF SELF-ESTEEM & ATTRIBUTION STYLE

ABSTRACT

This study sets out to examine what dimension of self-esteem predicts the attribute style (internality, stability, globality) in a normal, non-clinical population. 206 participants completed one computer task: The Implicit Association Test (IAT) for implicit self-esteem and three questionnaires: Rosenberg Self-Esteem Scale (RSE), Self-Liking/Self-Competence Scale-Revised (SLCS-R) and the Attributional Style Questionnaire (ASQ).

The regression analysis shows that both Rosenberg's traditional uni-dimension global self-esteem and IAT implicit self-esteem are significant predictors of the internality and globality dimensions attribution style, with Rosenberg's self-esteem having a greater predictive power than the IAT for implicit self-esteem. Furthermore, implicit self-esteem is also found to account for the unique variance in the stability dimension attribution style.

The results indicate that high explicit self-esteem individuals tend to make external factors explanatory attribution for combined positive and negative events and tend to think an event's effect is limited, while people with low explicit self-esteem tend to make internal causes attribution and think the occurring event will affect all situations.

It also appears that people with high implicit self-esteem are more likely to use internal factors attribution and see the situations as unchangeable and globally affecting all the aspects of life, while people with low implicit self-esteem are likely to see an event as an external cause for temporary reasons and only in this situation.

INTRODUCTION

Dimensions of Attribution Style

Once an incident happens to an individual, how do they react and think? Kelley (1967) demonstrates that people try to explain what caused something by using a kind of ANOVA-like method which means people try to analysis different kinds of information to determine the effects of independent variables on a dependent variable. Heider's (1958) research focused on how individuals give meaning to their behaviours and how they offer explanations to "why" things happen (Peterson, Buchanan, & Seligman, 1995). This is called Attribution theory.

Attribution is an interesting subject that explores how people explain things, which can significantly influence an individual's affects, expectations, and actual future performance. An individual's attribution and explanatory styles about incidents, coupled with its effects, have already been taken seriously by psychological counselling and clinical therapy fields. Dr. Albert Ellis (1985) indicates that people feel disturbed not by things, but by the view which they take of them. The study and changing of conviction and thought on cause explanation style and attribution style is an important approach and a main objective in cognitive psychology and psychological therapy (Cormier & Cormier, 1997).

To explain the attribution theory more clearly, Heider (1958) originally proposed three slightly different dimensions along which particular attributes, categorised as: (1) Locus of Causality (2) Stability and (3) Globality (Controllability), which is recognised as significantly important for motivation. Heider (1958) notes that the first dimension is the locus of causality (or called the term "internality-externality") which refers to one's own ability and efforts that belongs to personal traits and internal causal causes, while luck and task factors belong to external situational causes.

However, just as luck is an external cause and one's own ability is an internal factor, luck has the bigger unsteadiness more than one's own ability which suggests that stability of causes as the second dimension.

The third dimension is Heider's (1958) "globality", or in contrast Weiner (1987) suggests labelling it as controllability, which refers to whether the cause of an event is perceived to be within a person's control or not. Thus, internal causal factors (effort and one's own ability) are different not only in stability but also in controllability, with each having their own responsibilities in differential evaluations. The controllability dimension is even suggested to be a mediator in reward-related and punishment-related decisions (Weiner, 1991).

Furthermore, Abramson, Seligman & Teasdale (1978) proposed an interactional model, called the 'reformulation of learned helplessness model', suggesting that self-esteem and attributional style contributed to depression, indicating that when people

face negative incidents, they attribute their helplessness to a cause. This cause can then affect one's psychological reaction.

The causal attribution, according to Abramson and his colleague (1978), contains three key dimensions: external versus internal, stable versus unstable, and global versus specific (Abramson, Seligman & Teasdale, 1978). Within the attributions chosen in the Internality Dimension (internal versus external), the cause of internal means that an individual suggests a reason related to oneself once an incident occurs, whereas the cause of external refers to reasons involving others or environments. For the Stability Dimension (stable versus unstable), the cause of stable suggested a continual reason, whereas the cause for instability refers to temporary reasons. For the Globality Dimension (global versus specific), the cause of global suggests a reason affects globally, where as the cause of specific means its effect is limited.

Important Factor in an Individual's Adjustment

Attribution style was first recognised as a cognitive personality trait by Abramson et al. (1978). Based on the three primary dimensions of attribution, one important consequence is Burns and Seligman's (1989) study, supporting that an individual's explanation attribution style may display a certain stability for negative incidents, which is a cognitive personal trait.

This concept is elaborated by other researchers (Metalsky et al., 1982; Peterson et al., 1982; Peterson & Buchanan, 1995). Moreover, apart from the traditional model that emphasises the relationship between explanatory style and

depression, subsequent research also examines the relationship regarding the explanatory style with physical and psychosocial adjustments (Peterson et al., 1995).

Contrarily, apart from the theoretical perspective about the explanatory attribution style that infers a relationship between style, adjustment and performance, other researchers studying optimism and pessimism also use the perspectives of cognition evaluation, stress coping styles, protective factors and resilience to explain that an individual's attribution style does have many relationships when informing adjustments (Abramson, Metalsky & Alloy, 1989; Lazarus and Folkman, 1984; Scheier & Carver, 1985; Scheier, Weintraub & Carver, 1986). Studies by Peterson, Seligman & Vaillant (1988); Peterson (1988); Seligman & Schulman et al. (1986) also support that an individual's explanatory attribution style does relate to living adjustments.

THEORETICAL BACKGROUND

Self-Esteem & Attribution

Various previous studies have focused on explanatory attribution style as being a predictor of subjective well-being (Argyle & Lu, 1990; Furnham & Brewin, 1990; Furnham & Cheng, 1997; 1999), while interestingly the optimism/pessimism and positive/negative situation literatures, within attribution theory, have developed in relative isolation from one another, with the concept of self-esteem appearing central to understanding how three attribution dimensions operate in the promotion of subjective well-being.

However, from a widespread view, much previous research indicates that usually low self-esteem is a critical risk that affects mental well-being despite the fact that self-esteem actually has not been adequately defined and conceptualised. There is more to self-esteem, whether high or low, with this view being an oversimplification. Research based on the association of self-esteem has yielded inconsistent findings and the concept of the multiple facets of self-esteem requires significant further scrutiny.

Thus, mixed results for the association of attribution style and self-esteem have been found.

When reviewing papers related to self-esteem and attribution in sport related situations, some researchers suggest that among the many preconditions of causal attributions that influence athletes and sports behaviours and performances, achievement orientation and self-esteem are the most important factors (Biddle, 1995). In another study of causal attributions in sports, athletes who wanted to protect their self-esteem attribute failure to non-personal external factors and attributed success to their own efforts and controllable factors, thus showing self-serving bias and great self-value (Greenberg, Pyszcznski, and Solomon, 1982). Generally self-esteem positively correlates with self-serving biases and those people with high self-esteem are more likely to take the credit for positive behaviour or outcomes but reject responsibility for negative situations. In the same vein, Rhodewalt & Morf (1995) empirically tested classic clinical narcissism theories, finding that narcissists score high in self-concept clarity and self-evaluation and taking more credit for success by

attributing it to self-aggrandising attributes (attribute positive events to internal, stable and global causes).

Apart from sports based research, Borkowski (1992) studied how students with learning difficulties make low attributions to internal attribution and high attributions to external factors, finding that they low self-esteem, a low self-efficacy perception and depressive feelings, when compared to students without learning difficulties.

Although it is not always readily apparent how high to set the bar, individuals with low self-esteem are found to be more likely to set lower expectations for their performance than those with high self-esteem (Shrauger, 1972). In attribution theory, the perceived stability of causes is seen as a determinant of expectancy in the achievement motivation field, which means that individuals with high self-esteem set higher expectations for their performance, are found taking unstable causal attribution, whilst those with low self-esteem tend to take stable causal attribution for their performance.

Similarly, Gould & Sigall (1977) found that children with low self-esteem put less effort into their endeavours because they keep their expectations for success low. Brief & Aldag (1981) also propose that self-efficacy significantly influences causal attributions and increases work-related performance. Bandura (1977) developed the self-efficacy theory that refers to a type of personal cognition defined as an individual's own beliefs about their capabilities to perform well.

Furthermore, Kernis, Brockner & Frankel (1989) propose that the tendency of making global attribution following a negative event is a mediating factor in the relationship of self-esteem and motivational vulnerability. Tafarodi and Vu (1997) argue that it appears that those with low self-worth have a tendency to use global attribution. Comparing to people with high self-esteem, people with low self-esteem's motivation vulnerability is possibly affected by larger internal attributes (I am bad person, because I don't have the ability) when they make causal attribution. As such, it has a larger effect than global attribution (I failed because I can't do this kind of job) (Brockner, 1979; Brockner, Derr and Laing, 1987; Shrauger and Sorman, 1977). On the other hand, Romney (1994) demonstrates that the internality, stability and globality dimensions of attribution style will influence depression through the mediation of an individual's self-esteem.

Another approach investigating the role of attribution on negative emotions has been investigated extensively over the years. In much research, self-esteem has also been suggested to be a predictor of maladaptive attributions, which refers to one using maladaptive attributions to see negative incidents as due to stable and unchangeable factors (Haugen & Lund, 2002; Hirschy & Morris, 2002; Joiner & Wagner, 1995). Stable explanation attribution style on negative incidents is related with the continuation of feeling helpless. In this case, if one also adopts global attribution on negative incidents, the sense of helplessness will spread to other social perception levels (Peterson, 1990).

Furthermore, additional evidence about the critical role of low self-esteem on individualised explanation attribution style is also found in many negative incidents (Bush, Ballard & Fremouw, 1995; Peterson, 1990; Peterson & Villanova, 1988).

From a clinical psychology perspective, Abramson, Seligman & Teasdale (1978) developed a specific interactional model to integrate the hopelessness theory of depression with self-esteem theories. This proposition is consistently supported by other studies. Powell, Dolan & Wessely (1990) propose that clinically depressed individuals with low self-esteem are inclined toward an internal attribution style, characterised by internal, stable, and global explanations for negative events. Using a clinical sample, Candido & Romney (1990) demonstrate that all three attribution dimensions solely affect depression through the mediation of self-esteem. The associations between attribution style and self-esteem and its consequences on depression are also supported by Brewin (1985). Tennen, Herzberger & Nelson (1987) found that, for clinical and nonclinical groups, self-esteem is a more powerful predictor of attributional styles for negative events than depression or social desirability. Metalsky, Joiner, Hardin, & Abramson (1993) suggest that high self-esteem works to buffer against depression among individuals who focuses specifically on attributing negative situations into external, temporal, and specific factors, which helps people quickly recovery from depression.

Brief & Aldag (1981) reveal that individuals with low self-esteem and/or an external locus of control have an inhibitory effect on their performance that leads to reduced aspirations and self-esteem, ultimately resulting in reduced motivation that will affect their belief in the skills they possess, again affecting the expectancy of

success or failure in the future. However this "vicious cycle" can be broken and improved if people with low self-esteem learn to change the habitual ways of thinking that are based on their social perceptions and attributions. Brief & Aldag (1981) demonstrate that if those individuals with low self-esteem adjust their attribution style to attribute an earlier success to internal causes, their performance will improve and their self-esteem should be enhanced. Miller & Norman's (1981) study supports Brief & Aldag's (1981) suggestions, finding that subsequent performance outcomes, after manipulating low self-esteem individuals' attributions style, were elevated to an extent that they attributed their achievements more to internal causes (i.e. their intellectual ability) rather than external causes (i.e., the ease of the task).

In addition, Seligman (1990) posits that an individual's attribution style on positive and negative incidents can be divided into an optimistic and a pessimistic explanatory attribution style. This provides researchers with another thinking point. To optimistic explanatory attribution style individuals, they tend to attribute through internal, continual, and global ways that prompt them to establish motivation and confidence for future efforts when they encounter positive incidents. They will attribute the cause of negative incidents to external, temporal, and specific reasons, so that it will not destroy their self-confidence and self-esteem in future efforts. This pattern often leads to self efficacy, thus adjusting and performing better in their daily lives.

More specifically, according to a cross disciplinary perspective, there is a concept termed "resilience" that is drawn from established theory and has empirical findings from both clinical and developmental psychology which Luthans (2002) defines as

"the developable capacity to bounce back from disaster, conflict and failure or even positive events, progress, and increased responsibility". It indicates the notion of a link between resilient individuals and high self-esteem, high self-efficacy, feelings of self-worth (Brooks, 1994; Polk, 1997; Rutter, 1987; Werner, 1997; Wright & Masten, 1997; Wolff, 1995). Resilient individuals are more likely to believe that mistakes and failure experiences can be used as a stepping-stone, on which one can develop a more effective learning strategy and a practical framework for one's evaluation, as well as being more likely to feel they are in control and believe they can solve problems and make decisions.

Empirical evidence supported by Huey & Weisz (1997) suggests that individuals with a lower level of resilience are more likely to blame external causal factors for negative outcomes and are associated with more aggressive behaviours. In the same line, the study by Neumann (2000) also suggests that participants who attribute negative outcomes to external attributes tend to react to scenarios with anger; those who attribute negative outcomes to internal causes most frequently experience guilt.

Conversely, comparing the above findings with Seligman's (1990) optimistic explanatory attribution style, the salient conceptual distinctions among optimism and resilience seem to exist. In both cases, the individuals taking external attribution style to negative events display two very different traits, one as an optimist and the other low resilience individuals with aggressive behaviour.

Taking current literature together, these findings are inconsistent, even though we can still see the value of self-esteem and causal attribution on the cognitive

processes through which people evaluate themselves and interpret information about others and the world.

THE PRESENT RESEARCH

Concerning the above literature, evidence for the connection between self-esteem and attribution shows that self-esteem is a complex, inconsistent variable during the attribution process. These researches do offer results but it is still a chicken-and-egg scenario that lacks a complete concept.

Although positive psychology based on a traditional theoretical framework has places more emphasis on attribution in the psychological process, the explanatory attribution style is still very important since there is a host of incomplete, inconsistent research results that have not been thoroughly studied. Therefore, the purpose of this research is to use the concept of the multiple facets of self-esteem to re-explore the effects of self-esteem in attribution theory. It is hoped that there a new discovery can be made from this approach.

This study is important because it will help determine if global self-esteem or specific components of self-esteem are predictive of the three different explanatory attribute dimensions.

METHOD

Participants

Participants were 206 students and staff from Leicester university campus. Participants were voluntary, with no course credit or payment awarded for participation. Participants were individually contacted in campus and invited to participate in this experimental session. Questionnaires were given to the participants after they finished the IAT computer-task and finished all of the process. Participants were then thanked and fully debriefed.

206 completed IAT and completed questionnaires were returned (male= 92, female=114). The age range was 18-67 years (Mean age= 27.41, SD= 8.94). Most of the Sample (66.50%) were white Caucasian, with 4.37% of Black ethnic origin, 24.27% Asian ethnic origin, 2.91% of a mixed ethnic origin, and 1.94% of respondents reporting to be of an other ethnic origin.

Materials

Procedure & Measures

Participants started with the IAT (Greenwald & Farnham, 2000), this computer-based experiment took approximately 3 to7 minutes to complete the total 207 trials. Participants then completed the paper-based questionnaires assessing the global uni-dimensional self-esteem: Global Self-Esteem Scale (Rosenberg 1965) and two-dimensional self-esteem: SLCS-R questionnaire (Tafarodi & Swann, 2001) to measure the different facets of a person's Self-Esteem. In addition, an Attributional

Style Questionnaire (ASQ) (Peterson et al., 1982) was used to measure the three different causal attribution dimensions. The entire (including computer-based and paper-based) session lasted about 20 minutes. Each completed questionnaire was checked after the participant finished the entire session to make sure there are no missing or error responses. Thus missing data from the questionnaire were rare so were to delete the case.

The Implicit Association Test (IAT)

Implicit self-esteem was measured by the Implicit Association Test (Greenwald & Farnham, 2000).

Rosenberg Self-Esteem Scale (RSE) & Self-Liking/Self-Competence Scale-Revised (SLCS-R)

Explicit self-esteem was measured using the 10-item Rosenberg global Self-Esteem Scale (Rosenberg, 1965) and the 16-item two-dimensional construct: self-liking and self-competence scale-revised (SLCS-R) (Tafarodi & Swann, 2001).

Attribution Style Questionnaire (ASQ)

The ASQ (Peterson et al., 1982) is a self-report questionnaire containing 12 items, each of which has four parts. The test is intended to allow participants to make causal interpretations of the events. Firstly, participants need to answer hypothetical questions on twelve different scenarios. In each question, there are six positive scenarios and six negative scenarios. Subsequently, participants have to explain their answers according to a 7-point rating scale, giving scores to three dimensions, which are internal-external (from 1=totally due to me, to 7= totally due to others), stable-unstable (from 1= will never present, to 7= will always present) and global-specific

(from 1= just this situation, to 7= all situations). Higher scores indicate a more external, stable, and global attribution style; Lower scores indicate a more internal, unstable and specific attribution style.

RESULTS

Descriptive Statistics

Descriptive statistics related to all the self-esteem measures and attribution style sub-scales used in the present study are shown in Table 4.1 and Table 4.2, 4.3, according to the three groups (gender, ethnicity and age) and containing the means and standard deviations.

The results reveale that Cronbach's alpha was .91 for Rosenberg's Self-Esteem Scale. Measurement of the self-liking component coefficient α was reliable at .92 and the self-competence component was .82, which were considerably higher according to the self-evaluation scales. In the measurement of attribution, Cronbach's alphas for each of the dimension for the internal vs. external attribution was .67, for the unstable vs. stable attribution it was .67, and for the specific vs. global attribution it was .65.

Two-factorial between-subjects analyses of variance (ANOVA) were conducted to examine gender and ethnicity and age (groups under 30 years old and older than 30 years old) differences among all the self-esteem scales and three attribution dimensions. Since from age 30 onwards, people start to experience relatively greater deal of reappraising and modifying on the goals, values and relationships of their life

structures (Levinson et al., 1978). 30 years old reflected the refining and integrating changes for our life, so used this age to divide our participants into younger (18-30 years) versus older (30-67years) groups.

Significant ethic differences were found for internal-external attribution (F=10.994, p < 0.01), unstable-stable attribution (F=9.919, p < 0.01), and also for specific-global attribution dimension (F=9.922, p < 0.01).

Asian people showed that they are more likely to contribute Internal, Stable, Global factors than White people.

There were no statistically significant gender differences and age differences found in the three explanatory attribution style dimensions.

Table 4.1. Means and standard deviations for both males and females.

| Scales | Cronbach α | Gender | | | | F Test (1,204) | Sig |
| | | Males (N=92) | | Females (N=114) | | | |
		M	(SD)	M	(SD)		
IAT-Self		-1.00	(6.64)	-1.47	(4.81)	.349	.555
Rosenberg's SE	.91	3.18	(.27)	3.20	(.28)	.542	.463
SLCSR	.91	3.67	(.68)	3.62	(.69)	.275	.601
Self-Liking (SL)	.92	3.57	(.92)	3.47	(.88)	.684	.409
Self-Competence (SC)	.82	3.78	(.65)	3.78	(.65)	.001	.979
Internal-External	.67	4.15	(.40)	4.18	(.38)	.316	.575
Unstable-Stable	.67	4.17	(.42)	4.22	(.40)	.768	.382
Specific-Global	.65	4.17	(.43)	4.21	(.41)	.471	.494

Table 4.2. Means and standard deviations for White & Asian people.

| Scales | Cronbach α | Ethnicity | | | | F Test (1,185) | Sig |
| | | White (N=137) | | Asian (N=50) | | | |
		M	(SD)	M	(SD)		
IAT-Self		1.25	(2.63)	1.32	(2.83)	0.023	.879
Rosenberg's SE	.91	3.72	(.79)	3.98	(.69)	4.112	**.044***
SLCSR	.91	3.54	(.67)	3.83	(.67)	6.795	**.011***
Self-Liking (SL)	.92	3.34	(.91)	3.84	(.76)	11.95	**.001****
Self-Competence (SC)	.82	3.75	(.62)	3.83	(.69)	0.559	.456
Internal-External	.67	4.33	(.38)	4.12	(.39)	10.994	**.001****
Unstable-Stable	.67	4.16	(.40)	4.36	(.41)	9.919	**.002****
Specific-Global	.65	4.15	(.40)	4.36	(.43)	9.922	**.002****

Table 4.3. Means and standard deviations for Age (younger and older that 30 years).

| Scales | Cronbach α | Age Group | | | | F Test (1,204) | Sig |
| | | Age ≤ 30 (N=151) | | Age>30 (N=55) | | | |
		M	(SD)	M	(SD)		
IAT-Self		1.09	(2.58)	2.14	(3.64)	5.41	**.021***
Rosenberg's SE	.91	3.75	(.78)	3.99	(.76)	3.83	.052
SLCSR	.91	3.79	(.70)	3.69	(.66)	.258	.611
Self-Liking (SL)	.92	3.47	(.94)	3.63	(.74)	.175	.279
Self-Competence (SC)	.82	3.79	(.64)	3.75	(.67)	.169	.681
Internal-External	.67	4.16	(.38)	4.18	(.40)	.171	.680
Unstable-Stable	.67	4.19	(.41)	4.22	(.42)	.186	.667
Specific-Global	.65	4.19	(.41)	4.22	(.43)	.296	.587

Relations Between SE, Self-Liking/Self-Competence, IAT and Attribution Style

Correlation Analysis

Table 4.4 illustrates correlations between all measurements. A Pearson product-moment correlation assessed the relationship between the three dimensions of attribution style subscales (Internal vs. External Dimension; Unstable vs. Stable Dimension; Specific vs. Global Dimension) and Rosenberg's global self-esteem, two-dimensional self-esteem (self-liking and self-competence) and implicit self-esteem.

Table 4.4. Correlations between all measures.

	1	2	3	4.	5.	6.	7.	8.	9.
1. SE	1.00	**0.71****	**0.70****	**0.79****	0.12	-0.28	-0.16	-0.19	0.02
2. SL		1.00	**0.58****	**0.92****	**0.29****	**-0.43****	**-0.36****	0.30	0.20
3. SC			1.00	**0.85****	**-0.24****	**0.32****	**0.26****	0.21	-0.00
4. SLCSR				1.00	**-0.30****	**0.43****	**0.36****	0.30	0.13
5. Attri InEx					1.00	**-0.51****	**-0.57****	-0.01	**-0.26***
6. Attri Stable						1.00	**0.80****	**0.80****	**0.25***
7. Attri Global							1.00	**0.78****	**0.27***
8. Attri								1.00	0.16
9. IAT Self									1.00

Note: *correlation is significant at the 0.05 level (2-tailed).
      **correlation is significant at the 0.01 level (2-tailed).
SE = Rosenberg Self-Esteem Scale.
SL = Self-Liking scale.
SC = Self-Competence Scale.
SLCSR = Total of Two-Dimension Self-Esteem Scale: Self-Liking/Self-Competence Scale-Revised
Attri = Total score for the Attributional Style Questionnaire.

Significant and negative low Pearson correlations were found for the implicit measure of self-esteem (IAT-Self) and Internal-External attribution style ($r = -0.26$, $p < .05$); Significant and positive low Pearson correlations were found for the IAT-Self and Unstable-Stable attribution style ($r = 0.25$, $p < .05$). In the same line there is also a

significant and positive low Pearson correlation between IAT-Self and Specific-Global attribution style ($r = 0.27$, $p < .05$).

There is a particularly weak correlation between Rosenberg's uni-dimension global self-esteem and the three attribution dimensions. There is a positive weak correlation for uni-dimension self-esteem and the Internal-External dimension ($r = 0.12$, $p > .05$), a negative low correlation for uni-dimension self-esteem with an Unstable-Stable dimension ($r = -0.28$, $p > .05$), and a negative weak correlation for uni-dimension self-esteem with a Specific-Global dimension ($r = -0.16$, $p > .05$).

A significant and positively low correlation was found for the Self-liking subscale with Internal-External attribution style ($r = 0.29$, $p < .01$). A moderate correlation that was significant but negative for both the Self-liking and Unstable-Stable attribution styles ($r = -0.43$, $p < .01$), and also a low to moderate correlation that was significant ($r = -0.36$, $p < .01$) for the Self-liking and Specific-Global attribution styles.

A significant and negatively low correlation was found for the Self-competence subscale with an Internal-External attribution style ($r = -0.24$, $p < .01$). A positive low to moderate correlation was significant found for both for Self-competence and Unstable-Stable attribution styles ($r = 0.32$, $p < .01$), and also a significant positive low correlation ($r = 0.26$, $p < .01$) for the Self-liking and Specific-Global attribution styles.

The total score for the two-dimensional explicit self-esteem scale (SLCS-R) had a negatively low correlation with the Internal-External attribution style ($r = -0.30$, p

< .01), a positive moderate correlation for the Unstable-Stable attribution style (r =
0.43, p < .01), and a positively low to moderate significant correlation for the
Specific-Global attribution style (r = 0.36, p < .01).

Regression Analysis

To further explore the significant relationships between self-esteem measurements
and attribution style subscales, a series of multiple regressions were performed
examining the predictive power of the multiple facets of self-esteem in relation to
three different attribution dimensions. Tables 4.5, 4.6 and 4.7 summarise the results.

With the Internal-External dimension as the dependent variable and all the self-esteem
measurements as predictor variables, a multiple regression was performed. The
regression statistic was significant (F(5,200) = 8.194, p < 0.01); these self-esteem
measurements could explain approximately 15 % of the variance in Internal-External
attribution dimension score (adj. r square = 0.15) and result showed that Implicit Self-
Esteem (β = -0.20, t = -2.89, p < 0.01) and Rosenberg's Self-Esteem (β = 0.29, t =
2.68, p < 0.01) were significant predictors of the dimension of the Internal-External
Attribution Style dimension.

With the Stable-Unstable dimension as the dependent variable and all the self-esteem
measurements as predictor variables, a multiple regression was performed. The
regression statistic was significant (F(5,200) = 11.751, p < 0.01); these self-esteem
measurements could explain 21 % of the variance in stable-unstable attribution
dimension (adj. r square = 0.21). The result also showed Implicit Self-Esteem

accounts for the unique variance in scores for the Unstable-Stable Attribution Style

dimension ($\beta = 0.18$, t = 2.73, p < 0.01).

With the Specific-Global dimension as the dependent variable and all the self-esteem

measurements as predictor variables, a multiple regression was performed. The

regression statistic was significant (F(5,200) = 10.687, p < 0.01); these self-esteem

measurements could explain 19 % of the variance in special-global attrinution

dimension scores (adj. r square = 0.19) with Implicit Self-Esteem ($\beta = -0.20$, t = -2.89,

p < 0.01) and Rosenberg's Self-Esteem ($\beta = 0.29$, t = 2.68, p < 0.01) were significant

predictors of the Specific-Global Attribution Style dimension.

Table 4.5. Summary of the standard multiple regressions for variables predicting the
Internality Dimension of Attribution style (Internal-External).

	Unstandardised Coefficient (B)	Standardised Coefficient (β)	t	P
Attri InEx				
Intercept	54.25		0.00	1.00
SE	0.30	0.29	2.68	**0.00****
SL	5.98	6.67	1.00	0.32
SC	5.98	4.83	1.00	0.32
SLCSR	-1.20	-1.03	-1.00	0.32
IAT Self	-0.05	-0.20	-2.89	**0.00****
r=	0.41			
r square=	0.17			
Adj r square=	0.15			
ANOVA F(5,200)=	8.19			
ANOVA Sig=	**0.00****			

Note: *p < 0.05; **p < 0.01
SE = Rosenberg Self-Esteem Scale.
SL = Self-Liking scale.
SC = Self-Competence Scale.
SLCSR = Total score for Two-Dimension Self-Esteem Scale:Self-Liking/Self-Competence Scale-Revised
Attri InEx = Internal vs. External Dimension from the Attributional Style Questionnaire.

Table 4.6. Summary of standard multiple regressions for variables predicting the Stability Dimension of Attribution style (Unstable-Stable).

	Unstandardised Coefficient (B)	Standardised Coefficient (β)	t	P
Attri Stable				
Intercept	27.90		0.00	1.00
SE	-0.10	-0.11	-1.09	0.28
SL	-1.48	-1.89	-0.29	0.77
SC	-1.48	-1.36	-0.29	0.77
SLCSR	2.95	2.90	0.29	0.77
IAT Self	0.04	0.18	2.73	**0.00****
r=	0.48			
r square=	0.23			
Adj r square=	0.21			
ANOVA F(5,200)=	11.75			
ANOVA Sig=	**0.00****			

Note: *p < 0.05; **p < 0.01
SE = Rosenberg Self-Esteem Scale.
SL = Self-Liking scale.
SC = Self-Competence Scale.
SLCSR = Total score for Two-Dimension Self-Esteem Scale:Self-Liking/Self-Competence Scale-Revised
Attri Stable = Unstable vs. Stable Dimension from the Attributional Style Questionnaire.

Table 4.7. Summary of standard multiple regressions for variables predicting the Globality Dimension of Attribution style (Specific-Global).

	Unstandardised Coefficient (B)	Standardised Coefficient (β)	t	P
Attri Global				
Intercept	28.98		0.00	1.00
SE	-0.30	-0.29	-2.76	**0.00****
SL	-1.93	-2.12	-0.32	0.75
SC	-1.93	-1.53	-0.32	0.75
SLCSR	3.86	3.26	0.32	0.75
IAT Self	0.06	0.20	3.02	**0.00****
r=	0.46			
r square=	0.21			
Adj r square=	0.19			
ANOVA F(5,200)=	10.69			
ANOVA Sig=	**0.00****			

Note: *p < 0.05; **p < 0.01
SE = Rosenberg Self-Esteem Scale.
SL = Self-Liking scale.
SC = Self-Competence Scale.
SLCSR = Total score for Two-Dimension Self-Esteem Scale:Self-Liking/Self-Competence Scale-Revised
Attri Global= Specific vs. Global Dimension from the Attributional Style Questionnaire.

GENERAL DISCUSSION

The results show that for the internality dimension of attribution, predictors of Rosenberg's uni-dimensional global self-esteem and implicit self-esteem both contributed unique variance, but Rosenberg's uni-dimensional self-esteem is a greater predictor. So individuals who have higher global explicit self-esteem will tend to use an external causal attribution style in the internality dimension of attribution, e.g. "it's traffic congestion causing the accident".

People with high implicit self-esteem tend to use an internal factor explanatory attribution style, which means that when people are experiencing events they may see themselves as the cause; that is, they internalise the cause of the event, e.g. "I am a safe and skilful driver".

For the stability dimension of attribution, implicit self-esteem is found to account for the unique variance. This finding suggests that people with high implicit self-esteem are more likely to see occurring event situations as unchangeable, e.g., "I always lose my keys" or "I never forget a face".

Results also suggest that for the globlity dimension of attribution (specific-global), two predictors, Rosenberg's self-esteem and implicit self-esteem, can significantly predict if individuals see an event situation as affecting all aspects of life. Rosenberg's uni-dimensional self-esteem is the greater unique predictor while implicit self-esteem is lesser. This reflects that individuals with high global explicit self-esteem tend to see a situation related to a specific situation, e.g. "it is going to

influence just this situation". On the other hand, individuals with high implicit self-esteem tend to think the situation is likely to affect every aspects of one's life globally, e.g., "I can't do anything right" or "Everything I touch seems to turn to gold".

This study sets out to explore the relationship between the three dimensions of attribution style and various self-esteem measures. More specifically, one of the purposes of this study is to investigate whether a comprehensive self-esteem measure reliably predicts people's customary explanatory attribution style.

Current empirical evidence suggests that Rosenberg's traditional global explicit self-esteem has a bigger predictive power for the internality and globality dimensions of attribution.

Current empirical evidence also identifies the role that implicit self-esteem, which is measured by IAT, plays in predicting all three causal attribute dimensions. It appears that people with high implicit self-esteem tend to use internal, stable and global causal attributes. In other words, people with higher implicit self-esteem may see occurring situation as unchangeable and affect many aspects of life globally, as well as being more like to internalise the causes of an event.

Although Rosenberg's uni-dimensional global explicit self-esteem in relation to the external and specific causal explanatory attribution is not a new concept, this is the first study that suggests that implicit self-esteem appears to be the most important aspect to explore when examining issues concerning explanatory attribution styles.

As such, the present study adds to our understanding of implicit self-esteem as an important dimension of the self-esteem construct and causal attribution processes.

At the same time, as current empirical evidence suggests that explicit global self-esteem and implicit global self-esteem are both reliable predictors of internality dimension and globlity dimension attribution outcome, a further discussion is needed regarding paradoxical attribution outcomes between explicit and implicit self-esteem. It appears that high explicit self-esteem and high implicit self-esteem will make people choose a contrary explanatory attribution style.

The dual attitudes model (Wilson, Lindsey & Schooler, 2000) has important implications for how we understand implicit and explicit self-esteem. According to the dual attitudes model, implicit and explicit attitudes are separate and distinct attitude structures, which supports the hypothesis of Greenwald et al.'s (1998) IAT. Thus, dual attitudes refer to people who have two different evaluations toward the same object.

To further explain these basic views, we use table tennis as an example. When an experienced table tennis player already possesses good skills and can play automatically, they have little need to think of how to use these skills. To improve their skill level, they try to learn new techniques in order to win more easily. After repeating many times, they can control and use the new technique effectively in following games. Although they try to remind themself to use the new technique, it will not replace the old mostly used technique completely. Since the old habit is hard to change, once they are tired of fully concentrating on the game, they will return

unconsciously to the old style. This example is clear, old skills represent implicit self-esteem and the new technique represents explicit self-esteem. In a table tennis match, people can have two attitudes at the same time. The new attitude cannot completely replace the old, habitualised explicit attitude. Explicit and implicit attitudes can occur in different settings. We can find that when implicit attitudes are habitualised and people do not have enough psychological energy or motivation to trace recent attitudes, or when they need to respond within an extremely limited time, implicit attitudes will surface. When people have enough motivation and psychological energy to consider recent attitudes, explicit attitudes will appear and affect cognition and behavioural reactions.

The dual attitudes model is completely different from psychological contradiction. Psychological contradiction refers to a state of conflict, in which Cacioppo and his colleagues (1997) demonstrate that people are aware of positive and passive characteristics toward an object and fully aware of the benefits and flaws of this object (e.g., people like chocolate very much but they do not like the weight-adding effect). As such, psychological contradiction can be measured through people directly reporting on what they feel. In contrast, dual attitudes only occur when people have different evaluations of the same object, with one of the evaluations more easily obtained than the other. One of the evaluations occupies an absolute position, which is seen as the only evaluation. Therefore, people do not feel in conflict or contradictory. However, another evaluation does exist and only impacts in certain situations.

One of the inspirations of the dual attitudes model is in the area of attitude change. Although it is difficult to change habitualised, implicit attitudes, we still believe that

any attitude can be accustomed and changed. Then, which attitude will change as time goes by and which attitude will ultimately prevail?

If we take a look from the perspective of attachment models of the self and others, which were originally developed from Bowlby's (1973) attachment theory, it assumes that implicit self-esteem represents relationships between parental/caregiver and ourselves. This perspective suggests that implicit self-esteem is learned at a very early age in life and is relatively stable. The reasons are during the early age people's implicit self-esteem formed and became automatic overtime which also changed much more slowly than explicit self-esteem whereas people's explicit self-esteem system are more fragile and changed quickly, easily lost over time according to the quality of people's relationships.

Thus, it seems that in some circumstances, explicit self-esteem will retreat and implicit self-esteem will reappear as time goes by. However, if people repeatedly reinforce this new explicit attitude, it could replace the previous implicit attitude. It is also believed that the process of attitude change is much more difficult than one used for attitude forming.

Finally, another respect in this study is that many other studies use a between-group comparison to show that individuals with different attitudes can lead to different behavioural patterns. The Dual attitude theory reminds us that the some people's attitude should include psychological elements that automatically operate and do not require conscious effort. A more valuable method conducted in this study is that implicit and explicit self-esteem are both accommodated at the same time in the same

person. As such, it is a better contribution to show that different types of attitude can predict different types of behaviour.

CHAPTER 5

THE MULTIPLE FACETS OF SELF-ESTEEM &

STRESS COPING

ABSTRACT

This study examines the relationship between uni-dimensional explicit self-esteem (Rosenberg's Self-Esteem Scale), two-dimensional explicit self-esteem (Self-Liking/Self-Competence Scale) and implicit self-esteem (Implicit Association Test for Self-Esteem) with four coping styles (Approach, Avoidance, Emtion Regulation coping and Reappraisal coping) among 198 UK Participants (88 male, 110 female).

The research shows that no correlation between implicit self-esteem and coping styles, or between traditional Rosenberg's uni-dimension self-esteem and coping styles. Nevertheless, the findings show that the two-dimensional explicit self-esteem measurement (SLCS-R) is significantly and positively related to active and effective coping styles (approach coping, emotional regulation coping and reappraisal coping).

Self-competence has a significantly stronger predictive power for the coping style than self-liking approach. Self-liking is found to account for the unique variance in the reappraisal coping style.

Current research on ethnicity found that Asian people have higher score of self-liking and tend using more approach and reappraisal coping strategies compared to white

people; concerning age, there is no significant self-esteem difference between younger and older people but people over 30 years old tend to use reappraisal coping strategy more than people under 30 years of age. There is no significant difference between the gender, their levels of self-esteem and stress coping styles.

INTRODUCTION

Definition of Coping With Stress

The term 'coping' is sometimes confused with other terms, such as mastery, defence, and adaptation. Stress is one of the most pervasive threats to human well-being. Physical and psychological reactions resulting from stress make people feel uncomfortable, i.e. headaches, backache and high blood pressure (Blumhagen, 1980), the development of ulcers (Carrol, 1992), smoking behaviour (Eysenck, 1991), and depression and anxiety (Lipowski, 1990). Therefore, individuals will practice easing behaviours, a stress-managing process called 'coping'.

What is the difference between defence and coping?

From a psychodynamic point of view, how to respond to negative incidents represents the maturity of an individual's defensive style (Vaillant, 1986; Vaillant & Schnurr, 1988). Vaillant (1977) suggests that there are three levels of self-defence. The first level is immature defence, which refers to projection and hyper-realistic fantasy. The second level is psychoneurosis, which refers to depression and regression. The third level is a mature defence, which is sublimated and in accordance with realistic expectations. Mature defence should result in fewer health problems and be

able to adjust better. Cramer (1998) demonstrates that defence mechanisms and coping strategies are two different types of adaptation processes. They may be found to be related to outcomes but they possess different cognitive features. There are clearly very different psychological processes involved, which include conscious/unconscious status and the intentional/non-intentional nature of the processes. In addition, Cooper (1998) demonstrates that the defence mechanism is activated by emergency crisis and deals with unconscious processes to protect self-esteem when it is activated. Other researchers believe that people have a specific preferred style of defence and coping approach in different living situations.

On the other hand, according to Dewe (2000), how to define coping has not reached consensus, even though most would agree that coping is part of a transaction between the environment and the person. Initially, Murgatroyd & Woolfe (1982) define 'stress' as a dynamic transactional process, where individuals experience stress when they perceive that the demands in the environment exceed their capacity to deal with them. Folkman (1984) demonstrates that coping is a particular individual-environment interactive relationship. When the relationship is perceived as taxing or perceived as endangering an individual's well-being, stress occurs.

A generally accepted definition of coping, according to Folkman & Lazarus (1985, p.152), is "a relationship between the person and the environment that is appraised by the person as relevant to his or her well-being and in which the person's resources are taxed or exceeded".

Combining the above definitions, stress coping is when individuals utilise cognition, emotion and behavioural efforts to solve internal and external conflicts when confronted with stressed incidents. In other words, coping with stress is a problem-solving method, a dynamic process, and an action. Currently, there is no suggested method of integrating coping processes. Most researchers use two concepts to study it. First, the focus of coping: direction and action adopted when facing pressure and its main focus is on accompanying emotions. Second, the method of coping: with emphasis on an individual's initial cognition and his or her behavioural process when responding (Schmitz, 1992).

Models of Coping

Theories on stress coping can be generalised into two models:

1. Personality Trait Coping Theory

Personality Trait theory assumes that personality determines an individual's stress coping style. Pervin (1985) categorises personality traits into four groups:

(1) Inherited personality: Personality is largely affected by inheritance, such as race, intelligence, physique, appearance, all of which affect an individual's coping style. (2) Environmental personality: Psychological symptoms, such as tension, anxiety, and stress, most of which come from environmental experience resulting from competition in life, with national character, individual lifestyle, and environmental competitive experience all affecting coping style. (3) Social personality: Social forces affect an individual's psychological development. Current social leadership, immigration policy, and IQ tests all display Social Darwinism. Therefore the social fabric is decided by natural genes and learned efforts. Contemporary personal traits obviously head towards Social Darwinism coping styles. (4) Educational personality:

Personality development can be educated and contains emotional, cognitive, and behavioural coping styles.

Personality trait theory argues that coping is mainly 'personality-oriented'. Different personal traits have different coping styles and are affected by inheritance and environment.

2. Cognitive Evaluation Coping Theory

Folkman and Lazarus (1985) indicate that pressure and coping are a dynamic process of cognitive evaluation, suggesting five steps. Firstly, the occurrence of a potentially stressful event. Secondly, primary appraisal. Thirdly, secondary appraisal. Fourthly, coping efforts and fifthly, adaptation outcomes (Slavin, Rainer, McCreary & Gowda, 1991). The "Appraisal" concept is connected with coping. Lazarus & Folkman (1984) suggest that primary appraisal is a risk assessment when facing stressful situations, to specify whether anything personal is at stake in the encounter, such as the blockage of a goal or damage to self-esteem. A secondary appraisal is evaluating whether one has enough resources to prevent harm from the stressor and indicates the extent to which coping is required (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). In Lazarus and Folkman's (1984) stress coping theory, they emphasise that the cognitive evaluation process plays an important role in coping styles.

An Individual's subjective awareness and interpretation of on incident are critical and they will adopt coping styles according to evaluation, thus affecting adjustment outcomes. In addition, the model is cyclical; that is, when coping efforts prove ineffective, it will produce a bad adjustment outcome. Hence, personal coping

resources will be undermined and increase vulnerability when facing stress, resulting in more stressful incidents in daily life.

Types of Coping Style

Pearlin and Schooler (1978) divide coping styles into three types. Firstly, directly changing or eliminating problem scenarios, such as seeking support. Secondly, changing an individual's view about a problem, such as seeing a stressful incident as a work mission. Thirdly, emotion produced by dealing with the problem, such as expressing complaint or anger through eating or drinking.

According to Folkman and Lazarus (1985), there are two stress coping strategies: problem-focused coping and emotion-focused coping. (1) Problem-focused coping, comprises of all coping strategies directly addressing the stressor. It is considered as being action-focused in the sense of using active instrumental actions to change the troubled person-environment relationship. There are a further two types of problem-focused coping strategies. (a) One is to eliminate the stress of the external environment or increase self-resource behaviour, and (b) to change internal psychological processes (Monat & Lazarus 1991). (2) Emotion-focused coping, which includes coping strategies aimed at regulating emotions associated with the stressor (Compas, Orosan & Grant, 1993). This helps adjust emotional responses directly when facing a problem. This type of coping style uses cognitive coping strategies that do not directly try to change the actual stressful situations but rather help to think of a new meaning about it. They are not seen as passive but this kind of strategy may need internal restructuring and a huge effort. Emotion-focused coping can be further divided into two types. (a) To change an individual cognitive re-evaluation towards

one incident or scenario, such as changing the meaning of an objective scenario, when the incident is unchangeable. (b) To separate the self from the stressful situation or experience isolation, or use the defence mechanism of suppression or sub-consciousness to forget certain experiences. Generally, problem-focused coping strategies are seen as more functional and effective than emotion-focused coping strategies (Thoits, 1995).

Although the above division of coping strategies refers to a generally accepted and much used division and many coping instruments are based on it, it gives rise to a major conceptual problem, i.e. that the division of problem-focused and emotion-focused coping is not the only dimension by which coping strategies can be classified.

Therefore, Billings and Moos (1985) categorise the following types of coping style.

1. Evaluation-oriented coping: (1) Logical Analysis: When an individual tries to clarify the key point of the problem, takes past relevant experience, constructs an action, and then evaluates its outcome. (2) Cognitive Re-definition: When an individual accepts a scenario's reality, looks for most beneficial situation, offers new cognition, and uses a positive attitude to look at the problem. (3) Cognitive avoidance: When an individual tries to forget about the entire situation and refuses to believe in the existence of the problem.

2. Problem-oriented coping: (1) Seek information or suggestion: When an individual seeks more information, such as consulting with an expert or family relatives about the problem in order to search for help. (2) Adopt problem-solving action: When an individual formulates any problem-solving measure and adopts a

concrete action to deal directly with the stressful situation. (3) Develop selectable feedback: When an individual deals with a stressful situation by changing their lifestyle and creating new sources of satisfaction, such as expanding new social relations, enhancing individual autonomy and independence, or developing new hobbies.

3. Emotion-oriented coping: (1) Emotional adjustment: When an individual tries to suppress emotional disturbance that is on verge of explosion by facing emotional change directly and trying to remain calm and tolerant. (2) Passiveness: When an individual allows time to heal the problem, accept the situation voluntarily, self-abandons, and gives up. (3) Emotional catharsis: This includes verbal and physical catharsis, such as shouting, binge eating, smoking and drinking, and conducts impulsive outward behaviour.

Coping Resources: Personal Resources, Family and Social Support

Traditional stress studies focus on the pathological factors of stress. Currently it is seen as positively directed to the stress-adjusting approach to explore peoples capability of dealing with pressure and how to maintain health when stress occurs (Jonson & Sarason 1979), or study effective coping strategies (Folkman & Lazarus, 1986), personal traits (Kobasa, 1979), and social support (Cohen and Wills, 1985).

Holahan & Moos (1990) recommend in the stress-resistance model that positive personality and family support resources are important to perceive as a coping style "approach" when facing stress. Folkman & Lazarus (1988) point out that family, social and personal "appraisals process" resources will directly influence coping styles and living adjustments when an individuals faces potentially stressful

situations. Therefore, these coping strategies are related independently to an adjustment after assessing their resource appraisals. In other words, coping strategies are a mediator of stressor appraisal and long term stress outcomes. Certain research results show that personality characteristics, and family and social support play important roles in psychological and physical life satisfaction. In high-stress situations, personality characteristics and social and family support increase coping resources. Even when under relatively low stress that don't need coping with, personality characteristics and social and family support can still perform their functions and improve someone's subjective well-being (Holahan & Moos, 1990; 1991).

Personal coping resource refers to a complex combination set of positive personality, attitude and cognitive characteristics that provides a psychological context for coping (Lazarus & Folkman, 1984). Such resources are also a relatively stable personal trait, affecting self-evaluations and the focus or method of coping (Holahan et al., 1995). There are many factors that influence personal coping resources, such as self-esteem, self-efficacy, cognitive thinking types, defence mechanisms, different coping styles, or problem-solving capabilities (Holahan and Moos, 1994).

In Holahan & Moos' (1987) research, focusing on people who are confident, after one year of observation, the results show that self-confident people have a tendency of decreasing avoidance as time goes by. Heppner (1988) discovered that people who are confident and self-controlled often deal with problems with perseverance and positive attitude. They are less worried and have less health problems. When an individual has a good problem-solving capability, they tend not to have a tendency for depression.

Social support resources benefit individuals by providing instrumental assistance, which refers to problem-oriented resources allowing individuals to solve potential stressful conditions within their social network, or by providing emotional comfort which refers to emotion-focused coping strategies that allow people to accept comfort from people who offer sympathy. Turner (1981) indicatsd that social support has a significant, direct effect on psychological well-being. In Hobfall's (1989) study, coping is identified as a consequence of social support that can supplement the individual as a resource in order to deal with situations at hand.

Another resource, family resource coping, is an effective coping resource originating from social support, especially from sufficient family and friends (Holahan et al., 1995). In Abbey et al.'s (1995) longitudinal study, there is a significant positive correlation discovered between spouse support and a positive, quality married life.

Other research indicate that males with more family support will cope with the disease directly and facing it, instead of avoiding it (Haley et al., 1987). Moreover, Klauer, Filipp & Ferring (1989) found that if the supporter is a female spouse, who has rheumatoid arthritis, patients tend to actively seek information, reconstruct cognition, and make better psychological adjustments. Frydenberg & Lewis (1991) discovered that students from different family backgrounds show a significant difference in their stress coping styles.

According to these studies that focus on family and social resources to explore its resource application and adjustment impact, the stressor will be re-evaluated and re-appraised by a person's available family or social resources. The relationship between this kind of resource appraisal and active coping strategies are fully provided. Cohen & Wills (1985) found that both resource appraisal and coping styles affect subjective well-being. A positive self-evaluation about an individual's inner personal resources and positive social perception about others are thought to enhance efficient coping styles and decrease stress in situations, with these strategies reported as having a positive influence on subjective well-being (Burda, Vauz, & Schill, 1984; Wethington & Kessler, 1986). Moreover, Pearlin & Schooler (1978) link self-esteem to reduced stress at work, showing positive adjustment and mental health. Likewise, active, flexible, approach oriented coping strategies are reported as being associated with a high level of life satisfaction and less stress than using the avoidance or passive coping strategies (Amatea & Fong-Beyette, 1987).

THEORETICAL BACKGROUND

Coping Styles

Approach & Avoidance

Generally speaking, the results of previous studies support the view that stress coping style is an important factor in individual adjustment and that enhancing self-efficacy training towards problem-solving attests as a promising method for increasing life-

adjustment functioning and consequently promoting subjective well-being (Major et al., 2003).

Active coping efforts may be problem-focused directed toward changing the external environment or the self, or emotion-focused directed toward changing the meaning of the event. Problem-focused strategies are active problem solving methods used to resolve the stressful relationship between the self and the environment (Compas, Connor-Smith, Saltzman, Thomsen & Wasdworth, 2001). Emotion-focused coping strategies are ways in which individuals regulate their effects to best deal with the intense situation (Saarni, 1999). Emotion-focused coping strategies are proven to be effective to cognitively reframe a situation to see it in a positive light and in information seeking strategies. Furthermore to these, the critical component of these effective coping strategies is the ability to be self-adjustable in the selection of strategies, depending upon the control an individual has over a stressor (Saarni, 1997).

Research also shows that experience and interpretative method used when an individuals respond to a stressor determines the extent of their stress (Folkman & Lazarus, 1985; Lazarus & Folkman, 1984). People develop accustomed ways to deal with stressful circumstances, with these habit based coping styles appearing to affect their stress responses (Carver & Scheier 1994). A study by Lees and Ellis (1990) shows that coping strategies also depend on experiences. In a work environment, problem-focused methods of coping are more frequently used by experienced staff, whilst emotion-focused strategies are used by new staff to deal with stressful situations. On the contrary, Adejumo and Brysiewicz (1998) found that students frequently rely on a mixture of both problem-focused and emotion-focused coping

strategies within a single stress episode. These differences may relate to personal coping resources used during the stressful episode.

Interestingly, Ootim (1998) found that people with high self-esteem are more likely to use a denial strategy and tend to suppress or ignore negative information about themselves, whilst people with low level self-esteem are more flexible, more able to openly admit their deficiencies and weaknesses, and less authoritarian.

There are also different results among researchers regarding the effects of active coping. Heppner & Backer (1997) and Heppner & Hillerbrand (1991) discovered, in general, that people prefer using active coping more (particularly the approach coping process of an individual's cognitive and behavioural efforts to manage stress), will deal with their daily lives better, and have less psychological symptoms, opposed to those who use the behaviour avoidance coping method. However, from the adjustment perspective, the avoidance coping strategy is seen as helpful for dealing with short-term pressure. In Marmer, Weiss & Gaston's (1989) study, after one year of tracking depressed patients, a better medical effect was shown on the people using problem-solving, seeking less information, and looking for emotional catharsis. After years of tracking, people using these same coping strategies became more confident and less depressed. Marmer et al. (1989) also mention that depressed patients who use an avoidance coping strategy find it difficult to develop positive medical relations. Aspinwall & Taylor (1992) point out as well that in some studies researching people using an active coping strategy to face life's stresses were found in general to promote well-being, but in other studies, evidence suggests that active coping has the completely opposite effect when an individual is dealing with a

focal stressor. Bolger's (1990) study reports that using problem-focused coping during the exam preparation period inversely led to higher anxiety. Carver & Scheier (1994) also found that students using problem-focused coping after their exam scores were released leads to them feeling a higher level of anxiety.

On the other hand, Penley, Tomaka, & Wiebe (2002) define avoidant coping strategy as being when people avoiding being with other people, when they leave a situation, or that they show mental and behavioural disengagement (total acceptance or helplessness). The use of avoidance, denial, and dissociation have been shown to be less effective coping strategies, although it may offer individuals short-term benefits but not a long term solution (Lazarus & Folkman, 1984). Using a long-term-using avoidance coping strategy, which involves suppression, dissociation or denial, will limit an individual's coping resource options and restrict opportunities for learning and problem solving (Saarni, 1999).

Cognitive Reappraisal

Cognitive reappraisal, cognitive restructuring, cognitive reframing or attitude adjustment, is defined as an individual's "conscious attempts" to reduce the threat and alter one's pattern of thinking and recognition from a negative to a positive way in a potentially stressful situation by changing the cognitive way they evaluate and see an event in a better light (i.e., reappraisals of events that include loss, challenge, coincidence or God's Will) (Park & Folkman, 1997). People who engage in reappraisal as a coping strategy are also more likely to use active problem solving to cope with situations they face (Lazarus, 1991).

Emotional Regulation

Emotional regulation is an extraordinarily rich domain, since emotional regulatory efforts may involve a cognitively up and down regulation for various aspects of negative or positive emotions, which is defined as complex processes beyond the simple expression of emotion (Gross, 1999). "Emotional Regulation" refers to a series of actions in which individuals distinguish the emotions they experience, how they evaluate and interpret them within the self when they feel them, and how they express themselves to others (Gross, 1998). This management is generally consistent with high attention, the approach-avoidance process, and inhibitory mechanisms (Scherer, 1999; Thompson, 1990).

The emotional regulation coping strategy is identified as a key for adaptation in various realms of life stressors (Morris & Reilly, 1987). Cole, Michel & O'Donnell-Teti (1994) explain that emotional regulation is thought to be important for social interaction because emotions provide a set of important functions for coordinating other people's perspectives with one's own, for dealing with perceived information about people's interpretations, people's necessary need to relate, and also, to actively and efficiently communicate during social encounters.

According to Saarni (1997), personal emotional experience is integrated with the self-system. Without a self-capability to reflect on itself, they will have feelings but won't be able to use their own emotional experiences as guides to understand others' feelings.

There are individual differences in the cognitive processing ability and self-efficacy when using emotional regulation coping strategies, with emotional regulation coping strategies recognised as critical in interpersonal operation and personal well-being (Gross & John, 2003). Empirical studies so far show that individual differences in employing various types of emotional regulation strategies are associated with different adaptive outcomes on physiological and psychological well-being. Results support that successful emotional regulation is conducive to a better social adjustment capability, minimising psychological distress, and enhancing individual well-being (Frijda, 1988; Lazarus, 1991; Katz & Epstein, 1991; Lazarus & Folkman, 1984; Beck et al., 1979; Sayette, 1993).

However, there is a notion that emotional regulation can have potentially harmful consequences in the entire psychosomatic system; in other words, emotional regulation may interfere with increased physiological responses and may result in a worse health outcome, i.e. long-term repression of anger is identified as leading to sleep and cardiovascular disorders, and the suppression of sadness indirectly associated with respiratory disorders (such as asthma and chronic bronchitis) (Dunbar, 1954).

Furthermore, other related emotional regulation models continue to develop. In Eisenberg & Fabes' (1992) and Eisenberg et al.'s (2001) emotional regulation model, they outline how temperament and three different styles of regulation (highly inhibited, under controlled, optimal regulation) can lead to adaptive or maladaptive social functioning. This is an interesting perspective. In this model sympathy and pro-social behaviour are viewed as stemming from optimal emotional regulation and have

a significant association with an individual's emotional regulation coping strategy, which is characterised by a tendency to experience positive emotions rather than negative ones. A typical social scenario of emotion-elicit is an individual's emotional response toward others' sadness. There are two abilities that are most important during our interpersonal relations, one is to express sympathy to others' and the other is to offer pro-social behaviours in society (Eisenberg, 1998; Howes, Matheson, & Hamilton, 1994; Saarni, 1997).

Pro-social behaviour includes a series of help and support, sharing responses that are focused on all voluntary actions intended to benefit others who are in distress or need (Holgren, Eisenberg & Fabes, 1998). Capacity for sympathetic feeling is elicited by concerns and sorrow for the recognition of another's situation and emotional state, rather than using the same emotion as the person. Eisenberg and colleagues' findings show that when an individual has a high sympathetic personality towards others, he or she also has a high self-governed capability, whether emotionally or behaviourally (Eisenberg, Fabes, Murphy, 1996; Eisenberg & Okun, 1996). On the contrary, Eisenberg et al. (1994) and Eisenberg & Okun (1996) demonstrate that reactions to personal distress based on other people's circumstances and emotional state may predict self-centred behaviour and forecast high scores for negative emotion, and low scores in self regulating their emotional state and behaviours.

Moreover, empirical evidence support the theory of a the positive link between emotional regulation and pro-social behaviour in childhood and adolescence (Krevans & Gibbs, 1996). Findings in regard to culture-specific results show that in individualistic western culture, the value of individual agency and autonomy may give

rise to earlier self-efficacy and self-competence by actively engaging in pro-social behaviours, whereas in collectivistic eastern cultures, the display of pro-social behaviour may depend more on situation-specific social obligations and duty (Miller, 1997). Children from collectivistic eastern cultures expressed more distress and were less able to regulate their distress reaction, as well as showing less pro-social behaviour compared to children from individualistic western culture, who were more able to regulate their distress better by actively seeking maternal support (Friedlmeier & Trommsdorff, 1999). Research findings also point out differences according to gender. Generally speaking, females tend to be more aware of their emotions, express more sympathy, and have better interaction during interpersonal relations. Compared to females, males are more confident, optimistic, better adjusted, and deal with situations better under pressure (Thompson, 1994).

Mauss, Evers, Wilhelm, & Gross (2006) argue that emotional regulation can function both in a controlled and automatic manner. There is also growing empirical evidence to support that implicit assessments of emotion regulatory goals can predict reactivity to laboratory emotion elicitors (Mauss, Cook, & Gross, 2007).

Self-Esteem & Coping

Self-esteem often has a leading role in etiologic theories relating to eating disorders and mediates the relationship between coping styles and eating pathology by using faulty or effective strategies, despite the fact that the content and structure of self-esteem has not been adequately defined and conceptualised. In Slade's (1982) well-known functional analytic strategies for eating disorder symptoms, people with low self esteem, overall dissatisfaction for life, feeling ineffective, feelings of lack of

control and perfectionist characters are more readily able to effect a stress coping response by striving to achieve control. A study by Steinhausen (2002) shows that making significant progress toward understanding the causes of anorexia nervosa will improve treatment outcomes in the future. Training to enhance low levels of self-esteem is also suggested to directly improve eating disorder outcomes in people with anorexia (Button & Warren, 2002). Furthermore, studies show that consistent pre-treatment of self-esteem will be a significant predictor of positive effective outcomes in the treatment of bulimia nervosa patients (Baell & Wertheim, 1992; Fairburn, Kirk, O'Connor, Anastasiades & Cooper, 1987).

Previous self-esteem research on eating disorders populations used one-dimensional self-esteem models (mainly Rosenberg's Self-Esteem Scales) and were recently advanced using Tafarodi & Swann's (1995, 2001) two dimensions self-esteem divided into sub-components to investigate more deeply the relationship between self-esteem and coping styles in eating disorder populations. Bers & Quinlan (1992) point out that self-competence correlates more to eating pathology in clinical samples compared to self-liking, which better correlates with impulsivity in the non-clinical samples. Bardone, Perez, Abramson, & Joiner (2003) discover that compared to self-liking, self-competence is a better predictor of bulimic symptom changes. Conversely, Silvera et al. (1998) found that self-liking was more effective and predictive for preventing and reducing eating disorders than self-competence.

From the perspective of social cognitive theory, self-esteem also proves that it operates on people's motivation directly. Furthermore through the impact of self-esteem on the other determinants, higher degree of self-esteem enable people with a

better capacity to cope with disease and even improve post-operative recovery. Empirical evidence supports that patients with high self-esteem prior to will have a higher survival rate after surgery (Broers et al., 1998).

In other studies concerning coping and substance abuse, Russell (1990) indicates that, from a theoretical standpoint, a drinking problem could lead parents to adopt avoidant and inefficient coping strategies, which can lead to developing other problem behaviours. When children have a drinking problem, they are highly prone to alcohol and other drug use, as well as mental problems when they become parents. However, according to empirical studies, only 25% children of develop alcoholism as adults. The interplay of environment, personality traits, ego development and ego integration during childhood and adolescence may influence whether individuals at risk become involved in early tobacco and illegal drug use (Brook, Whiteman, Balka, & Cohen, 1995; White, 1985). In addition, Penninx et al. (1998) point out that the protective elements such as having a high level of self-efficacy, with a greater sense of mastery, a sense of self-control, and greater satisfaction with close relationship support, all play direct critical roles on coping against depression or other chronic diseases. Chang & Mackenzie (1998) also identify that self-esteem is a good predictor for assessing types of coping strategies used by stroke patients and forecasting stroke recovery rates.

Indeed, Bandura (1986; 1997) demonstrates that the more an individual experiences an active ability to control their own life, the more conducive to increased feelings of self-efficacy and confidence in their competences to control distressing situations. Competence is generally considered a positive aspect of psychological health that can protect individuals from the negative effects of stressful incidents.

Generally speaking, people with high level self-efficacy are likely to present an active attitude to challenge questions and overcome them when encountering difficulties. As perceptions of control increase, anxiety and stress reactions decrease (Levine & Ursin, 1980). On the other hand, feeling out of controls leads to people with a low levels of self-efficacy to shun problems or avoid challenging tasks. Along the same line, many studies support an association between individuals low in perceived control perception and depression and learned helplessness (Abramson, Seligman & Teasdale, 1978; Beck, 1976; Seligman, 1975; Thompson, Sobolew-Shubin, Galbraith, Schwankovsky & Cruzen, 1993). Control over elements of one's life appears to have real consequences on subjective well-being and physical health.

According to the two-dimensional self-esteem model, provided by Tafarodi and Swann (1995, 2001), self competence is based on the sense of having instrumental value, while self-liking is based on the sense of having intrinsic value. Thus, self-competence refers to appraisals and beliefs in our achievement-related beliefs and perceptive abilities, which relates to Bandura's (1989) notion of self-efficacy, or in others words, our self-confidence. On the other hand, self-liking is our feeling of self worth and social identity, based on others' approval within an individual's interpersonal social network, family support and accepted social desires.

There are other interesting models developed concerning self-concept and stress coping strategies. According to Linville (1987), self-complexity refers to different aspects of individual's selves. Each is differentiated and specifically serves as one self-aspect, such as different roles, relationships, activities, goals and traits. People with greater self-complexity, which helps prevent stressful events from spilling over

to other identities, are more resilient to stress. Linville (1987) explains that for a person with various self-aspect facets (high self-complexity), the stress affected self-aspects are just a few parts of the multifaceted self. Thus, high self-complexity allows individuals to cope effectively with stress and thereby reduce stress-related ill health. In contrast, a stressor will negatively affect a greater proportion of the multifaceted selves in people with fewer aspects in their self-concepts (low self-complexity). For individuals with lower self-complexity, their feelings related to bad situations in life are more likely to spill over into other aspects of their life.

In the same vein, Weisz, Rothbaum, & Blackburn (1984) suggest that multiple self-aspects influence the characteristic stress coping style. Cross-cultural research suggests that people from independent Western cultures prefer direct coping (or problem-focused coping) to adjust and manage the stressful situation, taking direct action to solve a problem because Western culture encourages and emphasises the value of an individual's ability and outstanding performance, whereas people from interdependent Eastern cultures are said to prefer indirect coping (or emotion-focused coping) before any direct action is taken as directness is seen as inconsiderate and may create disharmony in group in Asian culture. Nevertheless the evidence for this distinction is equivocal (Cross, 1995).

In Hardie (2005) & Hardie et al's (2006) recent studies, people with well-developed self-aspects in multiple domains were discovered to be better able to adjust to stress from multiple sources, suggesting a greater capacity for effective coping with stress and, consequently, with better health and the promotion of well-being (Hardie, 2005; Hardie et al., 2006).

However, study results do not consistently support the self-complexity perspective. Robey et al.'s (1989) indicate that people with low self-complexity are more likely not to have depressive symptoms than people with high self-complexity. Moreover, Woolfolk et al. (1995; 1999) demonstrate that as self-complexity increases, individuals are more likely to report greater depression and lower self-esteem.

THE PRESENT RESEARCH

Crisis is opportunity. Pressure provides opportunities for people to grow up. People experience anxiety, loss, and feeling of being up-side down during a crisis but some cope very well and recover quickly because stress allows people to learn new coping strategies during the process and experience close family or friend support, resulting in gaining a real understanding about the meaning of life. As research shows, females who experience family change will be more empathic during adulthood, whereas males are more forgiving and empathic to people (Toussaint & Webb, 2005). Therefore, the purpose of the present study is to explore that various facets of self-esteem traits and obtain a measurement for coping styles in which people firstly name a stressful situation or event, before specifying what they did to cope, in order to understand how the multiple facets of self-esteem are involve in the stress coping process.

METHOD

Participants

Participants were 198 students and staff from Leicester university campus.
Participants were voluntary, with no course credit or payment awarded for
participation. Participants were individually contacted on campus and invited to
participate in this experimental session. Questionnaires were given to the participants
after they finished the computer-task IAT, and after finishing the process, participants
were thanked and fully debriefed.

198 completed IAT and completed questionnaires were returned (male=88, female=
110). The age range was between18-67 years (Mean age= 27.28, SD= 9.13). Most of
the sample (66.16%) were white Caucasian, 4.04% of Black ethnic origin, 24.75% of
Asian ethnic origin, 3.03% of mixed ethnic origin, and 2.02% of respondents
reporting to be of another ethnic origin.

Materials

Procedure & Measures

Participants started with the IAT (Greenwald & Farnham, 2000), this computer-based
experiment took approximately 3 to7 minutes to complete the total 207 trials.
Participants then completed the paper-based questionnaires assessing the global uni-
dimensional self-esteem: Global Self-Esteem Scale (Rosenberg 1965) and two-
dimensional self-esteem: SLCS-R questionnaire (Tafarodi & Swann, 2001) to
measure the different facets of a person's Self-Esteem. In addition, a Functional
Dimensional of Coping Questionnaire (Ferguson & Cox, 1997) was used to measure

the four different types of stress coping. The entire (including computer-based and paper-based) session lasted about 20 minutes. Each completed questionnaire was checked after the participant finished the entire session to make sure there are no missing or error responses. Thus missing data from the questionnaire were rare so were to delete the case.

The Implicit Association Test (IAT)

Implicit self-esteem was measured by the Implicit Association Test (Greenwald & Farnham, 2000).

Rosenberg Self-Esteem Scale (RSE) & Self-Liking/Self-Competence Scale-Revised (SLCS-R)

Explicit self-esteem was measured using the 10-item Rosenberg global Self-Esteem Scale (Rosenberg, 1965) and the 16-item two-dimensional construct: self-liking and self-competence scale-revised (SLCS-R) (Tafarodi & Swann, 2001).

Functional Dimensional of Coping (FDC; Ferguson & Cox, 1997)

FDC is a 16-item self-report questionnaire measuring participants' personal perceptions and coping capabilities when facing stress. In this scale, there are four coping functions: 1) approach, 2) avoidance, 3) reappraisal, and 4) emotional regulation.

Approach refers to an individual's use of a positive, direct behavioural model to face a problem when confronted with stress. Avoidance refers to the use of negligence when dealing with stress. Reappraisal refers to a mechanism through which an individual reassesses stress and reinterprets the essential meaning of the problem and

stress. Emotional regulation refers to an individual's handling of emotional results when facing stress.

RESULTS

Descriptive Statistics

Descriptive statistics related to all the self-esteem measures and coping with coping sub-scales used in the present study are shown in Tables 5.1, 5.2, and 5.3, according to the three groups (gender, ethnicity and age), containing the means and standard deviations.

The results revealed that Cronbach's alpha was .91 for Rosenberg's Self-Esteem Scale. Measurement of the self-liking component coefficient α was reliable as .92, with the self-competence component being .85, which were considerably higher in the self-evaluation scales. Concerning measurement of coping style, Cronbach's alphas for each of the coping subscales were good as the approach style was .85, for avoidance style it was .78 which still represents acceptable reliability, for emotional regulation it was .83, and for reappraisal scale it was .81.

Two-factorial between-subjects analyses of variance (ANOVA) were conducted to examine gender, ethnicity, and age (groups under 30 years old and older than 30 years old) differences among all the self-esteem scales and four coping styles. Significant ethnic differences were found in the Self-liking Scale (F=8.48, $p < 0.01$), the Approach coping style (F=6.543, $p < 0.05$), and the Reappraisal coping style (F=8.169, $p < 0.01$). Asian people showed higher levels of self-liking, using the coping and

reappraisal coping style approaches more than White people. However, no statistically significant gender differences were found for any of the self-esteem scales and coping styles. Concerning age differences, people older than 30 used the reappraisal coping strategy more than those under 30 years of age (F=5.827, p < 0.05).

Table 5.1. Means and standard deviations for males and females.

| Scales | Cronbach α | Gender | | | | F Test (1,196) | Sig |
| | | Males (N=88) | | Females (N=110) | | | |
		M	(SD)	M	(SD)		
IAT-Self		2.63	(3.8)	2.23	(4.9)	.048	.862
Rosenberg SE	.91	3.45	(.92)	3.60	(.80)	1.043	.308
Self-Liking (SL)	.92	3.60	(.89)	3.41	(.88)	2.231	.137
Self-Competence (SC)	.85	3.71	(.69)	3.74	(.71)	.130	.719
Approach	.85	4.78	(1.37)	4.60	(1.52)	.799	.373
Avoidance	.78	3.34	(1.46)	3.58	(1.39)	1.385	.241
Emotional Regulation	.83	5.11	(1.25)	4.97	(1.16)	.637	.426
Reappraisal	.81	5.22	(1.11)	4.90	(1.27)	3.462	.064

Table 5.2. Means and standard deviations for White & Asian people.

| Scales | Cronbach α | Ethnicity | | | | F Test (1, 178) | Sig |
| | | White (N=131) | | Asian (N=49) | | | |
		M	(SD)	M	(SD)		
IAT-Self		3.65	(.73)	3.92	(.69)	1.396	.239
Rosenberg SE	.90	3.78	(.71)	3.73	(.73)	.196	.658
Self-Liking (SL)	.92	3.33	(.88)	3.76	(.89)	8.480	.004**
Self-Competence (SC)	.85	3.71	(.67)	3.73	(.77)	.053	.818
Approach	.85	4.50	(1.52)	5.12	(1.20)	6.543	.011*
Avoidance	.78	3.52	(1.45)	3.52	(1.29)	.000	.989
Emotional Regulation	.83	5.02	(1.26)	4.97	(1.12)	.043	.836
Reappraisal	.81	4.86	(1.28)	5.43	(.93)	8.169	.005**

Table 5.3. Means and standard deviations for Age (younger and order than 30).

| Scales | Cronbach α | Age Group | | | | F Test (1,196) | Sig |
| | | Age ≤ 30 (N=145) | | Age>30 (N=53) | | | |
		M	(SD)	M	(SD)		
IAT-Self		2.63	(3.8)	2.23	(4.9)	0.48	.862
Rosenberg SE	.90	3.75	(.81)	3.61	(.93)	.308	.621
Self-Liking (SL)	.92	3.45	(.92)	3.60	(.80)	1.043	.308
Self-Competence (SC)	.85	3.74	(.67)	3.68	(.77)	.324	.570
Approach	.85	4.42	(1.51)	4.78	(1.43)	2.333	.128
Avoidance	.78	3.27	(1.38)	3.54	(1.43)	1.396	.239
Emotional Regulation	.83	4.86	(1.38)	5.01	(1.13)	1.603	.207
Reappraisal	.81	4.71	(1.39)	5.17	(1.11)	5.827	.017*

Correlation Analysis

Table 5.4 illustrates correlations between all variables. A Pearson product-moment correlation assessed the relationship between the four different stress coping styles (approach, avoidance emotional regulation, reappraisal) and Rosenberg's global self-esteem, two-dimensional self-esteem (self-liking and self-competence) and implicit self-esteem.

Table 5.4. Correlations between all measures.

	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. IAT-Self	1.00	-.11	-.11	-.11	-.12	-.11	-.067	.06	-.01
2. Rosenberg SE		1.00	**-.14***	**-.14***	**-.16***	-.05	.12	-.07	-.09
3. SL			1.00	**.65****	**.93****	**.32****	-.14	**.22****	**.32***
4. SC				1.00	**.88****	**.35****	**-.14***	.12	**.24****
5. SLCSR					1.00	**.37****	**-.15***	**.19****	**.31****
6. APPROACH						1.00	**-.26****	**.43****	**.71***
7. AVOIDANC							1.00	.12	-.11
8. EMOTION								1.00	**.56***
9. REAPPRIA									1.00

Note: *correlation is significant at the 0.05 level (2-tailed).
 **correlation is significant at the 0.01 level (2-tailed).
Rosenberg SE = Rosenberg Self-Esteem Scale.
SL = Self-Liking scale.
SC = Self-Competence Scale.
SLCSR = Total for the Two-Dimension Self-Esteem Scale: Self-Liking/Self-Competence Scale-Revised
APPROACH = Approach Coping style measure
AVOIDANC = Avoidance Coping style measure.
EMOTION = Emotional Regulation Coping style measure.
REAPPRIA = Reappraisal Coping style measure.

The implicit measure of self-esteem (IAT) and four types of coping measures do not correlate significantly with each other, suggesting independence: a weak negative correlation that was not significant found in IAT with Approach (r = -0.11, p > .01); with Avoidance (r = -0.07, p > .01); and with Reappraisal (r = -0.01, p > .01). A

moderate to high positive correlation was found in IAT with Emotion Regulation ($r = 0.56$, $p > .01$).

The Rosenberg's uni-dimension global self-esteem and four types of coping styles do not significantly correlate with each other either. A very low negative correlation that was not significant was found in RSE with Approach ($r = -0.05$, $p > .01$); with Emotional Regulation ($r = -0.07$, $p > .01$); and with Reappraisal ($r = -0.09$, $p > .01$). A very low correlation was found in RSE with Avoidance ($r = 0.12$, $p > .01$).

Significantly and positively low to moderate Pearson correlations were found for the Self-Liking with: Approach coping style ($r = 0.32.$, $p < .01$) and positive low with the Emotional Regulation coping style ($r = .0.22$, $p < .01$); and a positively low to moderate correlation with the Reappraisal coping style ($r = 0.32.$, $p < .05$). There was a negative but not significantly weak correlation between the Self-Liking and Avoidance coping styles ($r = -0.14$, $p > .05$).

Significant and positively low to moderate correlations were found for the Self-Competence with the Approach coping style ($r = 0.35$, $p < .01$). A low positive correlation that was significant ($r = 0.24$, $p < .01$) for the Reappraisal coping style with Self-Competence. A significantly negative weak correlation was found for the Avoidance coping with Self-Competence ($r = -0.14$, $p < .05$). The Self-Competence and Emotional Regulation coping styles did not significantly correlate with each other ($r = 0.12$, $p > .01$).

Significant and positively strong high correlations were found for the overall Two-dimensional explicit Self-Esteem Scale with a Self-Liking sub-scale ($r = 0.93$, $p < .01$). A very high correlation that was significant ($r = 0.88$, $p < .01$) for the Two-dimensional explicit Self-Esteem Scale with Self-Competence. A significant high positive correlation was found for the Self-Liking with Self-Competence sub-scales ($r = 0.65$, $p < .01$).

Significant but negatively weak correlations were found for Rosenberg's uni-dimensional explicit self-esteem scales with: Participant's scores for the Two-dimensional explicit Self-Esteem Scale ($r = -0.16$, $p < .05$), Self-Liking ($r = -0.14$, $p < .05$) and Self-Competence ($r = -0.14$, $p < .05$).

The implicit measure of self-esteem (IAT) and the two-dimensional self-esteem explicit measures do not correlate significantly with each other, suggesting independence: a very low negative correlation was found in IAT with Self-Liking ($r = -0.11$, $p > .01$), with Self-Competence ($r = -0.11$, $p > .01$), and with SLCS-R ($r = -0.12$, $p > .01$).

Rosenberg's Self-Esteem and IAT scores were also not related to one another ($r = -0.11$, $p > .01$).

Regression Analysis

To further explore the significant relationships between self-esteem measurements and the attribution style subscales, a series of multiple regressions were performed

examining the predictive power of the multiple facets of self-esteem in relation to three different attribute dimensions. Tables 5.5, 5.6, 5.7 and 5.8 summarise the results.

A multiple regression was performed with approach coping style as the dependent variable and all the self-esteem measurements as predictor variables. The regression statistic was significant ($F(5,193) = 8.633$, $p < 0.01$); these self-esteem measurements could explain nearly 13% of the variance in approach coping style (adj. r square = 0.129) and the result showed that Self-Liking ($\beta = 0.21$, $t = 2.01$, $p < 0.05$) and Self-Competence ($\beta = 0.27$, $t = 3.02$, $p < 0.01$) were significant predictors of the approach coping scores.

A multiple regression was performed with avoidance coping as the dependent variable and all the self-esteem measurements as predictor variables. The regression statistic was not significant ($F(5,193) = 1.95$, $p > 0.05$; adj. r square = 0.014).

A multiple regression was performed with emotional regulation being the dependent variable and all the self-esteem measurements as predictor variables. The regression statistic was significant ($F(5,193) = 3.298$, $p < 0.01$); these self-esteem measurements could only explain approximately 4% of the variance in emotional regulation coping style (adj. r square = 0.039). The result also showed that none of the self-esteem was significant predictor of emotional regulation coping style measure.

A multiple regression was performed with reappraisal coping as the dependent variable and all the self-esteem measurements as predictor variables. The regression statistic was significant ($F(5,193) = 5.878$, $p < 0.01$); these self-esteem measurements

could only explain 8.5% of the variance in reappraisal coping style (adj. r square = 0.085); the result showed Self-Liking accounts for the unique variance in the scores for the reappraisal coping style measure (β = 0.31, t = 2.94, p < 0.01).

Table 5.5. Summary of standard multiple regressions for variables predicting the Approach coping style.

	Unstandardised Coefficient (B)	Standardised Coefficient (β)	t	P
APP CO				
Intercept	22.55		3.76	0.00
SE	-0.24	-0.12	-1.30	0.19
SL	0.34	0.21	2.02	**0.04***
SC	0.56	0.27	3.02	**0.00****
SLCSR	0.55	0.29	1.93	0.06
IAT Self	0.04	0.08	1.12	0.26
r=	0.39			
r square=	0.15			
Adj r square=	0.13			
ANOVA F(5,193)=	8.63			
ANOVA Sig=	**0.00****			

Note: *p < 0.05; **p < 0.01
SE = Rosenberg Self-Esteem Scale.
SL = Self-Liking scale.
SC = Self-Competence Scale.
SLCSR = Total score for the Two-Dimension Self-Esteem Scale: Self-Liking/Self-Competence Scale-Revised.
APP CO = Approach Coping style measure.

Table 5.6. Summary of standard multiple regressions for variables predicting the Avoidance coping style.

	Unstandardised Coefficient (B)	Standardised Coefficient (β)	t	P
AVOID CO				
Intercept	50.85		8.15	0.00
SE	-0.31	-0.16	-1.61	0.11
SL	-0.01	-0.01	-0.05	0.96
SC	-0.12	-0.06	-0.60	0.55
SLCSR	-0.38	0.38	-0.99	0.32
IAT Self	0.01	0.02	0.28	0.78
r=	0.20			
r square=	0.04			
Adj r square=	0.01			
ANOVA F(5,193)=	1.95			
ANOVA Sig=	0.09			

Note: *p < 0.05; **p < 0.01
SE = Rosenberg Self-Esteem Scale.
SL = Self-Liking scale.
SC = Self-Competence Scale.
SLCSR = Total score for the Two-Dimension Self-Esteem Scale: Self-Liking/Self-Competence Scale-Revised.
AVOID CO = Avoidance Coping style measure.

Table 5.7. Summary of standard multiple regressions for variables predicting the Emotional regulation coping style.

	Unstandardised Coefficient (B)	Standardised Coefficient (β)	t	P
EMO CO				
Intercept	38.29		7.37	0.00
SE	0.20	0.12	1.23	0.22
SL	0.27	0.20	1.88	0.06
SC	-0.12	-0.07	-0.73	0.47
SLCSR	-0.12	0.32	-0.39	0.70
IAT Self	-0.04	-0.08	-1.07	0.29
r=	0.25			
r square=	0.06			
Adj r square=	0.04			
ANOVA F(5,193)=	3.30			
ANOVA Sig=	**0.00****			

Note: *p < 0.05; **p < 0.01
SE = Rosenberg Self-Esteem Scale.
SL = Self-Liking scale.
SC = Self-Competence Scale.
SLCSR = Total score for the Two-Dimension Self-Esteem Scale: Self-Liking/Self-Competence Scale-Revised.
EMO CO = Emotional Regulation Coping style measure.

Table 5.8. Summary of standard multiple regressions for variables predicting the Reappraisal coping style.

	Unstandardised Coefficient (B)	Standardised Coefficient (β)	t	P
REAPP CO				
Intercept	33.80		6.64	0.00
SE	-0.04	-0.03	-0.27	0.78
SL	0.42	0.31	2.94	**0.00****
SC	0.11	0.07	0.72	0.47
SLCSR	0.23	0.31	0.76	0.45
IAT Self	-0.03	-0.08	-1.05	0.29
r=	0.33			
r square=	0.11			
Adj r square=	0.08			
ANOVA F(5,193)=	5.88			
ANOVA Sig=	**0.00****			

Note: *p < 0.05; **p < 0.01
SE = Rosenberg Self-Esteem Scale.
SL = Self-Liking scale.
SC = Self-Competence Scale.
SLCSR = Total score for the Two-Dimension Self-Esteem Scale: Self-Liking/Self-Competence Scale-Revised.
REAPP CO = Reappraisal Coping style measure.

GENERAL DISCUSSION

In the present study, the internal reliabilities for the four different coping styles (approach, avoidance, emotional regulation and reappraisal) are all acceptable. The current results suggest that, in relation to gender, men's scores do not show significant differences with the women's scores for different coping styles and self-esteem. By ethnicity, the noteworthy results are that Asian people use the coping and reappraisal coping style approaches more, which are both much more active and effective coping strategies compared to White people. The results show that higher self-liking was found in Asian people more than White people. It echoes study 1 in which Tafarodi & Swann's (1995) studies suggest that in collective culture, such as in Japan or China,

self-liking level tends to be high (Tafarodi, Lang & Smith, 1999; Tafarodi & Vu, 1997; Tafarodi, and Swann 1996).

We also found several interesting results when looking at how coping styles relate to the multiple facets of self-esteem. The four different types of stress coping styles are not significantly related to implicit self-esteem; there is also no significant relation between coping styles and Rosenberg's global self-esteem. Effects of implicit self-esteem, or traditional uni-dimensional self-esteem, on stress coping styles are very weak. In other words, global explicit self-esteem and implicit self-esteem don't have associations with any type of stress coping strategy, while self-liking and self-competence are identified as playing a critical role in the approach coping style and reappraisal coping style.

However, both self-liking and self-competence have close relations with actively positive stress coping styles (approach coping style and reappraisal coping style). Thus, under further analysis, the results show that for both approach coping strategies, self-competence and self-liking predictors contribute to the unique variance, with self-competence being a greater predictor. So individuals with higher self-competence or high self-liking scores will tend to use the coping strategy approach. There is no significant predictor for the avoidance coping strategy. Although self-liking is found to have a bigger influence on emotional regulation coping strategy than other predictors, the causal relation does not reach statistical significance. For the result of the reappraisal coping strategy, self-liking is found to account for the unique variance. So, individuals with high self-liking tend to use the reappraisal coping strategy when facing stressful situations.

Two-dimensional (self-liking/ self-competence) self-esteem (SLCS-R) appears to be the most important aspect to explore when examining issues concerning approach or reappraisal coping strategies. As such, a further discussion concerning the concept of the cognitive and emotional processes involved in problem-focused and emotional-focused coping (approach and reappraisal strategies) will be useful to help provide a full account of the stress coping theory with the two-dimensional self-esteem measure.

These findings extend previous research theory: people with high self-esteem need to maintain self-esteem. Therefore, they have a certain expectation and demand for self-competence and self-liking (Fitch, 1970; Brown, Collins, & Schmidt, 1988). Their personalities are more optimistic and involve self-mastery, as well as more self-control to deal with difficult environments when stressful situations present themself. (Scheier, Carver & Bridges, 1994).

According to Baumeister et al.'s (1996) analysis, an optimal self-esteem state should include self-respect and self-efficacy. Self-respect is a form of self-liking, which is an approval for the value of self-existence and the adjustment of social value. It is a product of internalised social value. Self-efficacy is often an approval or disapproval of self-capability through self's ability, learning, selection, and determination when making a judgement. It is an assessment of self-competence or self-confidence (Baumeister et al. 1996; Mruk, 1995 ; Tafarodi & Swann, 1995).

People with high self-liking are higher in the value of self-existence. People with high self-efficacy make higher self-competence judgements. Generally speaking, people with high self-liking easily fit into the social mainstream of values and norms because they emphasise the value of self-existence in society. People with high self-efficacy do not necessarily fit into the social mainstream of values or norms but do emphasise their own capabilities (Gray-Little, Williams & Hancock, 1997). From this perspective, the current study results show that these two types of explicit self-esteem, self-liking and self-competence, have a different effect on the stress coping process.

Taken together, these self-liking characteristics can help explain why self-liking is a predictive variance for the reappraisal coping style. When facing stressful situations, people with high self-liking are more likely to actively seek positive meanings, to try to interpret information around their perceived social-worth, to understand their own position, and even to find out something good within negative experiences. This is because people with high self-liking take social expectations or demands more seriously. They emphasise more on social value, seek good interpersonal relationships, and care very much about others' assessments toward themselves (Tafarodi & Swann, 1995). Therefore, people with high self-liking tend to take a use an emotional-focused coping strategy more than people who are self-competent. This is also why high self-esteem is a powerful predictor of the reappraisal stress coping strategy.

Self-competence affects an individual's assessments of their self-capability, effectiveness, and controllability under a stressful situation. People with high self-competence have a higher evaluation of their self-capability and are more confident about achieving their goals (Tafarodi, & Swann, 1995). Therefore, people with higher

self-competence are more confident than self-capable people, using less avoidance coping styles and having a greater preference for using coping style approach to directly focus on resolving problems faced during stressful situations.

The present results also show that the four stress coping styles are not all related to implicit self-esteem. This is consistent with previous research, as shown by Lazarus and Folkman (1984), referring that coping is a cognitive and behavioural activity in which a person attempts to manage specific stressful situations and the emotions they generate. Given this general definition, coping is clearly a conscious assessment process and not related to unconscious dimensions.

This study examines various coping style and self-esteem traits used by pressure-bearing people and how they combine with their evaluative processes, as well as understanding the way that the multi facets of self-esteem are involved in the stress coping process.

CHAPTER 6

THE MULTIPLE FACETS OF SELF-ESTEEM & FORGIVENESS

ABSTRACT

The purpose of this study is to examine the relationship between traditional Rosenberg's uni-dimensional global self-esteem, self-liking, self-competence, and implicit self-esteem with self-forgiveness, forgiveness of others and forgiveness of situations.

This study reveals the unique finding that implicit self-esteem plays a critical role in forgiveness, showing show that people with high implicit self-esteem find it more difficult to forgive themselves, nor do they forgive others; however people with high implicit self-esteem seem are more likely to forgive a situation.

Some possible explanations about implicit self-esteem will be explored, focusing on the development process of forgiveness and implicit self-esteem. According to current evidence, Rosenberg's global self-esteem scale is found to be predictive of the total score for the global forgiveness measure (combining self-forgiveness, others-forgiveness and situation-forgiveness). The result suggests that individuals with high global explicit self-esteem find it harder to forgive.

C0ncerning ethnicity differences, Asian people have higher levels of self-liking and self-forgiveness than White people. There is no significant difference between gender and age group for the three forgiveness dimensions (others, self and situations).

INTRODUCTION

Forgiveness in Psychology

Forgiveness is still a new area in psychology. Earlier in Heider's (1958) book, 'Psychology of Interpersonal Relations', one of his chapters discusses the benefits and flaws of interpersonal relations. Heider lists an individual's possible attributions for seeking revenge after being attacked by the offender in interpersonal relations, describing "forgiveness" as explicit behaviour transcending revenge to present the implicit self-worth of the victim or attempting to achieve faithful to certain ethical standards. However, Heider does not elaborate on these forgiveness and revenge concepts any further. He laid a solid foundation for related research in other social psychology areas, whereas his notion on forgiveness did not stimulate social science to take it seriously at that time.

It was not until Gahagan & Tedeschi's (1968) and Horai et al.'s (1969) work that forgiveness became a topic for theoretical and experimental research. These researchers propose that forgiveness is a "cooperative reaction" resulting from competitive reactions. Their conclusion is based on the 'Prisoner's Dilemma Game'. In this game, two participants face the dilemma of choosing competition or cooperation, with the purpose being to gain the most points. If both participants cooperate, they will each gain three points. If one is non-cooperative, but the other is

cooperative, the non-cooperative gains five points and the cooperative one no points. If both are non-cooperative, each gains one point. Therefore, cooperation and competition have an advantage but it depends on the other's attitude. Even if the opponent chooses competition and the other still chooses cooperation, this is a called 'forgiveness' reaction which is a process of replacing negative emotion, and taking a more empathic view to understand toward the transgressor's selfish motive and behaviour (Axelrod, 1980). The game is a creative idea for starting to explore the concept of forgiveness.

Since the 1980s, there have been plenty of counselling and clinical diagnosis research indicating that forgiveness correlates to mental health. Many studies point out the positive effect of forgiveness on mental health and its various applications on various groups of people (Coyle & Enright, 1997; DiBlasio & Proctor, 1993; McCulloght & Worthington, 1994). In the past ten to twenty years, more areas, such as medicine, political science, social psychology and education, in addition to philosophy, have begun to show interest in this field and commit to research. Its biggest function is to effectively cure trauma. Humankind has been exploring forgiveness for thousands of years since early religious studies, though scientific research on forgiveness has just begun.

Definition of Forgiveness

To conduct psychological research on forgiveness, the first thing is to provide an operational definition of forgiveness. Pingleton (1989) saw forgiveness as victims giving up the demands of seeking revenge and punishing offenders after being hurt. Sells & Hargrave (1998) demonstrate that forgiveness is when victims no longer hate

offenders. Generally, in psychological literature, forgiveness is defined as a process involving two people, one of whom is profoundly and deeply harmed by the other psychologically, emotionally, physically, or morally. Forgiveness is suggested to lift victims out of anger, and fear, and is an internal process where victims no longer seek revenge against offenders (Denton & Martin, 1998). North (1987) defines forgiveness as victims eliminating anger and hatred toward offenders, and the process of using sympathy and love to treat attackers. Furthermore, Enright and his colleagues (1998) expand on the definition, stating that forgiveness should contain cognitive, emotional and behavioural responses, while according to North's (1987) definition, he only mentions the emotional response. Enright & Fitzgibbons (2000) suggest that forgiveness is the whole process of victims being hurt by attackers unfairly, with the negative cognitive, emotional, and behavioural responses towards attackers being eliminated, as well as the production of positive cognitive, emotional and behavioural responses.

THEORETICAL BACKGROUND

Forgiveness of Others

From the perspective of forgiveness targeting, whether in philosophy, religion or psychology fields, the focus of the majority of previous studies has been particularly on 'others', which generally takes place in the interpersonal context of relationships.

In Augsburger's (1981) book, 'Caring Enough to Forgive: True Forgiveness', he describes that, there can never be a perfect relationship maintained without any conflicts and tensions. Misunderstanding occurs and people may unavoidably and

often unintentionally hurt each other. With forgiveness, they are both set free to fully present in a way that allows each other to genuinely show concern and respect for each other. Forgiveness is a decision to let go of anger, blame, and avoidance; it comes to terms with the past and become the true past, allowing right and just relationships to develop.

According to Augsburger's (1981), 'forgiveness of others' has an important value in interpersonal relations. As forgiving others should occur with interpersonal interaction, it does not happen between people and lifeless objects. Enright and the Human Development Study Group (1991) propose that when an individual is seriously hurt, he often holds hostility against the opponent (Barefoot et al., 1983; Shekelle et al., 1983). However, when the victim stops generating hostilities against the offender, and unconditionally accept the offender's value, we can say that the victim has forgiven.

Various research results show that forgiving others is not only helpful to physical health and emotional release but also an effective problem-solving strategy to stabilise interpersonal relations in family, friends and marriage (Al-Mabuk, Enright & Cardis, 1995; Fitzgibbons, 1986; Framo, 1976; Fisher, 1985; Cody & McLaughlin, 1985; Flanigan, 1987; Lukasik, 2001; Park & Enright, 1997; Worthington & DiBlasio, 1990).

Factors Influencing the Forgiveness of Others
Age:

Both Girard and Mullet (1997) and Enright et al.'s (1989) studies suggest that the tendency of forgiveness increases as people get older. Their researches reveales that most juveniles choose forgiveness due to others' attitude, while adults opt for forgiveness owing to social harmony. Droll (1984) also points out that elder females are likely to forgive others than males because of social pressure resulting from social occasions.

High Commitment Relationships:

Enright et al. (1998) report that an individual with intimacy and obligation-bearing personal relationship is more likely to forgive another within this relationship. In addition, McCullough et al. (1997; 1998) investigate the relationship between empathy, apology, deliberation, and level of intimacy for all an individual's close relatives. Results indicate that satisfied and obligation-bearing couples display strong a positive correlation with forgiving others mainly through empathy. Furthermore, Finkel et al. (2002) also demonstrate that high commitment relationships make people more likely to forgive following partner betrayal. However, Finkel et al. (2002) specifically point out that individual's attachment traits are not directly related to forgiving others behaviour. Instead, "the intentions to maintain the relationship" seems to acts as a critical role in a strong association with forgiving others. The reason is possibly because this obligation-undertaking relationship integrates benefits between victim and offender. Therefore, it prompts victims to maintain a possible relationship by ignoring or minimising harm, thus making the victim more likely to forgive another.

Personality Traits:

McCullough et al. (2002) found Big Five Inventory's "Agreeableness" which directly affects the motivation for revenge, avoidance, and benevolence in forgiveness, while "Neuroticism" only directly affects the motivation of avoidance and benevolence through victims' cognition toward the seriousness of the attack. Apart from big five personality, according to Robert (1995), forgiveness is a virtue. He indicates that forgiving a person requires a higher emotional management technique to control anger and negative emotions. In addition, they often use mercy and harmony to deal with others.

From these studies reviewed above, we can understand that forgiving others is closely surrounded by the net of personal relations and that we unavoidably have conflict during these interpersonal interactions.

Forgiveness of Self

Despite increasing research on forgiving others, another construct, self-forgiveness, emphasise that the forgiveness target is 'oneself'. However, it has attracted relatively little theoretical and empirical attention.

Compared with the definition for the 'forgiveness of others', in general, psychology literature, as demonstrated by Denton et. al. (1998), defines forgiveness as a process involving two people; where forgiving others is an internal process in that victims release their anger and fear, and no longer seek revenge against offenders, in "self-forgiveness" there does not have to be two people and only requires an element of objective fault or wrongdoing which inflicted the harm on oneself emotionally, physically or morally. Individuals may consequently experience feelings of guilt,

shame or regret; self-inflicted reactions or engage in acts that violate one's moral code; or inflict psychological harm on themselves through perceived wrongful thoughts, feelings or desires (Hall & Fincham, 2005).

Contemporary philosophers argued that self-forgiveness is a show of goodwill or restoration of self-respect after releasing negative thoughts about oneself when a harmful mistake has been made (Dillon, 2001; Holmgren, 1998). Psychologists conceptualise self-forgiveness as a set of motivational change processes in which there is a decrease in negative thoughts or emotions toward oneself when a harmful mistake has been made and an increase in positive motivation toward oneself occurs. Horsbrugh (1974) even emphasise that self-forgiveness is a conscious effort that does not occur unintentionally. Specifically, in other research, self-forgiveness means the recognition and acceptance of one self's responsibility for a fault to overcome his/her own grievances, or the respecting and liking of oneself that eliminates guilt when the occasion is recalled (Hall & Fincham, 2005; McCullough et al., 1997). The topic of 'responsibility attribution' concerning self-forgiveness refers to the victim's explanation of the attacking causes. Fincham et al. (2002) note that responsibility can directly affect self-forgiveness.

Ingersoll-Dayton & Krause (2005) found that self-forgiveness plays an important role in diminishing feelings of self-guilt and enhancing self-acceptance in older people. Particularly, self-forgiveness is also found to lead to a more congruent view of an individual's self-concepts. A small number of self-forgiveness studies show that some of the personality and individual differences that correlate to forgiving others are also related to self-forgiveness. People who are high in

Neuroticism (Maltby, Macaskill & Day, 2001), anxiety (Maltby et al., 2001), depression (Thompson et al., 2005), and guilt (Zechmeister & Romero, 2002) have been found to be less likely to be self-forgiving. Extraverts though, have been found to be more likely to forgive themselves (Walker & Gorsuch, 2002). Moreover, Berry et al. (2003) discover that the tendency to forgive has a positive correlation with agreeableness and a negative correlation with neuroticism, but no correlation with extraversion, conscientiousness, or openness to experience.

Besides, researchers studying the association between these two dimensions suggest that there is weak or no relation between self-forgiveness and forgiving others (Macaskill, Maltby & Day, 2002; Mauger et al., 1992; Tangney, Boone, Dearing & Reinsmith, 2002; Thompson et al., 2003; 2005). Wilson et al. (2008) suggest that self-forgiveness is more important to an individual's physical health whereas Exline et al. (1999) found that un-forgiveness of situations (unforgiving attitude toward god) uniquely predicted a significant amount of variance in negative emotion.

Forgiveness of Situations

Forgiveness of situations is the third construct that has not been discussed often. In daily life, individuals attribute that situations beyond theirs or others control (i.e., a catastrophic illness or natural disaster) to 'life', 'God', 'an unjust world' or 'fate'. Also, as situations may be implicated in a transgression committed by the self or others, individuals may have several targets to attribute (and then forgive) the same transgression. In the case of catastrophic illness, an individual may blame and forgive 'fate', forgive the illness itself, or forgive the parents for passing on the hereditary

gene responsible . Therefore, people forgive such situations by transforming their responses from negative, to neutral or positive.

Empirical evidence shows that there are consistent results with previous studies on forgiving others and self-forgiveness, with individuals scoring high in forgiving situations tending to be less angry, depressed and anxious, and more satisfied with their life (Thompson et al., 2005).

Self-Esteem & Forgiveness

Although in prior literature the value of forgiveness in our relations with others and the self is clear, there is also support that self-forgiveness and forgiving others both produce many benefits in helping individuals overcome interpersonal offences, especially in decreasing negative effects, such as anger, anxiety, fear, and guilt (Enright & Coyle, 1998; Fitzgibbons, 1986; McCullough, Pargament, & Thoresen, 2000). Very little theory and empirical evidence discusses the interpersonal and intrapersonal cognition process of forgiveness.

According to Jeffrie G. Murphy, the contemporary Christian philosopher, forgiveness will only be morally acceptable when it is compatible with self-respect, which refers to the sense of self-worth and people's self-concept in accordance with the groups to which they belong (Murphy, 1988). The other philosopher Robin S. Dillon argues that the relation between forgiveness and self-respect may be much closer if they have self-respect. Issues actually exist at both the heart of un-forgiveness and forgiveness (Dillon, 2001). Self-worth or self-respect refers to having feelings of confidence and satisfaction in oneself that are actually the base of forming

self-esteem, that is, the extent to which self-esteem plays a critical role in both forgiveness and un-forgiveness.

From an empirical point of view, it also has been observed that some individuals are more forgiving than others, highlighting that individual responses to forgiveness may vary as a function of certain important personality traits (McCullough & Hoyt, 1999).

Some empirical evidence supports that there is a positive association between forgiveness and self-esteem (Eaton et al. 2006) in which those with higher self-esteem tend to be more forgiving than those with lower self-esteem. Some researchers propose that the self-forgiveness trait is positively associated with self-esteem and life satisfaction (Coates, 1997; Maltby, Macaskill & Day, 2001; Mauger et al., 1992; Miller, 2003). Brown & Phillips (2005) found a weakly positive but not significant correlation between self-esteem and forgiveness.

According to Katz, Street & Arias's (1997) study, self-esteem is also an important trait for forgiveness that might predispose someone to forgive. However, Katz et al. (1997) found that forgiveness was associated with low self-esteem and self-blame for violence committed by a partner. Women who have low self-esteem tend to forgive their offenders and choose to stay in the relationship, while other women with high self-esteem will be less likely to forgive their partner. Furthermore, in Neto & Mullet's (2004) study, women with high self-esteem also find it more difficult to forgive their offenders than women with low self-esteem. This result is reversed among men, with the correlation between a man with high self-esteem and forgiveness, in general, appearing to be positive but not significant.

Even though not all studies are found to strongly support self-esteem to be a predictor of forgiveness, other forgiveness research has studied self-esteem as an outcome variable and have found that self-esteem can be increased through forgiveness intervention. Enright and colleagues published several empirical studies on forgiveness, acknowledging self-esteem as an outcome variable for forgiveness intervention. Hebl & Enright (1993) conducted psychotherapeutic intervention with forgiveness as the target in elderly females group. The forgiveness group followed an eight-week intervention treatment model based on Enright et al.'s (1991) research. The results reveal that forgiveness and hope significantly increased in the experimental group and that anxiety and depression significantly decreased when compared to the control group. Moreover, when people in the control group began the intervention program they started by showing similar change patterns of increasing forgiveness and hope, decreasing anxiety and depression, as well as improving self-esteem (Freedman & Enright, 1996; McCullough, 2001). In the same vein, Al-Mabuk, Enright & Cardis's (1995) 4-day workshop centring on a commitment to forgiveness, supports that an increase in forgiving others can enhance self-esteem.

More specifically, Eaton, Struthers, Shomrony & Santelli (2007) investigate the roles of both implicit and explicit self-esteem as mediators involved with 'apologising' when forgiving others. The results show that individuals with defensive or fragile self-esteem (defined as the combination of high explicit self-esteem and low implicit self-esteem) are the least forgiving and that the most revengeful and avoidant after receiving an apology, when compared to individuals who have secure self-esteem (defined as the combination of compatible implicit self-esteem and explicit self-esteem). Eaton et al. (2007) conclude that apologies may not have their intended

effect when offered to individuals with a high score in explicit self-esteem and a low score in implicit self-esteem.

However, none of these studies have looked at both explicit self-esteem and implicit self-esteem as a predictor of the three different dimensions of forgiveness. Thus, it appears that although there is some evidence for a positive or negative association between self-esteem and forgiveness, it is unclear whether it is a meaningful relationship.

Self-Esteem & Un-Forgiveness

Worthington and Wade (1999) demonstrate the relationship between forgiveness and un-forgiveness, by defining "unforgiveness" as a cold emotion full of hate, anger feelings, and bitterness in an attempt to avoid or seek revenge against the offender. In contrast, forgiveness is a victim's internal choice (either unconsciously or intentionally) to abandon unforgiveness and seek congruence with offenders if it's safe and possible to do so.

Empirical evidence shows that chronic states of 'unforgiveness' either to others, to self or to situations will have a significant impact on physical well-being (e.g., decreased immune functioning and poor cardiovascular health and high blood pressure) (Herbert & Cohen, 1993).

Unforgiveness is strongly connected to someone who is close to us because of we care. It may not seem like the one we don't forgive is the one we care most but we do. Generally, we don't care if people understand ourselves that well, unless they're

important to us. In almost every vengeance based scenario, the principal objective is not to cause harm as such, but rather to make the offender understand what we experienced.

In all interpersonal relationships, the possible reason for unforgiveness is maybe that after the harmful mistakes that the offender has made, the transgressions damage our self-worth (Aquino & Douglas, 2003; Fincham, 2000). According to Taylor & Brown (1994), individuals have the desire to believe that they are worthy and valuable. The negative experiences of interpersonal trauma can be harmful is through the threats which leave many individuals with emotional scars, such as feelings of increased anger, depression, and guilt (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995), s well as reducing the self-worth of the victims (Scobie & Scobie, 1998). These negative feelings, in turn, influence the victim's perceptions of the world, their own self-values, and their relationships with others, resulting in actions that are not conducive to forgiving. Hence, when the negative impacts of relational transgressions occur, 'unforgiveness' maybe become a mean for defending their threatened self-views (Baumeister & Boden, 1998).

Furthermore, following this perspective, the positive effects of maintaining self-esteem have been well-documented by Pyszczynski et al. (2004), showing that there is a conception of self-esteem that acts as a cognitive buffer against feelings of vulnerability and perceived threats. When conflict and transgressions occur, the victim's self-esteem is hurt, making the self-esteem system react. Recent research also indicates that our self-concepts are not just a passive product of what we perceive others think of us, instead, Demo (2001) suggests that we are always actively and

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aggressively involved in a variety of social and psychological processes that protect and improve our self-images. In addition, the defensive self-esteem hypothesis suggested by Mruk (1999) demonstrates that self-esteem is a person's self-perception based on two components: self worth (feeling worthwhile) and self competence (able to achieve and solve problems). Therefore, Mruk (1999) sees self-esteem as a dynamic concept that can grow and change just like we grow and change. In the defensive self esteem model, Mruk (1999) also defines that when there is a lack of congruence between competency and feelings of worthiness, then defensive self-esteem occurs.

Taken together, it is expected that individuals who feel less self-valued have the tendency of being less likely to forgive in general because these individuals have a continual need to protect their own self-value when they experience threats. In other words, those individuals with a weaker buffer (low-self-esteem) cannot effectively protect themselves from threats will have more defensive motivations (for example, unforgiveness) than those with a strong buffer (high self-esteem). Empirical evidence also supports that conflict and transgressions may lead victims to cope with neurotic defensive style (Maltby & Day, 2004).

Apart from the defence mechanism perspective, studies also reveal that interpersonal conflicts and transgressions devalue self-worth and threaten the victim's self-image by creating "uncertainty" (Eaton et al., 2006; Scobie & Scobie, 1998), which is usually ambiguous information regarding the victim's self or regarding perceptions of the incident itself that are hard to interpret.

Concerning the concept of 'uncertainty', if a conflict or transgression is perceived as hurtful or offensive, negative emotions will be aroused (e.g., anger, fear, avoidance or the development of seeking revenge), which all can lead to unforgiveness (Enright, Gassin & Wu, 1992; Fizgibbons, 1986; Worthington & Wade, 1999).

More studies show that individuals have an intension to make an effort to reduce feelings of uncertainty, along with conflict and transgressions (Hogg, 2000). In other words, paying more attention to reducing uncertainty reflects an individual's need to seeking meaning, knowledge and understanding, which links the self and others. A victim attacked by transgressions must rely on their subjective experiences to form the context that provides information either implicitly or explicitly in accordance with self-evaluation or their social perceptions. Then they can start to determine whether they need to protect defensively and repair their damaged self-worth, self-respect, or self-image caused by the threatening transgressions, or feel willing to forgive. Hence, there is an extremely complex interaction between forgiveness and the subjective self-cognitive-process which helps to define, re-evaluate and repair devalued self-worth or self-respect.

THE PRESENT RESEARCH

There is also increasing recognition suggesting that implicit self-esteem and explicit self-esteem are two significant, meaningful and different phenomena (Bosson, Swann, & Pennebaker, 2000; Baumeister, Campbell, Krueger, & Vohs, 2003). Implicit self-esteem is highly efficient self-evaluations which a person unconsciously and

implicitly considers oneself as valuable and worthy (Epstein & Morling, 1995; Greenwald & Banaji, 1995). Some research shows that people's implicit self-esteem can be predicted even better than explicit self-esteem, such as unpleasant thoughts, a negative mood in response to threatening feedback, or interpersonal stressors (McGregor & Marigold, 2003; Greenwald & Farnham, 2000; Spalding & Hardin, 1999; Pelham & Hetts, 1999). Explicit self-perception is basically a framework of logic and evidence. They are formed by being related to cognitive ability, while implicit self-views are an automated process concerning affective feelings. Among much independent research, explicit and implicit self-perception have their own theoretical framework and empirical support, but little research integrates these two relatively independent factors. Until recently, there is not yet any clear understanding of the role that the explicit and implicit framework plays in the cognitive process of forgiveness.

Thus by adding implicit self-esteem to this study, it should contribute to a better understanding of the aspects of self-esteem, compared to only an individual study of explicit self-esteem.

This is the aim of current study, to shed new light on these mixed findings and obtain a more complete picture of forgiveness.

Neither high self-esteem nor self-forgiveness or forgiving others is omnipotent. It still remains unclear whether people prefer to forgive or not-to-forgive but understanding their connection will enable us to see both the possibilities and limits of the three dimensions of forgiveness, and the cognition and moral value of different facets of

self-esteem. Although much is now understood about the personality and individual differences that correlate to interpersonal forgiveness and self-forgiveness, relatively little is known about their relationship to explicit and implicit self-esteem, and even less about their relationship to unforgivingness.

METHOD

Participants

Participants were 198 students and staff from Leicester university campus. Participants were voluntary, with no course credit or payment awarded for participation. Participants were individually contacted on campus and invited to participate in this experimental session. Questionnaires were given to the participants after they finished the computer-task IAT, and after finishing the process, participants were thanked and fully debriefed.

198 completed IAT and completed questionnaires were returned (male=88, female= 110). The age range was between18-67 years (Mean age= 27.28, SD= 9.13). Most of the sample (66.16%) were white Caucasian, 4.04% of Black ethnic origin, 24.75% of Asian ethnic origin, 3.03% of mixed ethnic origin, and 2.02% of respondents reporting to be of another ethnic origin.

Materials

Procedure & Measures

Participants started with the IAT (Greenwald & Farnham, 2000), this computer-based experiment took approximately 3 to 7 minutes to complete the total 207 trials. Participants then completed the paper-based questionnaires assessing the global uni-dimensional self-esteem: Global Self-Esteem Scale (Rosenberg 1965) and two-dimensional self-esteem: SLCS-R questionnaire (Tafarodi & Swann, 2001) to measure the different facets of a person's Self-Esteem. In addition, a Heartland Forgiveness Scale (Snyder & Thompson, 2003) was used to measure the three different dimensions of forgiveness. The entire (including computer-based and paper-based) session lasted about 20 minutes. Each completed questionnaire was checked after the participant finished the entire session to make sure there are no missing or error responses. Thus missing data from the questionnaire were rare so were to delete the case.

The Implicit Association Test (IAT)

Implicit self-esteem was measured by the Implicit Association Test (Greenwald & Farnham, 2000).

Rosenberg Self-Esteem Scale (RSE) & Self-Liking/Self-Competence Scale-Revised (SLCS-R)

Explicit self-esteem was measured using the 10-item Rosenberg global Self-Esteem Scale (Rosenberg, 1965) and the 16-item two-dimensional construct: self-liking and self-competence scale-revised (SLCS-R) (Tafarodi & Swann, 2001).

Heartland Forgiveness Scale (HFS)

The Heartland Forgiveness Scale was developed by Snyder & Thompson (2003). It is a self-report 18-item measurement testing an individual's forgiveness traits. This scale

has three subscales, each of which contains six items. These three subscales are used to assess forgiveness of self, forgiveness of others and forgiveness of situations. The measurement uses a 7-point scale rating. Participants will answer how they would respond to offending behaviour in the scale.

RESULTS

Descriptive Statistics

Descriptive statistics related to all the self-esteem measures and coping with coping sub-scales used in the present study are shown in Table 6.1 and Tables 6.2, 6.3, respectively, according to the three groups (gender, ethnicty and age) containing the means and standard deviations.

The results reveal that Cronbach's alpha was .91 for Rosenberg's Self-Esteem Scale. Measurement for the self-liking component coefficient α was reliable at .92, and the self-competence component at .85, which were considerably higher than for the self-evaluation scales. For the forgiveness measurement, Cronbach's alphas for each of the coping subscales were good, for the self-forgiveness at .83, for forgiveness of others at .85, and for the forgiveness of situations at .82.

Two-factorial between-subjects analyses of variance (ANOVA) were conducted to examine gender, ethnicity and age (groups under 30 years old and older than 30 years old) differences among all the self-esteem scales and the three forgiveness dimensions. Significant ethnic differences were found for the Self-liking Scale (F=8.48, p < 0.01),

and self-forgiveness (F=4.145, p < 0.05). Asian people showed higher levels of self-liking, and tend to self-forgive more than White people. However, statistically there was no significant gender differences for all the self-esteem scales or the forgiveness of self, others or situations. There was no significant result found either for the age differences between multiple facets self-esteem and forgiveness of self, others and situations.

Table 6.1. Means and standard deviations for both males and females.

Scales	Cronbach α	Gender				F Test (1,196)	Sig
		Males (N=88)		Females (N=110)			
		M	(SD)	M	(SD)		
IAT-Self		2.63	(3.8)	2.23	(4.9)	.048	.862
Rosenberg SE	.91	3.45	(.92)	3.60	(.80)	1.043	.308
Self-Liking (SL)	.92	3.60	(.89)	3.41	(.88)	2.231	.137
Self-Competence (SC)	.85	3.71	(.69)	3.74	(.71)	.130	.719
Forgive Self	.83	4.87	(1.13)	4.58	(1.26)	2.839	.094
Forgive Other	.85	4.91	(1.28)	4.80	(1.17)	.445	.506
Forgive Situation	.82	4.89	(1.03)	4.88	(1.22)	.008	.928

Table 6.2. Means and standard deviations for White & Asian people.

Scales	Cronbach α	Ethnicity				F Test (1,178)	Sig
		White (N=131)		Asian (N=49)			
		M	(SD)	M	(SD)		
IAT-Self		3.65	(.73)	3.92	(.69)	1.396	.239
Rosenberg SE	.90	3.78	(.71)	3.73	(.73)	.196	.658
Self-Liking (SL)	.92	3.33	(.88)	3.76	(.89)	8.480	**.004****
Self-Competence (SC)	.85	3.71	(.67)	3.73	(.77)	.053	.818
Forgive Self	.83	4.59	(1.20)	4.99	(1.14)	4.145	**.043***
Forgive Other	.85	4.90	(1.23)	4.82	(1.12)	.164	.686
Forgive Situation	.82	4.86	(1.14)	5.00	(1.17)	.539	.464

Table 6.3. Means and standard deviations for Age (younger and older that 30).

Scales	Cronbach α	Age Group				F Test (1,196)	Sig
		Age ≤ 30 (N=145)		Age>30 (N=53)			
		M	(SD)	M	(SD)		
IAT-Self		2.63	(.84)	2.92	(.94)	0.48	.862
Rosenberg SE	.90	3.37	(.80)	3.60	(.71)	1.308	.620
Self-Liking (SL)	.92	3.45	(.92)	3.60	(.80)	1.043	.308
Self-Competence (SC)	.85	3.74	(.67)	3.68	(.77)	.324	.570
Forgive Self	.83	4.88	(1.24)	4.64	(1.19)	1.452	.230
Forgive Other	.85	4.78	(1.33)	4.87	(1.18)	.180	.672
Forgive Situation	.82	4.80	(1.15)	4.91	(1.13)	.376	.541
Approach	.85	4.42	(1.51)	4.78	(1.43)	2.333	.128

Correlation Analysis

Table 6.4 illustrates correlations between all variables. A Pearson product-moment correlation assessed the relationship between the three dimensions of forgiveness subscales (self-forgiveness, others and situations) and Rosenberg's global self-esteem, two-dimensional self-esteem (self-liking and self-competence) and implicit self-esteem.

Table 6.4. Correlations between all measures.

	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. IATself	1.00	-.02	-.23	-.09	-.18	-.28*	-.19**	.02	-.27*
2. R'sSE		1.00	-.65*	-.54*	-.66*	-.34*	.05	-.35*	-.26
3. SL			1.00	.65**	.93**	.62**	.30**	.51**	.59**
4. SC				1.00	.88**	.45**	.22**	.31**	.40**
5. SLCSR					1.00	.60**	.29**	.46**	.56**
6. FSE						1.00	.43**	.59**	.83**
7. FOTHE							1.00	.44**	.77**
8. FSIT								1.00	.83**
9. TFORG									1.00

Note: *correlation is significant at the 0.05 level (2-tailed).
    **correlation is significant at the 0.01 level (2-tailed).
R'sSE = Rosenberg Self-Esteem Scale.
SL = Self-Liking scale.
SC = Self-Competence Scale.
SLCSR = Total for the Two-Dimension Self-Esteem Scale: Self-Liking/Self-Competence Scale-Revised
FSE = Forgiveness of Self measure.
FOTHE = Forgiveness of Others measure.
FSIT = Forgiveness of Situation measure.
TFORG = Total score for the Forgiveness measure.

Significant and negative low Pearson correlations were found for the implicit measure of self-esteem (IAT-self) and self-forgiveness (r = -0.18, p < .05). Along the same line, negative and significant but low correlations were found for IAT-self and forgiveness of others (r = -0.19, p < .01). Hardly any relation between IAT-self and forgiveness of situations (r = 0.02, p > .01) was found.

Rosenberg's uni-dimension global self-esteem and the three dimensions of forgiveness have a significant but negative low correlation with the self-forgiveness scale (-0.16, p < .05) and for forgiveness of situations (r = -0.17, p < .05), whilst there is very low correlation with traditional uni-dimension Rosenberg self-esteem and forgiveness of others (r = 0.04, p > .01).

Significant and positively high correlations were found for the Self-liking subscale with self-forgiveness (r = 0.62, p < .01). A moderate to high correlation was significant and positive (r = 0.51, p < .01) for the Two-dimensional explicit Self-Esteem subscale Self-Liking and forgiveness of situations. A significant low to moderate correlation was found for the sub-scale Self-Liking with forgiveness of others (r = 0.30, p < .01).

Significant and positively very strong correlations were found for the Self-Competence subscale with self-forgiveness (r = 0.88, p < .01). A moderate correlation that was significant and positive (r = 0.45, p < .01) for the Two-dimensional explicit Self-Esteem sub-scale Self-Competence and forgives of others. A significant, low correlation was found for the sub-scale Self-Competence with forgiveness of situations (r = 0.22, p < .01).

A weak significantly negative correlation was found (r = -.17, p < .05) in Implicit feel others-good with self-forgiveness. A very weak negative correlation that was not significant was found (r = -.02, p > .05) for implicit feel others-good and forgiveness of others and situations (r = -.07, p > .05).

Regression Analysis

To further explore the significant relationships between self-esteem measurements and the attribution style subscales, a series of multiple regressions were performed examining the predictive power of the multiple facets of self-esteem in relation to three different attribution dimensions. Table's 6.5, 6.6, 6.7 and 6.8 summarise the results.

With self-forgiveness as the dependent variable and all the self-esteem measurements as predictor variables, a multiple regression was performed. The regression statistic was significant ($F(5,193) = 33.21$, $p < 0.01$); these self-esteem measurements could explain 39% of the variance in self-forgiveness scores (adj. r square = 0.39) with implicit self-esteem is found to have a significant predictive power for self-forgiveness ($\beta = -0.134$, $t = -2.301$, $p < 0.05$).

With forgiveness of others as the dependent variable and all the self-esteem measurements as predictor variables, a multiple regression was performed. The regression statistic was significant ($F(5,193) = 14.14$, $p < 0.01$); these self-esteem measurements could explain approximately 21% of the variance in forgiveness of others (adj. r square = 0.21) and the result showed that Implicit Self-Esteem accounted for the unique variance in the forgiveness of others scores ($\beta = -0.146$, $t = -2.185$, $p < 0.05$).

With forgiveness of situation as the dependent variable and all the self-esteem measurements as predictor variables, a multiple regression was performed. The regression statistic was significant ($F(5,193) = 18.34$, $p < 0.01$); these self-esteem

measurements could explain 26% of the variance in forgiveness of situation (adj. r square = 0.26) with that Implicit Self-Esteem accounted for the unique variance in the forgiveness of situation scores

With the total score for forgiveness as the dependent variable and all the self-esteem measurements as predictor variables, a multiple regression was performed. The regression statistic was significant ($F(5,193) = 29.15$, $p < 0.01$); these self-esteem measurements could explain 36% of the variance in global forgiveness scores (adj. r square = 0.36) and with Rosenberg's uni-dimension self-esteem accounted for the unique variance in the total forgiveness scores ($\beta = -6.878$, $t = -2.719$ $p < 0.01$).

Table 6.5. Summary of standard multiple regressions for variables predicting Self-Forgiveness.

	Unstandardised Coefficient (B)	Standardised Coefficient (β)	t	P
FORG SELF				
Intercept	17.26		4.15	0.51
SE	-0.15	-0.09	-1.17	0.24
SL	0.77	0.57	6.61	0.37
SC	0.21	0.12	1.60	0.11
SLCSR	0.30	0.26	1.18	0.24
IAT Self	-0.06	-0.13	-2.30	**0.02***
r=	0.64			
r square=	0.41			
Adj r square=	0.39			
ANOVA F(5,193)=	33.21			
ANOVA Sig=	**0.00****			

Note: *$p < 0.05$; **$p < 0.01$
SE = Rosenberg's Self-Esteem Scale.
SL = Self-Liking scale.
SC = Self-Competence scale.
SLCSR = Total score for the Two-Dimension Self-Esteem Scale: Self-Liking/Self-Competence Scale-Revised.
FORG SELF = Self-forgiveness measure.

Table 6.6. Summary of standard multiple regressions for variables predicting Forgiveness of Others.

	Unstandardised Coefficient (B)	Standardised Coefficient (β)	t	P
FORG OTH				
Intercept	43.29		9.04	0.16
SE	0.70	0.42	4.78	0.34
SL	0.60	0.44	4.48	0.13
SC	0.27	0.15	1.79	0.08
SLCSR	0.18	0.31	0.56	0.58
IAT Self	-0.07	-0.15	-2.19	**0.03***
r=	0.48			
r square=	0.23			
Adj r square=	0.21			
ANOVA F(5,193)=	14.14			
ANOVA Sig=	0.00**			

Note: *$p < 0.05$; **$p < 0.01$
SE = Rosenberg's Self-Esteem Scale.
SL = Self-Liking Scale.
SC = Self-Competence Scale.
SLCSR = Total score for the Two-Dimension Self-Esteem Scale: Self-Liking/Self-Competence Scale-Revised.
FORG OTH = Forgiveness of Other- measure.

Table 6.7. Summary of standard multiple regressions for variables predicting Forgiveness of Situation.

	Unstandardised Coefficient (B)	Standardised Coefficient (β)	t	P
FORG SITU				
Intercept	27.20		6.29	0.21
SE	-0.00	-0.00	-0.02	0.99
SL	0.72	0.57	5.99	0.10
SC	0.07	0.05	0.55	0.58
SLCSR	-0.11	0.26	-0.40	0.69
IAT Self	0.06	0.13	2.07	**0.04***
r=	0.52			
r square=	0.28			
Adj r square=	0.26			
ANOVA F(5,193)=	18.34			
ANOVA Sig=	**0.00***			

Note: *$p < 0.05$; **$p < 0.01$
SE = Rosenberg's Self-Esteem Scale.
SL = Self-Liking Scale.
SC = Self-Competence Scale.
SLCSR = Total score for the Two-Dimension Self-Esteem Scale: Self-Liking/Self-Competence Scale-Revised.
FORG SITU = Forgiveness of Situation measure.

Table 6.8. Summary of standard multiple regressions for variables predicting Total scores for Forgiveness.

	Unstandardised Coefficient (B)	Standardised Coefficient (β)	t	P
Total FORGIVENESS				
Intercept	29.25		8.62	0.25
SE	-0.28	-6.88	-2.72	**0.00****
SL	0.70	20.95	7.35	0.55
SC	0.13	3.12	1.26	0.21
SLCSR	0.12	0.21	0.59	0.56
IAT Self	-0.02	-2.12	-1.09	0.28
r=	0.61			
r square=	0.38			
Adj r square=	0.36			
ANOVA F(5,193)=	29.15			
ANOVA Sig=	**0.00****			

Note: *p < 0.05; **p < 0.01
SE = Rosenberg's Self-Esteem Scale.
SL = Self-Liking Scale.
SC = Self-Competence Scale.
SLCSR = Total score for the Two-Dimension Self-Esteem Scale: Self-Liking/Self-Competence Scale-Revised.
Total FORGIVENESS = Total score for Forgiveness.

GENERAL DISCUSSION

The results show that implicit self-esteem is found to have a significant predictive power for self-forgiveness, forgiveness of others and forgiveness of situation. So, individuals with high implicit self-esteem may find it hard to forgive themselves and also don't find it easy to forgive others, even though they are more likely to forgive situations.

If we look at the total score for the global forgiveness measure (combining self-forgiveness, others-forgiveness and situation-forgiveness), Rosenberg's uni-dimensional global self-esteem is found to account for the unique variance. This

finding suggests that people with high global self-esteem generally tend not to forgive, while people with low global self-esteem find it easy to choose to forgive, which is echoed in Katz et al.'s (1997) study regarding forgiving others. Katz et al. (1997) report that low self-esteem is an important trait for forgiving others that might predispose someone to forgive. Moreover, Neto & Mullet (2004) also identify that women with high self-esteem find it harder to forgive their offenders than women with low self-esteem.

The present analysis reveals the unique finding that implicit self-esteem plays a critical role in the concept of un-forgiveness. Overall, the results present that the inclusion of implicit self-esteem enhances our understanding of the relationship between forgiveness and self-esteem, in which, it seems people with high self-esteem (whether implicit or explicit) prefer not to forgive themselves and others more than people with low self-esteem.

Does forgiveness lead to subjective well-being or does subjective well-being drive forgiveness? This can be answered in part by stressing that forgiveness does not necessarily exist naturally in people with high implicit or explicit self-esteem, or in stable interpersonal relationships either. On the contrary, all different types of people need to learn it. With the right kind of practice its benefits with be provided to most of us.

Why, though, do people with high self-esteem (especially high implicit self-esteem people) not tend to forgive themselves or others? The results of the current

study help explain this more clearly; firstly, from the perspective of implicit-explicit self-esteem systems.

Greenwald & Banaji (1995) define implicit self-esteem as complex and highly efficient self-evaluation that may exist outside of our consciousness and that we may have no awareness of the processes that lead us to evaluate our self-worth and self competence aspects, from proficient to inept ones.

Implicit self-esteem and explicit self-esteem are two completely independent constructs and concepts. If an individual is recognised as possessing high explicit self-esteem, it has nothing to do with the level of one's implicit self-esteem. In other words, implicit self-esteem is not affected by explicit self-esteem. As such, some people have two completely different self-evaluations systems for explicit and implicit self-esteem (Wilson, Lindsey & Schooler, 2000). Therefore, different processes underlie implicit and explicit systems. According to the dual process model, the two systems in charge of information processing are different, with explicit self-esteem referring to the cognitive mode and implicit self-esteem being the product of the automatic, intuitive processing of affective experiences. Much empirical research evidence supports that implicit self-esteem, even better than explicit self-esteem, predicts unpleasant thoughts and a negative mood in response to threatening feedback, as well as interpersonal stressors (McGregor & Marigold, 2003; Greenwald & Farnham, 2000; Spalding & Hardin, 1999; Pelham & Hetts, 1999).

The evidence above makes it easier to explain why some people who have high implicit self-esteem (that refers to higher and positive self-evaluations) also have

negative attitudes and attack other people. By the same token, people with high implicit self-esteem tend to display un-forgiving reactions when they face the option of whether to forgive themselves or others (Bushman & Baumeister, 1998). There are functional differences in the two parallel systems for self-evaluations and social perceptions during the process of choosing forgiveness or un-forgiveness.

If the discussion concerns the forgiveness process, the process of forgiveness has to be based on an individual's whole feelings about transgressions. Firstly, the victim experiences the impact of negative emotions, such as anger, fury, shame, or lack of confidence, and then they feel emotional pain, which creates the motivation to solve the conflict. Secondly, an individual is motivated to solve these conflicts. Thirdly, the victim may choose possible options, such as choosing between justice or mercy. Fourthly, different strategies will lead to different effects. For example, if the victim has a strong motivation to forgive then they will choose forgiveness as a solution. Fifthly, even at this stage the victim has the chance to seek revenge and punishment. At this point, negative emotions, such as hatred and anger, are not yet solved. Sixthly, executing internal forgiveness strategies, including cognitively understanding the difference between self and others. Emotionally, they are willing to treat others with sympathy and empathy, and may try to see the offender with their current perspective whist not distorting the facts. Seventhly, they put that perspective into practice. They are aware that it is necessary to respond to the offender with goodwill and consider a reunion strategy. It is possible that a reunion will not happen (i.e. the offender has nothing to do with the life of the victim) or that it is unwise (the offender does not change).

Under this circumstance, the victim will possibly leapfrog this step and oppress the act of reunion until the release of negative emotions at the final outcome. The emotional release is an individual's internal feeling where they have experienced the reduction of negative emotion and an increase in positive emotion. The whole of these "forgiveness" processes are necessary logically but they are not always the same. Everyone's steps can move forward and backward. In addition, not all victims have to meet all the prerequisites to forgive the offender.

The process model of forgiveness takes time. It is a long process and at the same time, includes a series of internal changes and external actions through cognition, emotion, and behaviour. Due to the seriousness of an incident and different traits of the victim, the required time for everyone differs. However, one thing is certain, that forgiveness has to be based on the victim's internal choice and will. Horsbrugh (1974) emphasises that the forgiveness process is a conscious effort that does not occur unintentionally. From this point of view, "forgiveness" belongs to the explicit self-esteem system, which provides more spontaneous adjustment changes in cognitive information-processing compared with the concept of "unforgiveness", which we can hypothesise happens more in the implicit self-esteem system.

Finally, from a defensive mechanism perspective, when conflict and transgressions occur, the victim's self-esteem is hurt, so the explicit and implicit self-esteem systems will react with different characteristics. Our self-concepts are not just a passive product of what we perceive that others think of us. Instead, Demo (2001) suggests that we are always actively and aggressively involved in a variety of social and psychological processes that protect and improve our self-images.

An individual's self-knowledge and evaluations are formed from accumulated history and believed to be stored in the implicit self-esteem system, with the process through which implicit attitudes change relying on a slow-learning process. When interpersonal relation conflicts occur, because of the defensive function of self-esteem, people with implicit self-esteem will choose unforgiveness to protect their values and are not easily changed. A person's explicit self-esteem system is susceptible to change because of the cognitive control that has recently evolved in updated information concerning self-evaluations that are based on individual's social perceptions. When resolving the impact from conflicts, it is easier for people with high self-liking or high self-competence to use their own advantages to assess and respond quickly. This means that those with an explicit self-esteem system, can change their attitudes easily and quickly, with the defensive unforgiveness potentially turning into forgiveness sooner than it would in the implicit self-esteem processing system.

Besides, on the other hand, a variety of perspectives suggest that high self-esteem, or certain types of high-self-esteem, may not be unconditionally beneficial (Baumeister, Smart & Boden, 1996; Crocker & Park, 2004). Although high self-esteem has been well understood to be associated with superior performance, a considerable number of studies report that people with high self-esteem are more likely to have maladaptive reactions to ego threat. Consistent with this view, Heatherton and Ambady (1993) offer the empirical evidence to support that high self-esteem individuals are more likely to persevere at unsolvable tasks and become maladjusted. Furthermore, Bushman & Baumeister (1998) found that individuals with high self-esteem have the tendency to be more aggressive; the available evidence also

reveals that people who feel relatively positive about themselves are most prone to showing significantly greater in-group bias, discrimination and prejudice (Aberson, Healy & Romero, 2000; Crocker et al., 1987). Taken together, all of these oppress forgiveness, while forgiveness is indeed an incredibly complex psychological phenomenon and a long term cognitive process. Forgiveness itself is a higher level personality trait as well (combining emotional management skill, empathy and the desire for harmonious interpersonal relations etc). Focusing on mistakes (in this case, the possibility of negative social perceptions) may cause people with high self-esteem to have the tendency to be more un-forgiving.

High implicit self-esteem is a double-edged sword. One edge of the sword drives people to be highly self-respected. The other edge though, makes it harder to forgive themselves and others when conflicts happen.

CHAPTER 7

CONCLUSION

ABSTRACT

The objectives of the studies presented in this MPhil dissertation are fourfold. First, based on the multiple facets of the self-esteem framework, we aimed to identify and distinguish the relationship between the implicit and explicit self-esteem systems. Second, we took a closer look at the three key determinants issues (explanatory attribution style, stress coping, and forgiveness) from the optimal functioning perspective taken from positive psychology by considering the role of self-esteem. Third, we aimed to investigate how these different facets of self-esteem might contribute to enhancing understanding about the cognitive and emotional processes of attribution, coping and forgiveness. Fourth, the contributions, opportunities, and limitations of this dissertation are briefly delineated.

RESEARCH OVERVIEW

This dissertation started with a review of positive psychology, showing that self-esteem is linked with adaptive individual functioning of causal explanatory style, effective coping strategy with stress, and forgiveness, which are all the primary keys for well-being.

Many previous studies have encountered a number of limitations, while the overwhelming majority of existing studies use the single self-esteem scale. These previous studies have mixed results, or maybe report positive results, but often lead to many inconsistent findings, making it difficult to reach unequivocal conclusions. Researches have even failed to produce a congruent portrait about the nature of self-esteem. The most likely reason for the lack of consensus in the field may concern the lack of a definition and measurements of self-esteem.

OBJECTIVE 1: Identify and Distinguish the Relationship Between Implicit & Explicit Self-Esteem Systems

The first objective in this dissertation is addressed throughout the four experimental studies (from Chapter's 3, 4, 5 and 6) wherein the findings are consistent with previous experimental research, demonstrating the notion that implicit and explicit self-esteem are two distinct constructs. This result also supports the concept suggested by Greenwald and colleagues (1995), that implicit and explicit self-esteem are two different, independent evaluative systems.

This empirical evidence about the distinction between implicit and explicit self-esteem is at the same time consistent with the view provided by the dual attitudes model (Wilson et al., 2000), which proposes that people posses two modes of information evaluation processing systems at the same time toward the same object, an unconscious, implicit evaluation system and an explicit evaluation system.

Following this logic, implicit and explicit cognitive processes having differential effects on the self-evaluation systems fits nicely with current social psychological conceptualisations of implicit and explicit self-esteem.

The implicit–explicit self-esteem dual model presented here provides an important framework.

OBJECTIVE 2: A Closer Look at Three Key Determinants (Explanatory Attribution Style, Coping Style, and Forgiveness)

Throughout the issues concerning the three determinants of optimal functioning domains (explanatory attribution style, stress coping, and forgiveness), we have argued that inconsistent findings in previous research literature might be explained by taking the multiple facets of self-esteem model into account. Therefore, this dissertation focuses on the various facets of the influences of self-esteem. Looking at several dimensions of self-esteem that operate simultaneously in the process of these three determinants, we made comparisons of individual's self-esteem by assessing four different dimensions (global explicit self-esteem, self-liking, self-competence and implicit self-esteem).

The traditional Rosenberg's (1965) global explicit self-esteem scale is based on the assumption that an individual has a unitary self-concept and that one single dimension can represent the global feeling about self-worth. Tafarodi & Swann's (2001) two-dimensional explicit self-esteem scale suggests that self-liking and self-competence are two interdependent but distinct attitudinal dimensions that constitute an

individual's self-esteem. In addition, choosing a self-report questionnaire means that only an evaluation of an individual's cognition will be considered and ignores or confuses the element of affection when testing self-esteem, whether for global or two-dimensional self-esteem. As such, the dual attitudes model emphasises that implicit self-esteem can co-exist with an individual's explicit self-esteem.

These were all tested in a series of empirical studies to ascertain the relationship between the multiple facets self-esteem and attribution, coping, and forgiveness.

Across a further three studies (Chapter's 4, 5 and 6), our results firstly indicate that, for explanatory attribution style, Rosenberg's (1965) one-dimension global explicit self-esteem is found to account for the most influential predictor in the internality and globality dimensions of causal attribution. Concerning stress coping styles, Tafarodi & Swann's (2001) two-dimensional self-esteem scale (self-liking/self-competence) plays a significant role in predicting the active approach and reappraisal strategies. For the three dimensions of forgiveness, Greenwald et al.'s (1998) IAT implicit self-esteem is identified as a having a predictive indicator for lacking self-forgiveness and others.

Viewed in this light, current studies offer the opportunity to prove the conception that the nature of self-esteem is not a unitary, elementary phenomenon but indeed can be hierarchically organised into an kind of overall global self-esteem based on general judgements of a total feeling of self-worth, with the components of self-

esteem being constituted from multidimensional separate self-evaluations, which may support or oppose one another and have their own different professional fields.

Therefore, one or some of the different parts of that "pool" for making self-evaluations will operate in different situations. As such, one or some of these self-esteem dimensions simultaneously and significantly operate within the processes of an individual's causal explanatory attribution, stress coping and forgiveness, with each dimensions of self-esteem having their own function.

Indeed, the research results also address that there are possibly many more ingredients of self-esteem and that these important ingredients may not be provided straightforwardly at a conscious level. There may be even more multiple classes for explicit self-esteem measures, each with unique properties (i.e. self-liking and self-competence). Thus, conclusions based on only one explicit self-esteem measurement in other previous research may not necessarily be generalised to other explicit self-esteem measures. A complex phenomenon like self-esteem proves that it has multiple causes and consequences. If we wish to fully understand the nature of self-esteem, it will be necessary to distinguish not only implicit and explicit self-esteem but also to distinguish between the dimensions themselves within explicit self-esteem (or if there are any other dimensions, in implicit self-esteem).

In summary, research targeting the second objective has increased understanding about explanatory attribution style, stress coping strategies and forgiveness by shedding additional light on the key multiple facets of the self-esteem model. The critical common finding throughout the three empirical studies was that

each different facet of self-esteem is activated and identified during different cognitive behavioural processes.

.OBJECTIVE 3: Understanding Whether the Different Facets of Self-Esteem Contribute To the Three Determinants

We were surprised to find that Rosenberg's uni-dimensional explicit self-esteem seems to function excellently as an influent predictor for both the internality causal and globality causal attributes, as well as for global forgiveness, when interpreting current research results.

This data supports the proposal regarding different contributions made by an individual's multi-faceted self-esteem on different cognitive behavioural patterns. However, there is still a theoretical reason to question, which is why there is such worry about the different level between different self-esteem dimensions?

It appears that an individual is capable of possessing different evaluations toward the self simultaneously, no matter whether it is the totally unified dimension or in the affective self-concept facet, in the cognitive part of self-appraisal or at a non-conscious level. The dual-attitudes system that operates within an individual should be able to distinguish among these different parts of self and be able to select which ones to retrieve or activate.

However, one clear problem is that more recent research into self-esteem has been reasonably consistent in showing that some disturbed high self-esteem individuals seem to have serious problems such as hostility, aggression, a narcissistic personality

or antisocial behaviour, and sometimes even behave in more maladaptive ways than those with low self-esteem (Baumeister & Boden, 1998). In other words, two dimensions of self-esteem that are paradoxical, or called fragile, unstable or defensive self-esteem (i.e. characterised by high explicit but low implicit self-esteem, or high self-competence but low self-liking) are identified as the reason that makes these individuals disturbed (Kernis, 2003). Researchers who found a discrepancy in high self-esteem patterns need to provide more evidence to complement and explain the inconsistent results in previous research.

There is only a small number (less than 10) of paradoxical or fragile self-esteem patterns found in our each current study. However, we can follow this logic to look in detail at issues on forgiveness and attribution. In present studies about forgiveness and attribution, a similar argument can be put forward to compare and challenge the fragile or paradoxical self-esteem assumptions in previous research.

For example, current results suggest that both implicit and global explicit self-esteem can positively predict unforgiveness. Thus, people with high implicit self-esteem tend to be unforgiving, meaning that people with low implicit self-esteem tend to forgive, whereas people with low explicit global self-esteem tend to not forgive. In this case, paradoxical, fragile self-esteem may be a pattern of "high explicit but low implicit self-esteem" or "low explicit but high implicit self-esteem". No matter which pattern occurs, it looks like these people are in a deadlock in which unforgiveness and forgiveness occur simultaneously.

However, from the attachment theory perspective, implicit self-esteem is formed at a very early age through interaction with an individual's caregiver, which is prior and more stable than the forming of explicit self-esteem. This point of view also supports the dual attitudes model, in which implicit self-esteem is a slow-learning system operating with experiential, affective and automatic issues, which is also harder to change than explicit self-esteem, whereas implicit self-esteem is a fast learning system. If people do not have enough cognitive ability and motivation to retrieve explicit self-esteem, then implicit attitudes may be noticed and activated. If people have enough cognitive ability and motivation to retrieve explicit self-esteem, then the explicit attitude will override or suppress implicit attitudes (Smith & DeCoster, 2000). Since implicit and explicit systems are independent, dual attitudes only occur when people have different evaluations towards the same object. One of the evaluations should be more easily obtained than the other one. One of the evaluations occupies an absolute position, which is seen as the only evaluation by the individual. Therefore, people do not feel in conflict or contradictory. However, another evaluation does exist and only will be active and impact in certain special situations. This helps explain the current results.

In another example concerning attribution style, our current results indicate that explicit self-esteem can positively predict the internality dimension of attribution, whereas implicit self-esteem negatively predicts it. This means that people with high explicit self-esteem are more likely to use external causal attribution, while people with low explicit self-esteem are more likely to use an internal style. Moreover, people with high implicit self esteem are more likely to use external causal attribution, while people with low implicit self-esteem are more likely to use an external style.

In this case, people with high explicit self-esteem but low implicit self-esteem will make the congruent attribution style anytime (external causal explanatory attribution style), whereas an individual with high explicit and high implicit self-esteem appears to face conflict in which the dual-attitudes system will arrange to retrieve or activate the explicit or implicit attitude. In the other words, for the internality dimension of attribution, people with congruent high explicit and high implicit self-esteem are actually the most unstable ones compared to those with high explicit self-esteem but low implicit self-esteem.

More important, the two examples from our current studies indicate a unique finding that discrepant self-esteem is not a reason for an individual being disturbed. The key is the unique associations between multi-faceted self-esteem and the different cognitive behavioural patterns outcomes should be indentified first.

It is too early to further outline distinctive associations between these compelling adaptive developments and personality functioning and self-esteem, because the very nature of self-esteem is still arguable.

OBJECTIVE 4: Contributions, Opportunities & Limitations

Summary of Findings

Chapter 3: Multiple Facets of Self-Esteem

This study examined the relationship between uni-dimensional explicit self-esteem (Rosenberg's Self-Esteem Scale), two-dimensional explicit self-esteem (Self-Liking/Self-Competence Scale), and implicit self-esteem (Implicit Association Test for Self-Esteem) among 591 UK participants.

As expected, the findings in this study were consistent with Tafarodi and colleagues' two dimensional self-esteem model where the two dimensions of SLCS-R (self-liking or self-competence) increase, global self-esteem increases, and the self-liking dimension has a higher positive correlation with Rosenberg's self-esteem scale than self-competence. The most cautious conclusion in this study is also consistent with the concept suggested by Greenwald and colleagues' implicit and explicit self-esteem, as being products of two different underlying evaluative systems.

Chapter 4: Multiple Facets of Self-Esteem & Attribution Style

This study set out to examine what dimension of self-esteem predicts attribution style (internality, stability, and globality) in a normal, non-clinical population. 206 participants completed one computer task: The Implicit Association Test (IAT) for implicit self-esteem and three questionnaires: Rosenberg Self-Esteem Scale (RSE), Self-Liking/Self-Competence Scale-Revised (SLCS-R) and the Attributional Style Questionnaire (ASQ).

A regression analysis showed that both Rosenberg's traditional uni-dimension global self-esteem and the IAT's implicit self-esteem are significant predictors of the internality and globality dimensions attribution style, with Rosenberg's self-esteem having a bigger predictive power than IAT implicit self-esteem. Furthermore, implicit

self-esteem is also found to account for the unique variance in stability dimension attribution style.

The results indicate that people with high explicit self-esteem tend to make external factors explanatory attribution for the combined positive and negative events and tend to think the event its effect is limited, while people with low explicit self-esteem tend to make internal causes attribution and think that the occurring event will affect all situations.

It also appears that people with high implicit self-esteem are more likely to use internal factor attributes and see situations as unchangeable and globally affecting all aspects of life, while people with low implicit self-esteem are likely to see an event as due to external causes, for temporary reason and only in just this situation.

Chapter 5: Multiple Facets of Self-Esteem & Coping Style

This study examines the relationship between uni-dimensional explicit self-esteem (Rosenberg's Self-Esteem Scale), two-dimensional explicit self-esteem (Self-Liking/Self-Competence Scale) and implicit self-esteem (Implicit Association Test for Self-Esteem) through four coping styles (Approach, Avoidance, Emotional Regulation coping and Reappraisal coping) among 198 (88 male, 110 female) UK Participants.

The research shows no correlation between implicit self-esteem and coping styles, or between traditional Rosenberg's uni-dimension self-esteem and coping styles. Nevertheless, the findings show that the two-dimensional explicit self-esteem

measurement (SLCS-R) is significantly and positively related to active and effective coping styles (approach coping, emotional regulation coping and reappraisal coping).

Self-competence has a significantly stronger predictive power on the coping style approach than self-liking. Self-liking is found to account for the unique variance in the reappraisal coping style.

This research found noteworthy results in relation to ethnicity, with Asian people using the coping style and reappraisal coping style approaches more than white people. Concerning age, people over 30 years old tend to significantly use the reappraisal coping strategy more than the people under 30 years old. There is no significant difference between gender and stress coping styles.

Chapter 6: Multiple Facets of Self-Esteem & Forgiveness

The purpose of this study is to examine the relationship between traditional Rosenberg's uni-dimensional global self-esteem, self-liking, self-competence, and implicit self-esteem with self-forgiveness, forgiveness of others and forgiveness of situations.

This study reveals the unique finding that implicit self-esteem plays a critical role in all aspects of forgiveness. The results show that people with high implicit self-esteem find it more difficult to forgive themselves and others, whilst people with high implicit self-esteem are more likely to forgive the situation.

Some possible explanations about implicit self-esteem will be explored and focus on the development process of forgiveness and implicit self-esteem. From current evidence, Rosenberg's global self-esteem scale is found to be more predictive for the total score of the global forgiveness measure (combining self-forgiveness, others-forgiveness and situation-forgiveness). The result suggests that individuals with high global explicit self-esteem find it harder to forgive.

Concerning ethnic-cultural differences, Asian people have higher levels of self-liking and self-forgiveness than White people. There is no significant difference in gender and age group for the three dimensions of (others, self and situations) forgiveness.

Contributions

Another interesting situation occurs in this research's coping and forgiveness studies, discovering some unexpected explanations. From the statistical results for the coping style study, the entire process of coping with stress is irrelevant to implicit self-esteem. In other words, coping with stress belongs to the cognitive process, which is in the consciousness instead of the non-consciousness dimension. In addition, the basic definition of coping with stress is part of a transaction between the environment situation and person. If we extend the concept of 'the relationship between person and environment situation to the forgiveness study, we can discover that people with high implicit self-esteem, though finding it hard to forgive themselves and others, are willing to forgive situations, which refers to the relationship between people and the environment. This is the basic definition of 'part of a transaction between the

environment and person' during the coping process. If this relationship belongs to the cognitive area instead of unconsciousness, or not any other interpersonal relationships, then people with high implicit self-esteem tend not to defend conflict in the cognitive area. Thus, it is easier to understand why people with high implicit self-esteem find it harder to forgive themselves and others but more easy to forgive situations.

Summing up the four studies in the dissertation, we know that each dimensions of self-esteem have their own responsibilities and professional areas of operation within an individual. Therefore, self-esteem itself, whether high, low or contradictory, is not necessarily the most important factor that disturbs an individual. The most critical factor lies in some facets of self-esteem in these dimensions that are connected to other key cognitive behaviour producing interactive relationships, as well the role played by further relations in which self-esteem changes the operational mechanism within an individual's inner system.

In other words, contradictory self-esteem dimensions lead people into confusion after time, under certain circumstances. However, in other situations, even though self-esteem dimensions are harmonious and congruent, an individual's incoherent behaviour may occur if the cognitive behaviour connected to self-esteem is contradictory.

Using the dual-attitudes model to reorganise and define the conception of self-esteem is a long path, but at least we are working on it. It is also important to clarify for the role that self-esteem plays in cognitive behaviour before further research can proceed on the topic of self-esteem. To identify which dimension is the result,

mediator or cause of particular patterns of cognitive behaviours by adding implicit and explicit self-esteem dimensions, will allow many other more different dimensions be further developed. In the future, it will be possible to solve more problems that have not been answered reasonably and coherently in previous research. It could produce a new path on the study of self-esteem, which is already complex and has significant concepts that need to be identified further.

The contribution of the four studies in this dissertation enhance our understanding about the operating processes with three positive psychology domains by examining the relationships between multi-faceted self-esteem and style, attribution style, stress coping, and forgiveness. Also, through these three issues, we do obtain a recipe for positive outcomes in individuals' optimal functioning; which is, enhancing an individual's ability to build and develop their own psychological resources, such as adjustable causal attribution style, adjustable coping strategies, understanding more dimensions of self-aspects, and interpersonal techniques. These will help people find inner psychological energy to withstand frustration and manage crisis so that they will not fall into a state of depression after encountering a crisis or conflict, and furthermore can consequently develop flexible and adaptive abilities to enhance the positive strengths in one's life.

Through in-depth understanding of each dimension of self-esteem and by understanding the effects of self-esteem and related cognitive behavioural patterns, we can seek satisfaction in life, enhance the richness and reliability of experiences concerning more positive experiences in life, and have more meaningful cognitive activities and behaviours. The ultimate goal is not just to increase or protect self-

esteem at each level but to learn how to adjust successfully when facing a crisis, and develop a positive feeling about the past, present and future. Then we can live meaningfully and enjoy the hard-earned fruits of life This is the purpose of positive psychology.

Limitations & Future Research

This study, like many others, had the limitation of using a group of convenient students and staff from a university campus. However, one strength of this dissertation is that it took traditional Rosenberg's self-esteem scale, two dimensional self-esteem scale and the IAT implicit self-esteem as its complete multiple facets of self-esteem model (four different dimensions) at the same time on the same participants following the trend of self-esteem construct nowadays. It would be advisable to replicate these findings on a bigger general British sample, as well as being even better if cross-cultural samples within the U.K. are used to demonstrate various cultural differences within the multiple facets of self-esteem.

Furthermore the findings in this thesis suggest that there are different characteristics in an individual's different self-esteem dimensions. Presumably differences between an individual's self-esteem dimensions will show different patterns of cognitions and behaviours. That can influence the process of positive outcomes when confronted with in attribution style, stress coping and forgiveness.

From the present research, it did not take into consideration different patterns of self-esteem but only focus on comparing the dimensions. It could be useful future research should pay closer attention to a more thorough understanding of the individual differences in the trait of self-esteem from the multiple dimensions' perspective could be achieved by more fully exploring the detail in different types of self-esteem and reveal potential reasons for the contributions to the relationship between self-esteem and positive psychology.

What is a good life? How do we become a good person? What purpose can give positive meaning to our existence? These questions are inspired by the philosopher Aristotle who asked them a long time ago. However, there are very few empirical contributions relating to this about being a positive individual and how to lead a good life. As self-esteem is one key indicator of the various positive domains in social psychology leading to enhanced well-being, a suggestion for future research is to help define more determinants of a psychologically positive life within the framework of the multiple facets of self-esteem model because this model shows that these optimal functioning characteristic components seem to be mostly a learned positive outlook on our lives. These learned components are actually the key determinants leading to individuals' good life.

APPENDICES

Below is a list of statements dealing with your general feelings about yourself. Please indicate your responses by placing a number (1-5) in the space provided before each statement.

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

SELF-LIKING/SELF-COMPETENCE SCALE-REVISED (TAFARODI& SWANN, 2001).

Below is a list of statements dealing with your general feelings about yourself. Please indicate your responses by placing a number (1-5) in the space provided before each statement.

1 = Strongly Disagree, 2 = Disagree, 3 = Not Certain, 4 = Agree, 5 = Strongly Agree

1.I am very comfortable with myself	1	2	3	4	5
2.I do not succeed at many things	1	2	3	4	5
3.I have a negative attitude toward myself	1	2	3	4	5
4.I feel that I have done very well in life so far	1	2	3	4	5
5.It is sometimes unpleasant for me to think about myself	1	2	3	4	5
6.I tend to devalue myself	1	2	3	4	5
7.I am a highly capable person	1	2	3	4	5
8.I do not have a lot to be proud of	1	2	3	4	5
9.I am secure in my sense of self-worth	1	2	3	4	5
10.I genuinely like myself	1	2	3	4	5
11.I do not have enough respect for myself	1	2	3	4	5
12.I am very talented	1	2	3	4	5
13.I feel great about who I am	1	2	3	4	5
14.I am not very competent	1	2	3	4	5
15.I sometimes deal poorly with challenges	1	2	3	4	5
16.I perform very well at many things	1	2	3	4	5

ATTRIBUTION STYLE QUESTIONNAIRE (PETERSON, ET AL., 1982).

Interpretation of events: Please try to imagine yourself in the following situations. If such a situation happened to you, what would you feel would have caused it? While events may have many causes, we want you to pick only one – Just THE MAJOR CAUSE IF THIS EVENT HAPPENED TO YOU. Please write the cause in the blank space provided after the event. Next, we want you to answer three questions about the cause you provided. First, is the cause of this event something about you or something about other people or circumstances? Second, is the cause of this event something that will persist across time or something that will never again be present? Third, is the cause of this event something that affects all situations in your life or something that just affects this type of event?

		1	2	3	4	5	6	7	
1. You meet a friend who complements you on your appearance.	Totally due to me	1	2	3	4	5	6	7	Totally due to others
	Never present	1	2	3	4	5	6	7	Always present
	Just this situation	1	2	3	4	5	6	7	All situations
2. You have been looking for a job unsuccessfully for some time.	Totally due to me	1	2	3	4	5	6	7	Totally due to others
	Never present	1	2	3	4	5	6	7	Always present
	Just this situation	1	2	3	4	5	6	7	All situations
3. You become very rich.	Totally due to me	1	2	3	4	5	6	7	Totally due to others
	Never present	1	2	3	4	5	6	7	Always present
	Just this situation	1	2	3	4	5	6	7	All situations
4. A friend comes to you with a problem and you don't try to help.	Totally due to me	1	2	3	4	5	6	7	Totally due to others
	Never present	1	2	3	4	5	6	7	Always present
	Just this situation	1	2	3	4	5	6	7	All situations
5. You give an important talk in front of a group and the audience reacts negatively.	Totally due to me	1	2	3	4	5	6	7	Totally due to others
	Never present	1	2	3	4	5	6	7	Always present
	Just this situation	1	2	3	4	5	6	7	All situations
6. You do a project that is highly praised.	Totally due to me	1	2	3	4	5	6	7	Totally due to others
	Never present	1	2	3	4	5	6	7	Always present
	Just this situation	1	2	3	4	5	6	7	All situations
7. You meet a friend who acts hostilely toward you.	Totally due to me	1	2	3	4	5	6	7	Totally due to others
	Never present	1	2	3	4	5	6	7	Always present
	Just this situation	1	2	3	4	5	6	7	All situations
8. You can't get all the work done that others expect of you.	Totally due to me	1	2	3	4	5	6	7	Totally due to others
	Never present	1	2	3	4	5	6	7	Always present
	Just this situation	1	2	3	4	5	6	7	All situations
9. Your spouse (boyfriend / girlfriend) has been treating you more lovingly.	Totally due to me	1	2	3	4	5	6	7	Totally due to others
	Never present	1	2	3	4	5	6	7	Always present
	Just this situation	1	2	3	4	5	6	7	All situations
10. You apply for a position that you want very badly (e.g. … important job, graduate school admission) and you get it.	Totally due to me	1	2	3	4	5	6	7	Totally due to others
	Never present	1	2	3	4	5	6	7	Always present
	Just this situation	1	2	3	4	5	6	7	All situations
11. You go out on a date and it goes badly.	Totally due to me	1	2	3	4	5	6	7	Totally due to others
	Never present	1	2	3	4	5	6	7	Always present
	Just this situation	1	2	3	4	5	6	7	All situations
12. You get a raise.	Totally due to me	1	2	3	4	5	6	7	Totally due to others
	Never present	1	2	3	4	5	6	7	Always present
	Just this situation	1	2	3	4	5	6	7	All situations

FUNCTIONAL DIMENSIONS OF COPING (FERGUSON & COX, 1997).

There are many different ways of dealing with stress. The following questionnaire is concerned with the behaviours you adopt in attempting to deal with major stresses in your life. In the space below, I would like you to give a

brief description of a stressful event and the activities and/or thoughts you used in attempting to deal with this stressful event.

Now provide ratings for these activities and/or thoughts by circling the appropriate number on the following scales. To what extent did this/these activities affect you?

	Not At All						Very much so
1. Allow you to directly deal with the problem?	1	2	3	4	5	6	7
2. Help you to find meaning and understanding from the situation?	1	2	3	4	5	6	7
3. Allow you to manage the distress and upset caused by the event?	1	2	3	4	5	6	7
4. Allow you to grow and develop as a person?	1	2	3	4	5	6	7
5. Help you to divert your attention away from the problem?	1	2	3	4	5	6	7
6. Allow you to handle any anxiety caused by the event?	1	2	3	4	5	6	7
7. Provide you with information useful in solving the problem?	1	2	3	4	5	6	7
8. Allow you to deny that anything was wrong?	1	2	3	4	5	6	7
9. Enable you to deal with any emotional upset caused by the event?	1	2	3	4	5	6	7
10. Allow you to understand something of the nature of the problem, from which you could attempt to deal directly with it?	1	2	3	4	5	6	7
11. Allow you to avoid having to deal directly with the situation?	1	2	3	4	5	6	7
12. Allow you to learn more about yourself and others?	1	2	3	4	5	6	7
13. Distract you from thinking about the problem?	1	2	3	4	5	6	7
14. Help you to think about the problem in a new and useful way?	1	2	3	4	5	6	7
15. Allow you a more optimistic outlook on the future?	1	2	3	4	5	6	7
16. Allow you to step back and look at the problem, in a different way, such that it seemed better?	1	2	3	4	5	6	7

FORGIVENESS (SNYDER & YAMHURE, 1998).

Instructions. In the course of our lives, negative things may occur because of our own actions, the actions of others, or circumstances beyond our control. For some time after these events, we may have negative thoughts or feelings about ourselves, others, or the situation. Think about how you typically respond to such negative events.

Next, for each of the following items circle the number (from the seven point scale) that best describes how you typically respond to the type of negative situation described.

1	2	3	4	5	6	7
Almost always false of me		More often false of me		More often true of me		Almost always true of me

	1	2	3	4	5	6	7
1. Although I feel badly at first when I mess up, over time I can give myself some slack	1	2	3	4	5	6	7
2. I hold grudges against the negative things I've done	1	2	3	4	5	6	7
3. Learning from the bad things that I've done helps me get over them	1	2	3	4	5	6	7
4. It is really hard for me to accept myself once I've messed up	1	2	3	4	5	6	7
5. With time I am understanding of myself for the mistakes that I've made	1	2	3	4	5	6	7
6. I don't stop criticising myself for the negative things I've felt, thought, said or done	1	2	3	4	5	6	7
7. I continue to punish a person who has done something that I think is wrong	1	2	3	4	5	6	7
8. With time I am understanding of others for the mistakes they've made	1	2	3	4	5	6	7
9. I continue to be hard on others who have hurt me	1	2	3	4	5	6	7
10. Although others have hurt me in the past, I have eventually been able to see them as good people	1	2	3	4	5	6	7
11. If others mistreat me, I continue to think badly of them	1	2	3	4	5	6	7
12. When someone disappoints me, I can eventually move past it	1	2	3	4	5	6	7
13. When things go wrong for reasons that can't be controlled, I get stuck in negative thoughts about it	1	2	3	4	5	6	7
14. With time I can be understanding of the bad circumstances in my life	1	2	3	4	5	6	7
15. If I am disappointed by uncontrollable circumstances in my life, I continue to think negatively about them	1	2	3	4	5	6	7
16. I eventually make peace with the bad situations in my life	1	2	3	4	5	6	7
17. It's really hard for me to accept negative situations that aren't anybodies fault	1	2	3	4	5	6	7
18. Eventually I let go of negative thoughts about bad circumstances that are beyond anyone's control	1	2	3	4	5	6	7

REFERENCES

Abbe, A., Tkach, C., & Lyubomirsky, S. (2003). The art of living by dispositionally happy people. *Journal of Happiness Studies, 4,* 385-404.

Abbey, A., Andrews, F. M. & Halman, L. J. (1995). Provision and receipt of social support and disregard: What is their impact on the marital life quality of infertile and fertile couples? *Journal of Personality and Social Psychology, 68,* 455-469.

Aberson, C. L., Berger, D. E., Healy, M. R., & Romero, V. L. (2000). Evaluation of an interactive tutorial for teaching the Central Limit Theorem. *Teaching of Psychology, 27,* 289-291.

Abramson, L. Y., Metalsky, F. I., & Alloy, L. B. (1989). Hopelessness depression: A theory based subtype of depression. *Psychological Review, 96,* 358-372.

Abramson, L. Y., Seligman, M. E., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, 87,* 49–74.

Ackrill, J L. & Urmson, J. O. (1980). *Aristotle, The Nicomachean Ethics,* Oxford: University Press.

Adejumo, O. & Brysiewicz P. (1998). Coping strategies adopted by baccalaureate nursing students in a problem-based learning programme. *Education for Health, 11,* 349-359.

Aidman, E. V. (1999). Measuring individual differences in implicit selfconcept: Initial validation of the Self-Apperception Test. *Personality and Individual Differences, 27,* 211–228.

Aiken, L S & West , S. G. (1991). *Multiple regression: Testing and interpreting interactions.* Newbury Park , CA.

Al-Mabuk, R. H., Enright, R. D. & Cardis, P. A. (1995). Forgiveness education with parentally love-deprived late adolescents. *Journal of Moral Education, 24*, 427-444.

Amatea, E.S., & Fong-Beyette, M.L. (1987). Through a different lens: Examining professional women's inter-role coping by focus and mode. *Sex Roles, 17*, 237-252.

Anthony, E. J. (1987). *Risk, vulnerability, and resilience: an overview.* In The invulnerable child (ed. E. J. Anthony & B. J. Cohler), pp. 3–48. New York: Guilford.

Antonovsky, A. (1979). *Health, stress, and coping: New perspectives on mental and physical well-being.* San Francisco: Jossey-Bass.

Antonovsky, A. (1987a). The salutogenic perspective: Toward a new view of health and illness. *Advances, 4,* 47-55.

Antonovsky, A. (1987b). *Unravelling the mystery of health: How people manage stress and stay well.* San Francisco: Jossey-Bass.

Aquino, K., & Douglas, S. (2003). Revenge attitudes and hierarchical status as moderators of the relation between identity threat and antisocial behaviour in organization. *Organizational Behaviour and Human Decision Processes, 90*, 195-208.

Argyke, M. (1987). *The psychology of happiness.* London: Routledge.

Argyle, M., & Crossland, J. (1987). The dimensions of positive emotions. *British Journal of Social Psychology, 26,* 127–137.

Argyle, M., & Lu, L. (1990). The happiness of extraverts. *Personality and Individual Differences, 11,* 1011-1017.

Asci, F. H., Kosar, S. N. & Isler, A. K. (2001). 'The relationship of self-concept and perceived athletic competence to physical activity level and gender among Turkish early adolescents', *Adolescence, 36,* 499-507.

Asendorpf , JB , Banse , R. & Mücke , D. (2002). Double dissociation between implicit and explicit personality self -concept: The case of shy behavior. *Journal of Personality and Social Psychology, 83,* 380 -393.

Aspinwall, L. G. (1998). Rethinking the role of positive affect in self-regulation. *Motivation and Emotion, 22.* 1-32.

Aspinwall, L.G. & Taylor, S.E. (1992). Modeling cognitive adaptation: a longitudinal investigation of the impact of individual differences and coping on college adjustment and performance. *Journal of Personality and Social Psychology, 63,* 989-1003.

Augsburger, D. (1981). *Caring enough to confront.* Ventura, CA: Regal Books.

Axelrod, R. (1980). Effective choice in the Prisoner's Dilemma. *Journal of Conflict Resolution, 24,* 3-25.

Baccus, J.R., Baldwin, M.W., & Packer, D.J. (2004). Increasing implicit self-esteem through classical conditioning. *Psychological Science, 15*, 498-502.

Baell, W. K., & Wertheim, E. H. (1992). Predictors of outcome in the treatment of bulimia nervosa. *British Journal of Clinical Psychology, 31,* 330-332.

Banaji, M. R., & Prentice, D. A. (1994). The self in social contexts. *Annual Review of Psychology, 45*, 297-332.

Bandura, A. (1977). *Social Learning Theory.* New York: General Learning Press.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory.* NJ: Prentice-Hall, Englewood Cliffs.

Bandura, A. (1989). Human agency in Social Cognitive Theory. *American Psychologist, 44,* 1175-1184.

Bandura, A. (1991). Self-efficacy conception of anxiety. In R. Schwarzer & R. A. Wicklund (Eds.), *Anxiety and self-focused attention*. (pp. 89-110). New York: Harwood Academic Publishers.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.

Banse, R., Seise, J., & Zerbes, N. (2001). Implicit attitudes towards homosexuality: Reliability, validity, and controllability of the IAT. *Zeitschrift für Experimentelle Psychologie, 48,* 145-160.

Bardone, A. M., Perez, M., Abramson, L. Y. & Joiner, T. E., Jr. (2003). Self-competence and self-liking in the prediction of change in bulimic symptoms. *International Journal of Eating Disorders, 34,* 361–369.

Barefoot, J., Williams, R. & Dahlstrom, W. (1983). Hostility, CHD incidence and total mortality: A 25-yr follow-up study of 255 physicians. *Psychosomatic Medicine, 45,* 59-63.

Bargh,J. A. , C, M. , & Burrows, L. (1996). Automaticity of social behavior: Direct effects of trait construct and stereotype activation on action. *Journal of Personality & Social Psychology, 71*, 230 -244.

Barker, C., Pistrang, N. & Elliott, R. (2002). *Research methods in clinical psychology: An introduction for students and practitioners (2nd ed.).* London: Wiley.

Baumeister, R. F. (1990). Suicide as escape from self. *Psychological Review, 97,* 90–113.

Baumeister, R. F. (1998). *The self. In D.T. Gilbert, S.T. Fiske, & G. Lindzey (Eds.), Handbook of social psychology (4th ed.; pp. 680-740).* New York: McGraw-Hill.

Baumeister, R. F. (1999). *The Self in Social Psychology.* Philadelphia: Psychology
Press.

Baumeister, R. F., & Boden, J. M. (1998). *Aggression and the self: High self-esteem,
low self-control, and ego threat.* In R. Geen & E. Donnerstein (Eds.), Human
aggression: Theories, research, and implications for social policy, 111-137,
San Diego, CA: Academic.

Baumeister, R. F., & Cairns, K.J. (1992). Repression and self-presentation: When
audiences interfere with self-deceptive strategies. *Journal of Personality and
Social Psychology, 62,* 851-862.

Baumeister, R. F., & Tice, D.M. (1985). Self-esteem and responses to success and
failure: Subsequent performance and intrinsic motivation. *Journal of
Personality, 53,* 450-467.

Baumeister, R. F., Bratslavsky, E., Muraven, M., & Tice, D. M. (1998), Ego depletion:
Is the active self a limited resource? *Journal of Personality and Social
Psychology, 74,* 1252-1265.

Baumeister, R. F., Campbell, J., Krueger, J. I., & Vohs, K. (2003). *Does high self-
esteem cause better performance, interpersonal success, happiness, or
healthier lifestyles?* Psychological Science in the Public Interest, 4 (whole
No. 1).

Baumeister, R. F., Tice, D.M., & Hutton, D.G. (1989). Self-presentational motivations
and personality differences in self-esteem. *Journal of Personality, 57,* 547-
579.

Baumeister, R. F., Twenge, J.M., & Ciarocco, N. (2002). *The inner world of rejection:
Effects of social exclusion on cognition, emotion, and self-regulation.* In J.

Forgas & K. Williams (Eds.), The social self: Cognitive, interpersonal, and intergroup perspectives (pp. 161-174). New York: Psychology Press.

Baumeister, R., Smart, L., & Boden, J. (1996). Relation of threatened egotism to violence and aggression: The dark side of high self-esteem. *Psychological Review,103,* 5-33.

Beach, S. R. H., & Tesser, A. (1995). *Self-esteem and the extended self-evaluation maintenance model: The self in social context.* In M. Kernis (Ed.), E¬cacy, agency, and self-esteem (pp. 145-170). New York: Plenum.

Beck, A. T, Riskind, J. H., Brown, G., & Steer, R. A. (1988). Levels of hopelessness in DSM-I1I disorders: A partial test of content-specificity in depression. *Cognitive Therapy and Research, 12,* 459-469.

Beck, A. T., Rush, A. J., Shaw, B. F. & Emery, G. (1979). *Cognitive therapy of depression.* New York: Guilford Press.

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders.* New York: International Universities Press.

Berry, J.W. (2003). *Familial love: The foundation of altruism. Invited lecture to the Works of Love: Scientific & Religious Perspectives on Altruism.* PA: Villanueva.

Bers, S. & Quinlan, D. (1992). Perceived competence deficit in anorexia nervosa. *Journal of Abnormal Psychology, 101,* 423-431.

Biddle, B. J., (1995). *Teachers' Roles. In: ANDERSON, L. W. (ed.)* International Encyclopaedia of Teaching and Teacher Education. Oxford: Elsevier Science Ltd, 2nd edition.

Billings, A. G. & Moos, R. H. (1984). Coping, stress, and social resources among adults with unipolar depression. *J Pers Soc Psychol 46,* 877-891.

Billings, A G, & Moos, R. (1985). *Psychosocial stressors, coping, and depression.* In
E. Beckham *&* W. Leber (Eds.), Handbook of depression: Treatment,
assessment, and research (pp. 940-974). Homewood IL: Dorsey Press.

Blaine, B. & Crocker, J. (1993). *Self-esteem and self-serving biases in reactions to
positive and negative events: An integrative review.* In R. F. Baumeister
(Ed.), Self-esteem: The puzzle of low self-regard (pp. 55-85). Hillsdale, NJ:
Erlbaum.

Blair, I. V., Ma, J. E., & Lenton, A. P. (2001). Imagining stereotypes away: The
moderation of implicit stereotypes through mental imagery. *Journal of
Personality and Social Psychology, 81,* 828–841.

Blascovich, J., & Tomaka, J. (1991). *Measures of self-esteem.* In J. Robinson, P.
Shaver, & L. Wrightsman (Eds.), Measures of personality and social
psychological attitudes (pp. 161-194). New York: Academic Press.

Block, J., & Thomas, H. (1955). Is satisfaction with self a measure of adjustment?
Journal of Abnormal and Social Psychology, 5l, 254-259.

Blumhagen, D. (1980). Hyper-tension: A folk illness with a medical name. *Culture,
Medicine and Psychiatry, 4,* 197–224.

Bolger, N. (1990). Coping as a personality process: A prospective study. *Journal of
Personality and Social Psychology, 59,* 525–537.

Borkowski, J. G. (1992). Meta cognitive theory: A framework for teaching literacy,
writing, and math skills. *Journal of Learning Disabilities, 25,* 253-257.

Bosson, J. K., Brown, R. P., Zeigler-Hill, V., & Swann, W. B. (2003). Self-
enhancement tendencies among people with high explicit selfesteem: The
moderating role of implicit self-esteem. *Self and Identity, 2,* 169–187.

Bosson, J. K., Swann, W. B. & Pennebaker, J. W. (2000). Stalking the perfect measure of self esteem: The blind men and the elephant revisited. *Journal of Personality & Social Psychology, 79,* 631-643.

Bouchard, T. (1997). Experience producing drive theory: how genes drive experience and shape personality. *Acta Paediatrica Supplement, 422,* 60-64.

Bouchard, T. J, Lykken, D. T., McGue, M., Segal, N. L. & Tellegen, A. (1990). Sources of human psychological differences: *The Minnesota study of twins reared apart. Science, 250,* 223-228.

Bowlby, J. (1973). *Attachment and loss: Vol.2, Separation.* New York: Basic.

Brewin, C. R. (1985). Depression and causal attributions: What is their relation? *Psychological Bulletin, 98,* 297-309.

Brief, A.P. & Aldag, R. J (1981) *Management; Organizational behaviour; Addresses, essays, lectures.* West Pub. Co. (St. Paul)

Britt, T. W., Doherty, K., & Schlenker, B. R. (1997). Self-evaluation as a function of self-esteem, prior feedback, and self-presentational role. *Journal of Social and Clinical Psychology, 16,* 463-483.

Brockner, J. (1979). The effects of self-esteem, success, failure, and self-consciousness on task performance. *Journal of Personality and Social Psychology, 37,* 1732-1741.

Brockner, J., Derr, W. R., and Laing, W. N. (1987). Self-esteem and reactions to negative feedback: Towards greater generalisability. *Journal of Research in Personality, 21,* 318-334.

Broers, S., Hengeveld, M.W., Kaptein, A.A., Le-Cessie, S., van de Loo, F. & de Vries, T. (1998). Are pre-transplant psychological variables related to survival after

bone marrow transplantation? A prospective study of 123 consecutive

patients. *Journal of Psychosomatic Research, 45,* 341–351.

Brook, J. S., Whiteman, M., Balka, E. B. & Cohen, P. (1995). Parent drug use, parent

personality, and parenting. *Journal of Genetic Psychology, 156,* 137-151.

Brooks, R. (1994). Children at Risk: Fostering Resilience and Hope. *American*

Journal of Orthopsychiatry, 64, 545-553.

Brown, J. D. (1990). Evaluating one's abilities: Shortcuts and stumbling blocks on

the road to self-knowledge. *Journal of Experimental Social Psychology, 26,*

149-167.

Brown, J. D., Collins, R. L., & Schmidt, G. W. (1988). Self-esteem and direct versus

indirect forms of self-enhancement. *Journal of Personality and Social*

Psychology, 55, 445-453.

Brown, J. D., & Dutton, K.A. (1995). The thrill of victory, the complexity of defeat:

Self-esteem and people's emotional reactions to success and failure. *Journal*

of Personality and Social Psychology, 68, 712–722.

Brown, R. P. (2004). Vengeance is mine: Narcissism, vengeance, and the tendency to

forgive. *Journal of Research in Personality, 38,* 576-584.

Brown, R. P. & Bosson, J. K. (2001). Narcissus meets Sisyphus: Self-love, self-

loathing, and the never-ending pursuit of self-worth. *Psychological Inquiry,*

12, 210-213.

Brown, R. P. & Phillips, A. (2005). Letting bygones be bygones: further evidence for

the validity of the tendency to forgive scale, *Personality and Individual*

Differences 38, 627–638.

Burda, P. C., Jr., Vaux, A. & Schill, T. (1984). Social support resources: Variation

    across sex and sex role, *Personality and Social Psychology Bulletin, 10,* 119-

    -126.

Burns, M. & Seligman, M.E.P. (1989) Explanatory style across the lifespan, *Journal*

    of Personality and Social Psychology, 56, 471-77.

Bush, S.I., Ballard, M.E., & Fremouw, W. (1995). Attributional style, depressive

    features, and self-esteem: Adult children of alcoholic and non-alcoholic

    parents. *Journal of Youth and Adolescence, 24,* 177 – 185.

Bushman, B.J., & Baumeister, R.F. (1998). Threatened Egotism, Narcissism, Self-

    Esteem, and Direct and Displaced Aggression: Does Self-Love or Self-Hate

    Lead to Violence? *Journal of Personality and Social Psychology, 75,* 219-

    229.

Buss, Arnold. (2001). *Psychological Dimensions of the Self.* Sage Publications.

Buss, D. M. (2000). The evolution of happiness. *American Psychologist, 55,* 15-23.

Button, E. J., & Warren, R .L. (2002). Self-image in anorexia nervosa 7.5 years after

    initial presentation to a specialized eating disorders service. *European Eating*

    Disorders Review, 10, 399-412.

Button, E., Loan, P., Davis, J., & Sanuga, B. (1997). *Self-esteem, eating problems and*

    psychological well-being in a cohort of schoolgirls aged 15-16: a

    questionnaire and interview study.

Byrne, B. M. (1996). *Measuring self-concept across the life-span: issues and*

    instrumentation, American Psychological Association, Washington, DC

    (1996).

Cacioppo, J. T., Gardner, W. L., & Berntson, G. G. (1997). Beyond bipolar conceptualization and measure: the case of attitudes and evaluative space. *Personality and Social Psychology Review, 1997, 1,* 3-25

Campbell, Angus (1976) 'Subjective Measures of Well-Being,' *American Psychologist 31*, 117-124.

Campbell, J. D. & Lavellee, L. F. (1993). *Who am I? The role of self-concept confusion in understanding the behavior of people with low self-esteem.* In R. F. Baumeister (Ed.), Self-esteem: The puzzle of low self-regard (pp. 3-20). New York: Plenum.

Campbell, J. D., Trapnell, P. D., Heine, S. J., Katz, I. M., Lavallee, L. F., & Lehman, D. R. (1996). Self-concept clarity: Measurement, personality correlates, and cultural boundaries. *Journal of Personality and Social Psychology, 70,* 141-156.

Campbell, J.D. (1990). Self-esteem and clarity of self-concept. *Journal of Personality and Social Psychology, 59,* 538-549.

Candido, C.L. & Romney, D.M. (1990) Attributional style in paranoid versus depressed patients. *British Journal of Medical Psychology 63,* 355-363.

Cantor, N., & Sanderson, C. (1999). *Life task participation and well-being: The importance of taking part in daily life.* In D. Kahneman, E. Diener, and N. Schwartz (Eds.), Well-being: The foundations of hedonic psychology (p. 230-243) Russell Sage foundation, New York.

Carr, M., Borkowski, J., & Maxwell, S. (1991). Motivational components of underachievement. *Developmental Psychology, 27,* 108-118.

Carroll, D. (1992). *Health Psychology: Stress, Behaviour and Disease.* London: The Falmer Press.

Carver, C. S. & Scheier, M. F. (1994). Situational coping and coping dispositions in a stressful transaction. *Journal of Personality and Social Psychology, 66,* 184–195.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56,* 267-283.

Cash, T. F. (1990a). *The psychology of physical appearance: Aesthetics, attributes, and images.* In T. F. Cash & T. Pruzinsky (Eds.), Body images: Development, deviance, and change (pp.51–79). New York: Guilford Press.

Cash, T. F. (1990b). *The multidimensional body self-relations questionnaire.* Unpublished manuscript. Norfolk, VA: Old Dominion University.

Cauce, A.M. (1987). School and peer competence in early adolescence: A test of domain-specific self-perceived competence. *Developmental Psychology, 23,* 287-291.

Chaiken, S. & Trope, Y. (Eds.), (1999). *Dual-process theories in social psychology.* New York: Guildford Press.

Chang, A.M. & Mackenzie, A.E. (1998) State self-esteem following stroke. *Stroke, 29,* 2325–2328.

Clifton, D. O., & Harter, J. K. (2003). *Strengths investment.* In K. S. Cameron, J. E. Dutton, & R. E. Quinn (Eds.), Positive organizational scholarship (pp. 111-121). San Francisco: Berrett-Koehler.

Coates, D. (1997). The correlations of forgiveness of self, forgiveness of others, and hostility, depression, anxiety, self-esteem, life adaptation, and religiosity among female victims of domestic violence. *Dissertation Abstracts International, 58,* 5-8.

Cody, M. J. & McLaughlin, M. L. (1985). *Models for sequential construction of accounting episodes: Situation and interactional constraints on message selection and evaluation.* In R. L. Street & J. N. Cappells (Eds.), Sequence and pattern in communicative behaviour (pp. 50-69). London: Edward Arnold.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98,* 310–357.

Cohler, B. J. (1987). *Adversity, resilience, and the study of lives.* In The invulnerable child (ed. A. E. James & B. J. Cohler), pp.363–424. New York: Guilford.

Cole, P. M., Michel, M. K., & O'Donnell-Teti, L. (1994). The development of emotion regulation and dysregulation: A clinical perspective. *Monograph of the Society for Research in Child Development, 59,* 73–100, 250–283.

Coleman, L. M., & Antonucci, T. C. (1983). Impact of work on women at midlife. *Developmental Psychology, 19,* 290–294.

Colvin, C. R. (1993). Judgable people: Personality, behavior, and competing explanations. *Journal of Personality and Social Psychology, 64,* 861—873.

Compas, B. E., Conner-Smith, J. K., Saltzman, H., Thomsen, A.H. & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: problems, progress, and potential in theory and research. *Psychological Bulletin, 127,* 87-127.

Compas, B. E., Orosan, P. G., & Grant, K. E. (1993). Adolescent stress and coping - Implications for psychopathology during adolescence. *Journal of Adolescence, 16,* 331-349.

Conley, J. J. (1984). The hierarchy of consistency: A review and model of longitudinal findings on adult individual differences in intelligence,

personality and self-opinion. *Personality and Individual Differences, 5,* 11-25.

Connolly, J. A. and R. Konarski. 1994. Peer Self-Concept in Adolescence: Analysis of Factor Structure and of Associations With Peer Experience. *Journal of Research on Adolescence, 4,* 385-403.

Cooley, C. H. (1902) *Human nature and social order*, New York: Scribner's.

Cooper, S. H. (1998). Changing notions of defence within psychoanalytic theory. *Journal of Personality, 66,* 947-964.

Coopersmith, S. (1967). *The Antecedents of Self-Esteem.* San Francisco, CA: W.H. Freeman & Company.

Coopersmith, S. (1981). *The antecedents of self-esteem.* Palo Alto, CA: Consulting Psychologists Press. (Original work published 1967).

Coopersmith, S. (1987). *Self-esteem inventories.* Palo Alto, CA: Consulting Psychologists Press.

Cormier, W.H. & Cormier, L.S. (1997). *Interviewing Strategies for Helpers, Fundamental Skills and Cognitive Behavioral Interventions.* Monterey: Brooks/Cole.

Cornelius, S., & Caspi, A. (1987). Everyday problem solving in adulthood and old age. *Psychology and Aging, 2,* 144–153.

Corr, P.J. & Gray, J. A. (1996). Attributional style as a personality factor in insurance sales performance in the UK. *Journal of Occupational and Organizational Psychology, 69,* 83-87.

Covington, M. V. (1989). *Self-esteem and Failure in School. The Social Importance of Self-Esteem.* Berkeley, CA: University of Cambridge Press.

Coyle, C. T., & Enright, R. D. (1997). Forgiveness intervention with postabortion men. *Journal of Consulting and Clinical Psychology, 65,* 1042-1046

Cramer, P. (1998). Defensiveness and defense mechanisms. *Journal of Personality, 66,* 879-894.

Crocker, J. (2002a). The costs of seeking self-esteem. *Journal of Social Issues, 58,* 597–615.

Crocker, J. (2002b). Contingencies of self-worth: Implications for self-regulation and psychological vulnerability. *Self and Identity, 1,* 143-149.

Crocker, J., & Park, L. E. (2004). The costly pursuit of self-esteem. *Psychological Bulletin, 130,* 392-414.

Crocker, J., & Wolfe, C. T. (2001). Contingencies of self-worth. *Psychological Review, 108,* 593–623.

Crocker, J., Luhtanen, R. K., Cooper, M. L., & Bouvrette, A. (2003). Contingencies of self-worth in college students: Theory and measurement. *Journal of Personality and Social Psychology, 85,* 894-908.

Crocker, J., Luhtanen, R.K., & Bouvrette, S. (2001). *Contingencies of self-worth in college students II: The social importance of self-esteem.* Unpublished manuscript, University of Michigan, Ann Arbor.

Crocker, J., Thompson, L., McGraw, K. M. & Ingerman, C. (1987). Downward comparison, prejudice, and evaluation of others: Effects of self-esteem and threat. *Journal of Personality and Social Psychology, 52,* 907-916.

Cross, S. (1995). Self-construals, coping, and stress in cross-cultural adaptation. *Journal of Cross-Cultural Psychology, 26,* 673-697.

Csikszentmihalyi, M. (1975). *Beyond boredom and anxiety: Experiencing flow in work and play.* San Francisco: Jossey-Bass.

Csikszentmihalyi, Mihaly (1990). *Flow, The Psychology of Optimal Experience.* Harper Collins.

Cunningham, W. A., Preacher, K. J. & Banaji, M. R. (2001). Implicit Attitude Measures: Consistency, Stability, & Convergent Validity. *Psychological Science, 12,* 163-170.

Dasgupta, N., & Greenwald, A. G. (2000). *Exposure to admired group members reduces automatic intergroup bias.* Manuscript submitted for publication.

Dasgupta, N., McGhee, D. E., Greenwald, A. G., & Banaji, M. R. (2000). Automatic preference for White Americans: Eliminating the familiarity explanation. *Journal of Experimental Social Psychology, 33,* 316-328.

Dawes, R.M. (1994). *House of cards: Psychology and psychotherapy built on myth.* New York: Free Press.

De Cremer, D., Vugt, M. van, & Sharpe, J. (1999). Effect of collective self-esteem on ingroup evaluations. *Journal of Social Psychology, 139,* 530-532

Deci, E. L., & Ryan, R. M. (1995). *Human agency: The basis for true self-esteem.* In M. H. Kernis (Ed.), Efficacy, agency, and self-esteem (pp. 31–50). New York: Plenum Press.

DeHart, T., Pelham, B.W. & Tennen, H. (2006). What lies beneath: Parenting style and implicit self-esteem. *Journal of Experimental Social Psychology, 42,* 1-17.

Demo, D. H. (2001). *Self-esteem of children and adolescents.* In T. J. Owens, S. Stryker, & N. Goodman (Ed.), Extending self-esteem theory and research: Sociological and psychological currents (pp.135 – 156). New York: Cambridge University Press.

Denton, R. T. & Martin, M. W. (1998). Defining forgiveness: An empirical exploration of process and role. *American Journal of Family Therapy, 26,* 281-292.

Dewe, P. (2000). *Measures of coping with stress at work: a review and critique.* In P. Dewe, M. Leiter & T. Cox (Eds.) Coping, Health and Organisations. London: Taylor & Francis.

DiBlasio, F.A. & Proctor, J.H. (1993). Therapists and the clinical use of forgiveness. *American Journal of Family Therapy, 21,* 175-184.

Diener, E. (1984). Subjective well-being. *Psychological Bulletin, 95,* 542-575.

Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist, 55,* 34-43.

Diener, E., & Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology, 68,* 653-663.

Diener, E., Smith, H., & Fujita, F. (1995). The personality structure of affect. *Journal of Personality and Social Psychology, 69,* 130-141.

Diener, E., Suh, E., Lucas, R., & Smith, H. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin, 125,* 276-302.

Diggory, J. C. (1966). *Self-evaluation: Concepts and studies.* New York: Wiley.

Dillon, R. S. (2001). Self-forgiveness and self-respect. Ethics, 112, 53-83.

Disque, J. G., Robertson, P. E., & Mithchell, C. W. (2000). *A Postmodern Approach to Counsellor Education Admissions.* In G. McAuliffe, K. Eriksen., & Associates (Eds.), Preparing counsellors and Therapists (pp.114-134). VA: Donning.

Dodgson, P.G. and Wood, J.V. (1998) Self-esteem and the cognitive accessibility of

strengths and weaknesses after failure. *Journal of Personality and Social

Psychology, 75,* 178-197.

Droll, D.M. (1984). *Forgiveness: Theory and research.* Unpublished doctoral

dissertation, University of Nevada-Reno.

Dunbar, M.J. (1954). The amphipod crustacean of Ungava Bay, Canadian Eastern

Arctic. *Journal of the Fisheries Research Board of Canada,* 11, 709–798.

Dutton, K.A., & Brown, J.D. (1997). Global self-esteem and specific self-views as

determinants of people's reactions to success and failure. *Journal of

Personality and Social Psychology, 73,* 139–148.

Eaton, J., Struthers, C. W. & Santelli, A. G. (2006). Dispositional and state

forgiveness: the role of self-esteem, need for structure, and narcissism,

Personality and Individual Differences 41, 371–380.

Eaton, J., Struthers, C. W., Shomrony, A., & Santelli, A. G. (2007). When apologies

fail: The moderating effect of explicit and implicit self-esteem on apology

and forgiveness. *Self and Identity, 6,* 209-222.

Egloff, B.,& Schmukle, S. C. (2002). Predictive validity of an Implicit Association

Test for assessing anxiety. *Journal of Personality and Social Psychology, 83,*

1441-1455.

Eisenberg, N. & Fabes, R. A. (1992). Emotion, regulation, and the development of

social competence. *Review of Personality and Social Psychology, 14,* 119-

150.

Eisenberg, N. & Okun, M.A. (1996). The relations of dispositional regulation and

emotionality to elders' empathy-related responding and affect while

volunteering. *Journal of Personality, 64,* 157-183.

Eisenberg, N. (1998). *Prosocial Development.* Handbook of Child Psychology, 5th edition, Vol. 3: Social, Emotional, and Personality Development, ed. N. Eisenberg (W. Damon, Series Editor). New York: John Wiley and Sons.

Eisenberg, N., Cumberland, A., Spinrad, T. L., Fabes, R. A., Shepard, S. A., and Reiser, M., (2001). The relations of regulation and emotionality to children's externalizing and internalizing problem behavior. *Child Development, 72,* 1112–1134.

Eisenberg, N., Fabes, R. A., Murphy, B. C. (1996). Parents' reactions to children's negative emotions: Relations to children's social competence and comforting behaviour. *Child Development, 67,* 2227–2247.

Eisenberg, N., Fabes, R. A., Murphy, B., Karbon, M., Maszk, P., Smith, M., O'Boyle, C. & Suh, K. (1994). The relations of emotionality and regulation to dispositional and situational empathy-related responding. *Journal of Personality and Social Psychology, 66,* 776-797.

Ellis, A. (1985). *Overcoming resistance: Rational-emotive therapy with difficult clients.* New York: Springer.

Emler, N. (2001). *Self-esteem: The costs and causes of low self-worth.* York: Joseph Rowntree Foundation.

Emmons, R. A. (2000). *Personality and forgiveness.* In M. E. McCullough, K. I. Pargament, & C. E. Thoresen (Eds.), Forgiveness: Theory, research, and practice (pp. 156-175). New York: Guilford.

Emmons, R. A. ; McCullough, M. E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality & Social Psychology, 84,* 377-389.

Enright, R. D. & Fitzgibbons, R. P. (2000). *Helping clients forgive: An empirical guide for resolving anger and restoring hope.* Washington, DC: American Psychological Association.

Enright, R. D., & Coyle, C.T. (1998). *Researching the process model of forgiveness within psychological interventions.* In E. L. Worthington (Ed.), Dimensions of forgiveness: Psychological research and theological perspectives (pp. 139-161). Philadelphia, PA: Templeton Foundation Press.

Enright, R. D., & the Human Development Study Group (1991). *The moral development of forgiveness.* In W. Kurtines & J. Gewirtz (Eds.), Handbook of moral behavior and development (Vol. 1). Hillsdale, NJ: Erlbaum.

Enright, R. D., Freedman, S. & Rique, J. (1998). *The psychology of interpersonal forgiveness.* In R. D. Enright & J. North (Eds.), Exploring forgiveness (pp. 46-62). Madison: University of Wisconsin Press.

Enright, R. D., Santos, M. J. D., & Al-Mabuk, R. (1989). The adolescent as forgiver. *Journal of Adolescence, 12,* 99-110.

Enright, R.D., Gassin, E.A., & Wu, C. (1992). Forgiveness: A developmental view. *Journal of Moral Education, 21,* 99-114.

Epstein, S. & Morling, B. (1995). *Is the self motivated to do more than enhance and/or verify itself?* In M. H. Kernis (Ed.), Efficacy, agency, and self-esteem (pp. 9-29). New York: Plenum.

Epstein, S. (1983). Aggregation and beyond: Some basic issues on the prediction of behavior. *Journal of Personality, 51,* 360-392.

Epstein, S. (1994). Integration of the cognitive and the psychodynamic unconscious. *American Psychologist, 49,* 709-724.

Epstein, S., & Morling, B. (1995). *Is the self motivated to do more than enhance and/or verify itself?* In M. H. Kernis (Ed.), Efficacy, agency, and self-esteem (pp. 9-29). New York: Plenum.

Evans, J. S. (2002). Logic and human reasoning: An assessment of the deduction paradigm. *Psychological Bulletin, 128,* 978-996.

Evans, J.S. & Over, D.E. (1996). *Rationality and Reasoning.* Psychology Press, Hove.

Exline, J. J., Baumeister, R. F., Bushman, B. J., Campbell, W. K., & Finkel, E. J. (2004). Too proud to let go: Narcissistic entitlement as a barrier to forgiveness. *Journal of Personality and Social Psychology, 87,* 894-912.

Exline, J. J., Yalie, A. M., & Lobel, M (1999). When God disappoints: Difficulty forgiving God and its role in negative emotion. *Journal of Health Psychology, 4*, 3, 365-379.

Eysenck, H. J. (1991). *Smoking Personality and Stress.* Psychosocial Factors in the Prevention of Cancer and Coronary Heart Disease. Springer-Verlag, New York.

Fairburn, C. G., Kirk, J., O'Connor, M., Anastasiades, P., & Cooper, P .J. (1987). Prognostic factors in bulimia nervosa. *British Journal of Clinical Psychology, 26,* 223-224.

Farnham, S. D., Greenwald, A. G., & Banaji, M. R. (1999*). Implicit self-esteem.* In D. Abrams & M. A. Hogg (Eds.) , Social identity and social cognition (pp. 230-248). Malden, MA: Blackwell.

Farrow, T.F.D., Zheng, Y., Wilkinson, I.D. Spence S.A. Deakin J.F.W. et al. . (2001). Investigating the functional anatomy of empathy and forgiveness. *NeuroReport, 12,* 2433 - 2438.

Feeney, J.A., & Noller, P. (1990). Attachment Styles as a Predictor of Adult Romantic Relationships. *Journal of Personality and Social Psychology, 58,* 281-291.

Ferguson, E. & Cox, T. (1997). The functional dimensions of coping scale: theory, reliability and validity. *British Journal of Health Psychology, 2*, 109-129.

Festinger, L. (1954). A theory of social comparison processes. *Human Relations, 7,* 117-140.

Fincham, F. D. (2000). The kiss of the porcupines: From attributing responsibility to forgiving. *Personal Relationships, 7,* 1–23.

Fincham, F. D., Paleari, F. G. & Regalia, C. (2002). Forgiveness in marriage: The role of relationship quality, attributions, and empathy. *Personal Relationships, 9,* 27-37.

Finkel, E. J., Rusbult, C. E., Kumashiro, M. & Hannon, P.A. (2002). Dealing with betrayal in close relationships: Does commitment promote forgiveness? *Journal of Personality and Social Psychology, 82,* 956-974.

Fisher, S. F. (1985). Identity of two: The phenomenology of shame in borderline development and treatment. *Psychotherapy, 22,* 101-109.

Fitch, G. (1970). Effects of self-esteem, perceived performance, and choice on causal attributions. *Journal of Personality and Social Psychology, 16*, 311-315.

Fitzgibbons, R. P. (1986). The cognitive and emotive use of forgiveness in the treatment of anger. *Psychotherapy, 23,* 629-633.

Flanigan, B. J. (1987). Shame and forgiving in alcoholism. *Alcoholism Treatment Quarterly, 4,* 181-195.

Folkman, S. & Lazarus, R.S. (1985). If it changes it must be a process: study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology, 48,* 150-170.

Folkman, S. & Lazarus, R.S. (1988) Coping as a mediator of emotion. *J. Pers. Soc. Psychol., 54,* 466–475.

Folkman, S. (1984). Personal control and stress and coping processes: a theoretical analysis. *Journal of Personality and Social Psychology, 46,* 839-852.

Folkman, S., & Lazarus, R. S. (1986). *Coping and emotion.* Presented at conference on Emotion, Department of Psychiatry, University of Chicago.

Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. (1986). The dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. *Journal of Personality and Social Psychology, 50,* 992

Fordyce, M. W. (1983). A program to increase happiness: Further studies. *Journal of Counselling Psychology, 30,* 483-498

Fox, K. R. (1990). *The Physical Self-Perception Profile Manual*, Dekalb, IL: Northern Illinois University Office for Health Promotion.

Framo, J. L. (1976). Family of Origin as a Therapeutic Resource for Adults in Marital and Family Therapy, You Can and Should Go Home Again. *Family Process. 15,* 193-210.

Franks, D. D., & Marolla, J. (1976). Efficacious action and social approval as interacting dimensions of self-esteem: A tentative formulation through construct validation. *Sociometry, 39,* 324–341.

Franz, C., McClelland, D., & Weinberger, J. (1991). Childhood antecedents of conventional social accomplishment in midlife adults: A 36-year prospective study. *Journal of Personality and Social Psychology, 60,* 586-595.

Frederick, S., & Loewenstein, G. (1999). *Hedonic adaptation.* in D. Kahneman, E. Diener, and N. Schwartz [eds]. Scientific Perspectives on Enjoyment, Suffering, and Well-Being. New York. Russell Sage Foundation.

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist, 56,* 218-226.

Fredrickson, B. L. and Joiner, T. (2002) Positive emotions trigger upward sporals toward emotional well-being. *Psychological Science, 13,* 172-175.

Freedman, S. R., & Enright, R. D. (1996). Forgiveness as an intervention goal with incest survivors. *Journal of Consulting and Clinical Psychology, 64,* 983-992.

Friedlmeier, W. & Trommsdorff, G. (1999). Emotion regulation in early childhood: A cross-cultural comparison between German and Japanese toddlers. *Journal of Cross-Cultural Psychology, 30,* 684-711.

Frijda, N.H. (1988). The laws of emotion. *American Psychologist, 43,* 349-358.

Frydenberg, E. & Lewis, R. (1991). Adolescent coping styles and strategies: is there functional and dysfunctional coping? *Australian Journal of Guidance and Counselling, 1,* 35-42.

Funder, D. C., & Colvin, C. R. (1991). Explorations in behavioral consistency: Properties of persons, situations, and behaviors. *Journal of Personality and Social Psychology, 60,* 773-794.

Furnham, A. (1992). Personality and learning style: a study of three instruments. *Personality and Individual Differences, 13,* 429-438.

Furnham, A., & Brewin, C. (1990). Personality and happiness. *Personality and Individual Differences, 11,* 1093-1096

Furnham, A., & Cheng, H. (1997). Personality and happiness. *Psychological Reports, 83,* 761-762.

Furnham, A., & Cheng, H. (1999). Personality as predictor of mental health and happiness in the East and West. *Personality and Individual Differences, 27,* 395-403.

Furnham, A., & Cheng, H. (2000). Perceived parental behavior, self-esteem and happiness. *Social Psychiatry and Psychiatric Epidemiology, 35,* 463-470.

Gabriel, M. T, Critelli, J.W.,&Ee, J. S. (1994). Narcissistic illusions in self-evaluations of intelligence and attractiveness. *Journal of Personality, 62,* 143–155.

Gahagan, J.P. & Tedeschi, J. T. (1968). Strategy and the Credibility of Promises in the Prisoner's Dilemma Game. *Journal of Conflict Resolution 12*, 224-234.

Gallup, G. H. (1998). *Thankfulness: America's saving grace.* Paper presented at the National Day of Prayer Breakfast. Thanks-Giving Square, Dallas.

Gecas, V. (1971). Parental behavior and dimensions of adolescent self-evaluation. *Sociometry, 34,* 466-482.

Gergen, K. J. (1999). *An invitation to social construction,* London: SAGE.

Gibson, J. (1979). *The ecological approach to visual perception.* Hillsdale, NJ: Lawrence Erlbaum Associ-ates, Inc.

Giddens, Anthony (1991). *Modernity and Self Identity*, Cambridge: Polity Press.

Gillham, J. E., Shatte', A. J., Reivich, K. J., & Seligman, M. E. P. (2001). *Optimism, pessimism, and explanatory style.* In E. C. Chang (Ed.), Optimism and pessimism: Implications for theory, research, and practice (pp. 53-75). Washington, DC:American Psychological Association.

Gillham, J.E. & Seligman, M.E.P. (1999). Footsteps on the road to a positive psychology. *Behaviour Research and Therapy, 37,* S163-S173

Girard, M., & Mullet, E. (1997a). Forgiveness: An exploratory factor analysis and its relationship to religious variables. *Review of Religious Research, 34,* 333-347.

Girard, M., & Mullet, E. (1997b). Forgiveness in adolescents, young, middle-aged, and older adults. *Journal of Adult Development, 4,* 209-220.

Goldenberg, J. L., McCoy, S., Pyszczynski, T., Greenberg, J., & Solomon, S. (2000). The body as a source of self-esteem: The effect of mortality salience on identification with one's body, interest in sex, and appearance monitoring. *Journal of Personality and Social Psychology, 79,* 118-130.

Gould, R., & Sigall, H. (1977). The effects of empathy and outcome on attribution: an examination of the divergent-perspectives hypothesis. *Journal of Experimental Social Psychology, 13,* 480-491.

Granleese, J. & Joseph, S. (1994). Reliability and validity of the Harter self-perception profile for children and predictors of global self-worth. *The Journal of Genetic Psychology, 155,* 487-492.

Gray, J. A. (1972). *The psychophysiological basis of introversion-extraversion: a modification of Eysenck's theory.* In V. D. Nebylitsyn & J. A. Gray (Eds.), The biological basis of individual behavioUr New York: Academic Press.

Gray-Little, B., Williams, V. S. L. & Hancock, T. D. (1997). An item response theory analysis of the Rosenberg Self-Esteem Scale. *Personality and Social Psychology Bulletin, 23,* 443-451.

Greenberg, J. & Pyszczynski, T. (1985). Compensatory self-inflation: A response to the threat to self-regard of public failure. *Journal of Personality and Social Psychology, 49,* 273-280.

Greenberg, J., Pyszczynski, T., & Solomon, S. (1982). The self-serving attributional bias: Beyond self-presentation. *Journal of Experimental Social Psychology, 18,* 56-67.

Greenberg, J., Pyszczynski, T., & Solomon, S. (1995). *Toward a dual-motive depth psychology of self and social behavior.* In M. Kernis (Ed.), Efficacy, agency, and self-esteem (pp. 73-99). New York: Plenum.

Greenberg, J., Solomon, S., & Pyszczynski, T. (1997). Terror management theory of self-esteem and cultural worldviews: Empirical assessments and conceptual refinements. *Advances in Experimental Social Psychology, 29,* 61–139.

Greenberg, Jeff, Sheldon Solomon, Tom Pyszczynski, A. Rosenblatt, J. Burling, D. Lyon, L. Simon, and E. Pinel. (1992). Why Do People Need Self-Esteem? Converging Evidence That Self-Esteem Serves an Anxiety Buffering Function. *Journal of Personality and Social Psychology, 63,* 913-922.

Greenwald, A. G., & Banaji, M. R. (1995). Implicit social cognition: Attitudes, self-esteem, and stereotypes. *Psychological Review, 102,* 4-27.

Greenwald, A. G., & Breckler, S. J. (1985). *To whom is the self presented?* In B. R. Schlenker (Ed.), The self and social life . New York: McGraw-Hill.

Greenwald, A. G., & Farnham, S. D. (2000). Using the Implicit Association Test to measure self-esteem and self-concept. *Journal of Personality and Social Psychology, 79,* 1022-1038.

Greenwald, A. G., Banaji, M. R., Rudman, L. A., Farnham, S. D., Nosek, B. A., & Mellott, D. S. (2002). A unified theory of implicit attitudes, stereotypes, self-esteem, and self-concept. Psychological Review, 109, 3-25.

Greenwald, A. G., McGhee, D. E. & Schwartz, J. L. K. (1998). Measuring individual differences in implicit cognition: The implicit association test. *Journal of Personality and Social Psychology, 74,* 1464-1480.

Gresham F. M., MacMillan D. L., Bocian K. M., Ward S. L., & Forness S. R. (1998). Comorbidity of hyperactivity-impulsivity-inattention and conduct problems: risk factors in social, affective, and academic domains. *Journal of Abnormal Child Psychology, 26,* 393-406.

Gross, J.J. (1999). Emotion regulation: Past, present, future. *Cognition and Emotion, 13,* 551-573.

Gross, J.J., & John, O.P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology, 85,* 348-362.

Gunther, A. C. (1998). The persuasive press inference: Effects of mass media on perceived public opinion. *Communication Research, 25,* 486-504.

Haley, W. E., Levine, E. G., Brown, S. L. & Bartolucci, A. A. (1987). Stress, appraisal, coping, and social support as predictors of adaptational outcome among dementia caregivers. *Psychology and Aging, 2,* 323-330.

Hall, J. H., & Fincham, F. D. (2005). Self-forgiveness: The stepchild of forgiveness research. *Journal of Social and Clinical Psychology, 24,* 621-637.

Hardie, E.A. (2005) Stress-coping congruence: A tripartite conceptual framework for exploring the health consequences of effective and ineffective coping. *E-Journal of Applied Psychology, 1,* 27-34.

Hardie, E.A., Critchley, C. & Morris, Z. (2006). Self-coping complexity: Role of self-construal in relational, individual and collective styles and health outcomes. *Asian Journal of Social Psychology, 9,* 224-235.

Hart, P.M., Wearing, A.J. & Headey, B. (1995). Police stress and well-being: Integrating personality, coping and daily work experiences. *Journal of Occupational and Organizational Psychology, 68,* 133-156.

Harter S. (1985). *Manual for the Self-Perception Profile for Children.* Denver: University of Denver.

Harter, S. (1988). *Manual for the Self-Perception Profile for Adolescents.* University of Denver.

Harter, S. (1990). *Identity and self development.* In S. Feldman and G. Elliott (Eds.), At the threshold: The developing adolescent (pp. 352-387). Cambridge, MA: Harvard University Press.

Harter, S. (1993). *Causes and consequences of low self-esteem in children and adolescents.* In R. F. Baumeister (Ed.), Self-esteem: The puzzle of low self-regard (pp. 87-116). New York: Plenum.

Haugen, R. & Lund, T. (2002). 'Self-concept, attributional style and depression'. *Educational Psychology, 22,* 305-315.

Heady, B., & Wearing, A. (1990). Subjective well?being and coping with adversity. *Social Indicators Research, 22,* 327-439.

Heatherton, T.F. & Ambady, N. (1993). *Self-esteem, self-prediction, and living up to commitments.* In R.F. Baumeister (Ed.), Self-Esteem: The Puzzle of Low Self-Regard (pp. 131 - 145). New York: Plenum.

Heatherton, T.F., & Vohs, K.D. (2000). Interpersonal evaluations following threats to self: Role of self-esteem Journal of Personality and Social Psychology, 78, 725-736.

Hebl, J. H., & Enright, R. D. (1993). Forgiveness as a Psychotherapeutic Goal with Elderly Females. *Psychotherapy. 30,* 658-667.

Heider, F. (1958). *The Psychology of Interpersonal Relations.* John Wiley, New York.

Heine, S. J. & Lehman, D. R. (1995). Cultural variation in unrealistic optimism: Does the West feel more invulnerable than the East? *Journal of Personality and Social Psychology, 68,* 595-607.

Heine, S. J. (2001). *Cultural differences in motivated reasoning biases.* Unpublished data. University of British Columbia.

Heine, S. J., & Lehman, D. R. (1997a). The cultural construction of self-enhancement: An examination of group-serving biases. *Journal of Personality and Social Psychology, 72,* 1268-1283.

Heine, S. J., & Lehman, D. R. (1997b). Culture, dissonance, and self-affirmation. *Personality and Social Psychology Bulletin, 23,* 389-400.

Heine, S. J., Kitayama, S., Lehman, D. R., Takata, T., Ide, E., Lueng, C., & Matsumoto, H. (2001). Divergent Consequences of Success and Failure in Japan and North America: An Investigation of Self-Improving Motivations and Malleable Selves. *Journal of Personality and Social Psychology, 81,* 599-615.

Heine, S. J., Lehman, D. R., Markus, H. R., & Kitayama, S. (1999). Is there a universal need for positive self-regard? *Psychological Review, 106,* 766-794.

Henriques, G. R., & Calhoun, L. G. (1999). Gender and ethnic differences in the relationship between body esteem and self-esteem: Examining a complex relationship. *Journal of Psychology, 133,* 357-368.

Heppner, P. P. & Baker, C. E. (1997). Applications of the Problem Solving Inventory. *Measurement and Evaluation in Counselling and Development, 29,* 229–241.

Heppner, P. P. & Hillerbrand, E. T. (1991). *Problem-solving training: Implications for remedial and preventive training.* In C. R. Snyder & D. R. Forsyth (Eds.),

Handbook of social and clinical psychology: The healthy perspective, 681–698. Elmsford, NY: Pergamon Press.

Heppner, P. P. (1988). *The Problem-Solving Inventory: Manual.* Palo Alto, CA: Consulting Psychologists Press.

Herbert, T.B., Cohen, S., (1993). Stress and immunity in humans: a meta-analytic review. *Psychosom, Med. 55,* 364–379.

Hetts, J. J., & Pelham, B. W. (2001). *A case for the nonconscious self-concept.* In G. W. Moskowitz (Ed.), Cognitive social psychology (pp. 105-123). Mahwah, NJ: Erlbaum.

Hetts, J. J., Sakuma, M., & Pelham, B. W. (1999). Two roads to positive regard: Implicit and explicit self-evaluation and culture. *Journal of Experimental Social Psychology, 35,* 512-559.

Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological Review, 94,* 319-340.

Hirschy, A. & Morris, J. (2002) 'Individual differences in attributional style: the relational influence of self-efficacy, self-esteem, and sex role identity', *Personality and Individual Differences, 32,* 183–196.

Hobfall, S.E. (1989) Conservation of Resources: A new attempt at conceptualizing stress. *American Psychologist, 44,* 513-524.

Hogg, M. A. (2000). Subjective uncertainty reduction through self-categorization: A motivational theory of social identity processes. *European Review of Social Psychology, 11,* 223-255.

Holahan, C. J., & Moos, R. H. (1987). Risk, resistance, and psychological distress: A longitudinal analysis with adults and children. *Journal of Abnormal Psychology, 96,* 3-13.

Holahan, C. J., & Moos, R. H. (1990). Life stressors, resistance factors, and improved psychological functioning: An extention of the stress resistance paradigm. *J. Pers. Soc. Psychol., 58,* 909–917.

Holahan, C. J., & Moos, R. H. (1991). Life stressors, personal and social resources, and depression: A four-year structural model. *Journal of Abnormal Psychology, 100,* 31-38.

Holahan, C. J., & Moos, R. H. (1994). *Life stressors and mental health: Advances in conceptualizing stress resistance.* In Avison, W. R., & Gotlib, I. H. (Eds.). Stress and mental health: Contemporary issues and prospects for the future (pp. 213-238). New York: Plenum.

Holahan, C. J., Valentiner, D. P. & Moos, R. H. (1995). Parental support, coping strategies, and psychological adjustment: An integrative model with late adolescents. *Journal of Youth and Adolescence, 24,* 633-648.

Holgren, R. A., Eisenberg, N. & Fabes, R. (1998). The relations of children's situational empathy-related emotions to dispositional prosocial behaviour. *International Journal of Behavioral Development, 22,* 169-123.

Holman, T. B., & Associates. (2001). *Premarital prediction of marital quality or breakup: Research, theory, and practice.* New York, NY: Kluwer Academic/Plenum Publishers.

Holmgren, M. R. (1998). Self-forgiveness and responsible moral agency. *Journal of Value Inquiry, 32,* 75-91.

Horai, J., Lindskold, S., Gahagan, J. & Tedeschi, J. (1969). The effects of conflict intensity and promisor credibility on a target's behavior. *Psychonomic Science, 14,* 73-74.

Horney, K. (1937). *The neurotic personality of our time.* New York: W. W. Norton & company, inc.

Horsbrugh, H. (1974). Forgiveness. *Canadian Journal of Philosophy, 4,* 269-282.

Howes, C., Matheson, C.C. & Hamilton, C.E. (1994). Maternal, teacher, and child care history correlates of children's relationships with peers. *Child Development, 65,* 264-273.

Huey, S. J. Jr. Weisz, J. R. (1997). Ego Control, Ego Resiliency, and the Five-Factor Model as Predictors of Behavioural and Emotional Problems in Clinic-Referred Children and Adolescents. *Journal of Abnormal Psychology, 106,* 404-415.

Idler, E. L. Musick M. A., Ellison, C. G., George, L. K., Krause, N., Ory, M. Pargament, K. I., Powell, L. H., Underwood, L. G., & Williams, D. R. (2003). Measuring multiple dimensions of religion and spirituality or health research - Conceptual background and findings from the 1998 General Social Survey. *Research on Aging, 25,* 327-365.

Ingersoll-Dayton & Neal Krause (2005). Self-forgiveness: A component of mental health in later life. *Research on Aging, 27,* 267-289.

James, W. (1890). *Principles of Psychology.* New York: Henry Holt.

James, W. (1892). *Psychology.* New York: Henry Holt and Company.

James, W. (1950). *Principles of psychology.* Vols. 1-2 (authorized ed.). New York: Dover Publications.

John, O. P., & Robins, R. W. (1994). Accuracy and bias in self-perception: Individual differences in self-enhancement and the role of narcissism. *Journal of Personality and Social Psychology, 66,* 206–219.

Johnson, J.H. & Sarason, I.G. (1979). *Recent developments in research on life stress.* In V. Hamilton and D.V. Warburton (Eds.) Human Stress and Cognition: An Information Processing Approach. London: John Wiley and Sons.

Joiner, T. & Wagner, K. (1995). Attributional style and depression in children and adolescents: a meta-analytic review, *Clinical Psychology Review, 8,* 777–798.

Jordan, C. H., Spencer, S. J., Zanna, M. P., Hoshino-Browne, E., & Correll, J. (2003). Secure and defensive high self-esteem. *Journal of Personality and Social Psychology, 85,* 969-978.

Jordan, C. H., Zanna, M. P., & Spencer, S. J. (2003). *Implicit self-esteem, explicit self-esteem and their relation to right wing authoritarianism and social dominance orientation.* Unpublished raw data, University of Waterloo, Ontario, Canada.

Josephs, R.A., Larrick, R.P., Steele, C.M. & Nisbett, R.E. (1992) Protecting the Self from the Negative Consequences of Risky Decisions. *Journal of Personality and Social Psychology, 62,* 26-37.

Kahneman, D. & Frederick, S. (2002). *Representativeness revisited: Attribute substitution in intuitive judgment.* In T. Gilovich, D. Griffin, & D. Kahneman (Eds.), Heuristics and biases: The psychology of intuitive judgment, pp. 49-81. New York. Cambridge University Press.

Kaiser, C. R., Major, B., & McCoy, S. K. (2004). Expectations about the future and the emotional consequences of perceiving prejudice. *Personality and Social Psychology Bulletin, 30,* 173-184.

Kaplan, H. B., Martin, S.S., Johnson, R.J. (1986), Self-Rejection and the Explanation of Deviance – Specification of the Structure among Latent Constructs, *American Journal of Sociology, 92,* 384-411.

Kasser, T., & Ryan, R. M. (1996). Further examining the American dream: Differential correlates of intrinsic and extrinsic goals. *Personality and Social Psychology Bulletin, 22,* 280-287.

Katz, J., Street, A. & Arias, I. (1997). Individual Differences in self-appraisals and responses to dating violence scenarios. *Violence and Victims, 12,* 265-276.

Katz, L. & Epstein, S. (1991). Constructive thinking and coping with laboratory-induced stress. *Journal of Personality and Social Psychology, 61,* 789-800.

Kelley, H. H. (1967). *Attribution Theory in Social Psychology.* In Nebraska Symposium on Motivation, Vol. 15, ed. D. Levine. Lincoln: University of Nebraska Press.

Kelln, B. R. C., & Ellard, J. H. (1999). An equity theory analysis of the impact of forgiveness and retribution on transgressor compliance. *Personality and Social Psychology Bulletin, 25,* 864-872.

Keltner, D., and Bonanno, G. A. (1997) A study of laughter and dissociation: Distinct correlates of laughter and smiling during bereavement. *Journal of Personality and Social Psychology, 73,* 687-702.

Kernberg, O. (1975). *Borderline Conditions and Pathological Narcissism.* New York: Jason Aronson.

Kernis, M. H. (1993). *The roles of stability and level of self-esteem in psychological functioning.* In R. F. Baumeister (Ed.), Self-esteem: The puzzle of low self-regard (pp. 167–182). New York: Plenum Press.

Kernis, M. H. (2003). Toward a conceptualization of optimal self-esteem. *Psychological Inquiry, 14,* 1–26.

Kernis, M. H., Brockner, J., & Frankel, B. S. (1989). Self-esteem and reactions to
failure: The mediating role of overgeneralization. *Journal of Personality and
Social Psychology, 57,* 707-711.

Kernis, M. H., Cornell, D. P., Sun, C. R., Berry, A., & Harlow, T. (1993). There's
more to self-esteem than whether it is high or low: The importance of
stability of self-esteem. *Journal of Personality and Social Psychology, 65,*
1190-1204.

Kernis, M. H., Grannemann, B. D., & Barclay, L. C. (1989). Stability and level of
self-esteem as predictors of anger arousal and hostility. *Journal of
Personality and Social Psychology, 56,* 1013–1022

Kernis, M. H., Grannemann, B. D., & Mathis, L. C. (1991). Stability of self-esteem as
a moderator of the relation between level of self-esteem and depression.
Journal of Personality and Social Psychology, 61, 80-84.

Kernis, M. H., Whisenhunt, C. R., Waschull, S. B., Greenier, K. D., Berry, A. J.,
Herlocker, C. E., et al. (1998). Multiple facets of selfesteem and their
relations to depressive symptoms. *Personality and Social Psychology
Bulletin, 24,* 657-668.

Kernis, M.H., & Goldman, B.M. (2003). *Stability and variability in self-concept and
self-esteem.* In M. R. Leary and J. P. Tangney, Handbook of self and identity
(pp. 106-127). New York: The Guilford Press.

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995).
Posttraumatic stress disorder in the national comorbidity survey. *Archives of
General Psychiatry, 52,* 1048–1060.

Kitano, H. (1989). *A model for counselling Asian Americans.* In P. B. Pederson, W. J. Loner, and J. E. Trimble (Eds.), Counselling Across Cultures. Honolulu: University of Hawaii Press.

Kitayama, S., Markus, H. R., Matsumoto, H., & Norasakkunkit, V. (1997). Individual and collective processes in the construction of the self: Self-enhancement in the United States and self-criticism in Japan. *Journal of Personality and Social Psychology, 72,* 1245-1267.

Klauer, T., Filipp, S.H., & Ferring, D. (1989). Inventory to assess forms of coping: Scale development and first results pertaining to reliability, validity, and stability, *Diagnostica, 35,* 316-335.

Klein, M. (1957). *Envy and Gratitude.* New York: Basic Books.

Knox, M., Funk, J., Elliott, R., & Bush, E. G. (2000). Gender differences in adolescents' possible selves. *Youth and Society, 31,* 287–309.

Kobasa, S. C. (1979). Stressful life events, personality and health: An inquiry into hardiness. *Journal of Personality and Social Psychology, 37,* 1-11.

Kobasa, S. C., Maddi, S. R., & Kahn, S. (1982). Hardiness and health: A prospective study. *Journal of Personality and Social Psychology, 42,* 168-177.

Koenig, H. G. (1999). *The healing power of faith: Science explores medicine's last great frontier.* New York: Simon and Schuster.

Koole, S. L., Dijksterhuis, A., & van Knippenberg, A. (2001). What's in a name: Implicit selfesteem and the automatic self. *Journal of Personality and Social Psychology, 80,* 669-685.

Krevans, J. & Gibbs, J. C. (1996). Parents' use of inductive discipline: Relations to Children's empathy and prosocial behaviour. *Child Development, 67,* 3263-3277

Kuhl, J. (2000). The volitional basis of personality systems interaction theory: Applications in learning and treatment contexts. *International Journal of Educational Research, 33,* 665-704.

Kwan, V. S. Y., Bond, M. H., Boucher, H. C., Maslach, C., & Gan, Y. Q. (2002). The construct of individuation: More complex in collectivist than in individualist cultures? *Personality and Social Psychological Bulletin, 28,* 300-310.

Lawrence, D. (1996). *Enhancing self-esteem in the classroom.* London: Paul Chapman Publishing.

Lazarus, R. S. (1991). *Emotion and adaptation.* New York: Oxford University Press.

Lazarus, R. S., & Folkman, S. (1984). *Stress, Appraisal, and Coping.* New York: Springer.

Leary, M. R. (1995). *Self-presentation: Impression management and interpersonal behavior.* Boulder: Westview.

Leary, M. R. (1999). *The social and psychological importance of self-esteem.* The social psychology of emotional and behavioural problems: Interfaces of social and clinical psychology; American Psychological Association pp. 197-221. Washington DC - In R. M. Kowalski & M. R. Leary (Eds.)

Leary, M. R. (2004). *The curse of the self: Self-awareness, egoism, and the quality of human life.* New York: Oxford University Press.

Leary, M.R., & Downs, D.L. (1995). *Interpersonal functions of the self-esteem motive: The self-esteem system as a sociometer.* In M.H. Kernis (Ed.), Efficacy, agency, and self-esteem (pp. 123-144). New York: Plenum.

Lees S. & Ellis N. (1990) The design of a stress-management programme for nursing personnel. *Journal of Advanced Nursing, 15*, 946–961.

Levine, S. & Ursin, H. (1980). *Coping and health, Plenum*, New York.

Levinson, D. J., Darrow, C. N, & Klein, E. B. (1978). *Seasons of a man's life.* New York: Random House.

Linville, P. W. (1987). Self-complexity as a cognitive buffer against stress-related illness and depression. *Journal of Personality and Social Psychology, 52,* 663-676.

Lipowski, Z.J. (1990) Somatisation and depression. *Psychosomatics, 31,* 13-21.

Lockett, C. T., & Harrell, J. P. (2003). Racial identity, self-esteem, and academic achievement: Too much interpretation, too little supporting data. *Journal of Black Psychology, 29,* 325–336.

Lu, L. & Shih, J.B. (1997a) Personality and happiness: Is mental health a mediator? *Personality and Individual Differences, 22,* 249-256.

Lu, L. & Shih, J.B. (1997b) Sources of happiness: A qualitative approach. *Journal of Social Psychology, 137,* 181-187.

Lu, L., Gilmour, R. & Kao, S.F. (2001) Culture values and happiness: An East-West dialogue. *Journal of Social Psychology, 141,* 477-493.

Luhtanen, R., & Crocker, J. (1992). A collective self-esteem scale: Self-evaluation of one's social identity. *Personality and Social Psychology Bulletin, 18,* 302-318.

Lukasik, V. J. (2001). Predictors of the willingness to use forgiveness as a coping strategy in adolescent friendships. *Dissertation Abstracts International, 61,* 10-A

Luskin, F. M. (2001). *Forgive for good: A proven prescription for health and happiness.* San Francisco: Harper.

Luthans, F. (2002a). The need for and meaning of positive organizational behaviour. *Journal of Organizational Behavior, 23,* 695–706.

Lykken, D.T. (1991). *What's wrong with Psychology anyway?* In D. Chiccetti & W. Grove (Eds.), Thinking Clearly About Psychology. Vol. 1 Minneapolis: University of Minnesota Press, 3-39.

Lyubomirsky & Ross (1996). *Changes in attractiveness of elected, rejected, and precluded alternatives: A comparison of happy and unhappy individuals.* Manuscript submitted for publication.

Lyubomirsky, S. (2001). Why are some people happier than others? The role of cognitive and motivational processes in well-being. *American Psychologist, 56,* 239-249.

Lyubomirsky, S. and Ross, L. (1999). Changes in attractiveness of elected, rejected and precluded alternatives: a comparison of happy and unhappy individuals. *Journal of Personality and Social Psychology, 76,* 988-1007.

Lyubomirsky, S., Sheldon, K. M., & Schkade, D. (2005). Pursuing happiness: The architecture of sustainable change. *Review of General Psychology, 9,* 111-131.

Macaskill, A., Maltby, J., & Day, L. (2002). Forgiveness of self and others and emotional empathy. *Journal of Social Psychology, 142,* 663-665.

Maddux, J. E. (2002). *Stopping the madness: Positive psychology and the deconstruction of the illness ideology and the DSM.* In C.R. Snyder & S.J. Lopez (eds.). Handbook of positive psychology (pp.13-25). NY: Oxford University Press.

Major, B., McCoy, S., Kaiser, C. R. & Quinton, W. J. (2003). Prejudice and self-esteem: A transactional model. *European Review of Social Psychology, 14,* 77-104.

Mallett, C. J., & Hanrahan, S. J. (2004). Elite Athletes: Why does the 'Fire' Burn so
Brightly? *Psychology of Sport and Exercise, 5,* 183-200.

Maltby, J. & Day L. (2004). Forgiveness and defense style. *Journal of Genetic
Psychology, 165,* 99–109.

Maltby, J., Macaskill, A., & Day, L. (2001). Failure to forgive self and others: A
replication and extension of the relationship between forgiveness, personality,
social desirability and general health. *Personality and Individual Differences,
30,* 881-885.

Mar, R. A., & DeYoung, C. G., Higgins, D. M., & Peterson, J. B. (2006). Self- Liking
and Self-Competence Separate Self-Evaluation From Self- Deception:
Associations With Personality, Ability, and Achievement. *Journal of
Personality, 74,* 1047-1078.

Marjoribanks, K. & Mboya, M. (2001) Family Capital and South African Young
Adults' Self-Concept, *Journal of Comparative Family Studies, vol XXXII, no
1,*127-139.

Markus, H. & Nurius, P. (1986). Possible selves. American Psychologist, 41, 954–969.

Markus, H. (1977). Self-schemata and processing information about the self. *Journal
of Personality and Social Psychology, 35,* 63-78.

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for
cognition, emotion, and motivation. *Psychological Review, 98,* 224-253.

Markus, H. R., Mullally, P., & Kitayama, S. (1997). *Self ways: Diversity in modes of
cultural participation.* In U. Neisser & D. Jopling (Eds.), The conceptual self
in context: Culture, experience, self-understanding (pp. 13-61). Cambridge:
Cambridge University Press.

Marmer, C, Weiss, D.& Gaston, L. (1989). Toward the validation of the California therapeutic alliance rating system. *Psychological assessment, 1,* 46-52.

Marsh, H., & O'Neill, R. (1984). Self Description Questionnaire III: The construct validity of multidimensional self-concept ratings by late adolescents. *Journal of Educational Measurement, 21,* 153-174.

Marsh, H.W. (1987). The hierarchical structure of self-concept and the application of hierarchical confirmatory factor analysis. *Journal of Educational Measurement, 24,* 17-39.

Martin, L. L., & Tesser, A. (1996). *Some ruminative thoughts. In R. S. Wyer (Ed.),* Advances in social cognition (Vol. 9, pp. 1-47). Hillsdale, NJ: Lawrence Erlbaum.

Martin, Rod A., N. Kuiper, J. Olinger, and K. Dance. Humor, Coping with Stress, Self Concept, and Psychological Well-being. *HUMOR: International Journal of Humor Research 6.1,* 89-104.

Martin, S., Housley, K., McCoy, H.,&Greenhouse, P. (1988). Self-esteem of adolescent girls as related to weight. *Perceptual and Motor Skills, 67,* 879-884.

Maslow, A. (1968). *Toward a psychology of being (2nd ed.).* New York: Van Nostrand.

Masten, A. S. (1994). *Resilience in individual development: successful adaptation despite risk and adversity.* In Educational resilience in inner-city America: challenges and prospects (ed. M. C. Wang & E.W. Gordon), pp. 3–25. Hillsdale, NJ: Erlbaum.

Mauger, P. A., Freedman, T., McBride, A. G., Perry, J. E., Grove, D. C., & McKinney, K. E. (1992). The measurement of forgiveness: Preliminary research. *Journal of Psychology and Christianity, 11,* 170-180.

Mauss, I. B., Cook, C. L. & Gross, J. J. (2007). Automatic emotion regulation during an anger provocation. *Journal of Experimental Social Psychology, 43,* 698-711.

Mauss, I. B., Evers, C., Wilhelm, F. H., & Gross, J. J. (2006). How to bite your tongue without blowing your top: Implicit evaluation of emotion regulation predicts affective responding to anger provocation. *Personality and Social Psychology Bulletin, 32,* 589-602.

Mboya, M. M. (1994). Cross-cultural study of the structure and level of multidimensional selfconcepts in secondary school students. *School Psychology International, 15,* 163-171.

McCrae, R. R., & Costa, P. T. (1985). Updating Norman's adequate taxonomy: Intelligence and personality dimensions in natural language and in questionnaires. *Journal of Personality and Social Psychology, 49,* 710-721.

McCullough, M. E. & Hoyt, W. T. (2002). Transgression-related motivational dispositions: Personality substrates of forgiveness and their links to the Big Five. *Personality and Social Psychology Bulletin, 28,* 1556-1573.

McCullough, M. E. & Worthington, E. L. (1994). Encouraging Clients to Forgive People Who Have Hurt Them: Review, Critique, and Research Prospectus. *Journal of Psychology and Theology, 22,* 3–20.

McCullough, M. E. (2001). Forgiveness who does it and how do they do it. *Current Directions in Psychological Science, 10,* 194-197.

McCullough, M. E., Emmons, R. A., & Tsang, J. (2002). The Grateful Disposition: A conceptual and Empirical Topography. *Journal of Personality and Social Psychology, 82,* 112-127.

McCullough, M. E., Kilpatrick, S. D. ; Emmons, R. A. ; Larson, D. B. (2001) . Is gratitude a moral affect? *Psychological Bulletin, 127,* 249-266.

McCullough, M. E., Rachal, K. C., Sandage, S. J., Worthington, E. L., Brown, S. W. & Hight, T. L. (1998). Interpersonal forgiving in close relationships. II: Theoretical elaboration and measurement. *Journal of Personality and Social Psychology, 75,* 1586-1603.

McCullough, M. E., Sandage, S. J. & Worthington, E. L. Jr. (1997). *To forgive is human: How to put your past in the past.* Downers Grove, IL: InterVarsity Press.

McCullough, M.E., & Hoyt, W.T. (1999). *Recovering the person from interpersonal forgiving.* Paper presented at the annual meeting of the American Psychological Association, Boston.

McCullough, M.E., Pargament, K.I., & Thoresen, C.E. (Eds.) (2000). *Forgiveness: Theory, research and practice.* New York: Guilford Press.

McCullough, M.E., Pargament, K.I., & Thoresen, C.E. (2000). *The psychology of forgiveness: History, conceptual issues, and overview.* In M.E. McCullough, K. I. Pargament, & C.E. Thoresen (Eds.), Forgiveness: Theory, research, and practice. New York: Guilford Press.

McGregor, I. & Marigold, D. C. (2003). Defensive zeal and the uncertain self: What makes you so sure? *Journal of Personality and Social Psychology, 85,* 838-852.

Mead, G.H. (1934). *Mind, self, and society.* Chicago: University of Chicago Press.

Mellott, D. S. & Greenwald, A. G. (2000). *Measuring implicit ageism: Do the Implicit Association Test and semantic priming measure the same construct?* Paper presented at meetings of the Midwestern Psychological Association, Chicago, IL.

Mendelson, B., White, D., & Mendelson, M. (1995). Children's global self-esteem predicted by body esteem but not by weight. *Perceptual and Motor Skills, 80,* 97-98.

Mendelson, B.K., Mendelson, M.J. and White, D.R. (2001) Body-Esteem Scale for Adolescents and Adults. *Journal Personality Assessment 76,* 90-106.

Mendelson, M. J., Mendelson, B. K., & Andrews J. (2000). Self-esteem, body esteem, and body-mass in late adolescence: Is a competence x importance model needed? *Journal of Applied Developmental Psychology, 21,* 249–266.

Menec, V. (2003). The relation between everyday activities and successful aging: A six-year longitudinal study. Journals of Gerontology: Series B: *Psychological Sciences & Social Sciences, 58,* S74-S82.

Metalsky, G. I., Abramson, L. Y., Seligman, M. E. P., Semmel, A. & Peterson, C. (1982). Attributional style and life events in the classroom: Vulnerability and invulnerability to depressive mood reactions. *Journal of Personality and Social Psychology, 38,* 704-718.

Metalsky, G. I., Halberstadt, L. J., & Abramson, L. Y. (1987). Vulnerability to depressive mood reactions: Toward a more powerful test of the diathesis-stress and causal mediation components of the reformulated theory of depression. *Journal of Personality and Social Psychology, 52,* 386–393.

Metalsky, G. I., Joiner, T. E., Jr., Hardin, T. S., & Abramson, L. Y. (1993). Depressive reactions to failure in a naturalistic setting: A test of the

hopelessness and self-esteem theories of depession. *Journal of Abnormal Psychology, 102,* 101–109.

Miller, I.W., & Norman, W.H. (1981). Causal attributions of success in the alleviation of depression and learned helplessness in a clinical population. *Journal of Abnormal Psychology, 90,* 113-24.

Miller, J. G. (1997). *Theoretical issues in cultural psychology.* In J. W. Berry, Y. H. Poortinga, & J. Pandey (Eds.), Handbook of cross-cultural psychology: Vol. 1. Theory and method (pp. 85-128). Boston: Allyn and Bacon.

Miller, M. E. (2003). Interpersonal forgiveness: Enright's theoretical process model versus empirical process outcomes. *Dissertation Abstracts International, 63,* 3517.

Monat, A. & Lazarus, R.S. (1991). *Stress and coping--some current issues and controversies.* In Alan Monat & Richard S. Lazarus (Eds.) Stress and Coping, 3rd Ed., New York: Columbia Univ. Press, 1-15.

Morris, W. N. & Reilly, N. P. (1987). Toward the self-regulafion of mood: Theory and research. *Motivation and Emotion, 11,* 215-249.

Mruk, C. (1995). *Self-esteem: Research, theory and practice.* New York: Springer Publishing.

Mruk, C. (1999) Self-Esteem: Research, Theory and Practice. London: Free Association Books.

Munoz Sastre, M. T., Vinsonneau, G., Neto, F., Girard, M., & Mullet, E. (2003). Forgivingness and satisfaction with life. *Journal of Happiness Studies, 4,* 323-335.

Murgatroyd, S. & Woolfe, R. (1982). *Coping with crisis, understanding and helping people in need.* Cambridge: Harper & Row.

Murphy, J. G. (1988). *Forgiveness and resentment.* In J. G. Murphy & J. Hampton

    (Eds.), Forgiveness and mercy (pp. 14-33). Cambridge, UK: Cambridge

    University Press.

Murphy, L. B. & Moriarty, A. (1976). *Vulnerability, coping and growth: from infancy*

    to adolescence. New Haven, CT: Yale University Press.

Myers, D. G. (1993). *The pursuit of happiness.* New York: Avon Books.

Neary, A., & Joseph, S. (1994). Peer victimization and its relation to self-concept and

    depression among school girls. *Personality and Individual Differences*, 16,

    183-186.

Neto, F., & Mullet, E. (2004). Personality, self-esteem, and self-construal as

    correlates of forgivingness. *European Journal of Personality, 18,* 15-30.

Neumann, R. (2000). The causal influence of attributions on emotions: A procedural

    priming approach. *Psychological Science, 11,* 179-182.

Nezlek, J. B., & Plesko, R. M. (2001). Day-to-day relationships among self-concept

    clarity, self-esteem, daily events, and mood. *Personality and Social*

    Psychology Bulletin, 27, 201–212.

Nielsen, S. L., Johnson, W. B., & Ellis, A. (2001). *Counselling and psychotherapy*

    with religious persons: A rational emotive behavior therapy approach.

    Hillsdale, NJ: Lawrence Erlbaum Associates.

Nisbett , R. E & Wilson, T. D. (1977). Telling more than we can know: Verbal reports

    on mental processes. *Psychological Re view, 84,* 231-259

Nolen-Hoeksema, S., Girgus, J. S. & Seligman, M. E. P. (1986). Learned helplessness

    in children: A longitudinal study of depression, achievement, and

    explanatory style. *Journal of Personality & Social Psychology, 51,* 435-442.

Nolen-Hoeksema, S., Girgus, J. S. & Seligman, M. E. P. (1992). Predictors and
consequences of childhood depressive symptoms: A 5-year longitudinal
study. *Journal of Abnormal Psychology, 101,* 405-422.

Norem, J. K. & Cantor, N. (1986). Anticipatory and post hoc cushioning strategies:
Optimism and defensive pessimism in risky situations. *Cognitive Therapy
and Research, 10,* 347-362.

Norem, J. K., & Illingworth, K. S. S. (1993). Strategy-dependent effects of reflecting
on self and tasks: Some implications of optimism and defensive pessimism.
Journal of Personality and Social Psychology, 65, 822-835.

North, J. (1987). Wrongdoing and forgiveness. *Philosophy, 62,* 499-508.

Ntoumanis, N. (2001). A self-determination approach to the understanding of
motivation in physical education. *British Journal of Educational Psychology,
71,* 225–242.

Nuttin, J. M. (1985), Narcissism beyond Gestalt and Awareness: The Name Letter
Effect, *European Journal of Social Psychology, 15,* 353–61.

Oishi, S., & Diener, E. (2001). Re-examining the general positivity model of
subjective well-being: Discrepancies between specific and global domain
satisfactions. *Journal of Personality, 69,* 641-666.

Oishi, S., Diener, E., Suh, E.M., & Lucas, R. (1999). Value as a moderator in
subjective well-being. *Journal of Personality, 67,* 915-924.

Ootim, B. (1998). Self-esteem. *Nursing Management, 4,* 24–25.

Overholser, J. C., Adams, D. M., Lehnert, K. L., & Brinkman, D. C. (1995). Self-
esteem deficits and suicidal tendencies among adolescents. *Journal of the
American Academy of Child Adolescent Psychiatry, 34,* 919-928.

Paradise, A.W. and Kernis, M.H., 2002. Self-esteem and psychological well-being: Implications of fragile self-esteem. *Journal of Social and Clinical Psychology, 21,* 345–361.

Park, C. L. & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology, 2,* 115-144.

Park, S.R., & Enright, R.D. (2000). *Forgiveness across cultures.* In F. Aureli & F.B.M. de Waal (Eds.), Natural conflict resolution (pp. 359-361). Berkeley: University of California Press.

Park, Y. O. & Enright, R. D. (1997). The development of forgiveness in the context of adolescent friendship conflict in Korea. *Journal of Adolescence, 20,* 393-402.

Patterson, J.M., McCubbin, H.I. (1987). Adolescent Coping Style and Behaviours - Conceptualisation and Measurement. *Journal of Adolescence, 10,* 163-186.

Paulhus, D. L. (1998). Interpersonal and intrapsychic adaptiveness of trait self-enhancement: A mixed blessing? *Journal of Personality and Social Psychology, 74,* 1197–1208.

Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior, 19,* 2-21.

Pelham, B. W., & Hetts, J. J. (1999). *Implicit and explicit personal and social identity: Toward a more complete understanding of the social self.* In T. Tyler, R. Kramer, & O. John (Eds.), The psychology of the social self. New York: Erlbaum.

Pelham, B. W., Mirenberg, M. C., & Jones, J. K. (2002). Why Susie sells seashells by the seashore: Implicit egotism and major life decisions. *Journal of Personality and Social Psychology, 82,* 469-487.

Penley, J. A., Tomaka, J. & Wiebe, J. S. (2002). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of Behavioral Medicine, 25,* 551-603.

Penninx, B.W., van Tilburg, T., Boeke, A.J.P., Deeg, D.J., Kriegsman, D.M. & van Eijk, J.T. (1998) Effects of social support and personal coping resources on depressive symptoms: different for various chronic diseases? *Health Psychology, 17,* 551–558.

Pervin, L. A. (1985). *Personality: Current controversies, issues, and directions.* In M. Rosenzwcig & L. W. Porter (Eds.), Annual Review of Psychology (Voi. 36, pp. 83-114). Palo Alto, CA: Annual Reviews.

Peterson, C. (1990). *Explanatory style in the classroom and on the playing field.* In S. Graham & V.S. Folkes (Eds.) Attribution theory: Applications to achievement, mental health, and interpersonal conflict (pp. 53-75).

Peterson, C. (1988). Explanatory style as a risk factor for illness. *Cognitive Therapy and Research, 12,* 119–132.

Peterson, C. (2000). The future of optimism. *American Psychologist, 55,* 44–55.

Peterson, C., & Villanova, P. (1988). An expanded Attributional Style Questionnaire. *Journal of Abnormal Psychology, 97,* 87-89.

Peterson, C., Buchanan, G. M., & Seligman, M. E. P. (1995). *Explanatory style: History and evolution of the field.* In G. M. Buchanan & M. E. P. Seligman (Eds), Explanatory styles (pp. 1-20). Hillsdale, NJ: Lawrence Erlbaum.

Peterson, C., Seligman, M. E. P., & Vaillant, G. E. (1988). Pessimistic explanatory style is a risk factor for physical illness: A thirty-five year longitudinal study. *Journal of Personality and Social Psychology, 55,* 23–27.

Peterson, C., Semmel, A., von Baeyer, C., Abramson, L. Y., Metalsky, G. I., & Seligman, M. E. P. (1982). The Attributional Style Questionnaire. *Cognitive Therapy and Research, 6,* 287–299.

Pingleton, J. P. (1989) The role and function of forgiveness in the psychothera-. peutic process. *Journal of Psychology and Theology, 17,* 27–35.

Pinter, B., & Greenwald, A. G. (2005). Clarifying the role of the other category in the self-esteem IAT. *Experimental Psychology, 52,* 74-79.

Polk, L. V. (1997). Toward a middle range theory of resilience. *Advanced Nursing Science, 19,* 1-13.

Poloma, M. M., & Gallup, G. H. (1991). *Unless you forgive others: Prayer and forgiveness.* Varieties of prayer (pp. 85-106). Philadelphia: Trinity Press.

Powell, R., Dolan, R. &Wessely, S. (1990) Attributions and self-esteem depression and chronic fatigue syndromes. *Journal of Psychosomatic Research, 34,* 665-673.

Pyszczynski, T., Greenberg, J., Solomon, S., Arndt, J., & Schimel, J. (2004). Why do people need self-esteem? A theoretical and empirical review. *Psychological Bulletin, 130,* 435–468.

Raskin, R. N., & Terry, H. (1988). A principal components analysis of the Narcissistic Personality Inventory and further evidence of its construct validity. *Journal of Personality and Social Psychology, 54,* 890-902.

Reasoner R.W. (1992). *Building Self- Esteem in the Elementary Schools.* California: Consulting Psychologists Press Inc.

Reber, A.S. (1993). *Implicit Learning and Tacit Knowledge: An essay in the cognitive unconscious.* Oxford: Oxford University Press.

Rector, N. A. & Roger, D. (1996). 'Cognitive Style and Well-being: A Prospective Examination', *Personality and Individual Differences 21,* 663–667.

Reeve, J., & Deci, E. L. (1996). Elements within the competitive situation that affect intrinsic motivation. *Personality and Social Psychology Bulletin, 22,* 24-33.

Reich, J., & Zautra, A. (1981). Life events and personal causation: Some relationship with satisfaction and distress. *Journal of Personality and Social Psychology, 41,* 1002-1012.

Rhodewalt, F. T., & Morf, C. (1995). Self and interpersonal correlates of the narcissistic personality inventory. *Journal of Research in Personality, 29,* 1-23.

Rhodewalt, F., & Eddings, S. K. (2002). Narcissus reflects: Memory distortion in response to ego-relevant feedback among high and low-narcissistic men. *Journal of Research in Personality, 36,* 97–116.

Riding, Richard J. (2001), *Self Perception,* Greenwood Publishing Group.

Rigazio-DiGilio, S. A. (2001). *Postmodern theories of counselling.* In D.C. Locke, J.E. Myers, & E. L. Herr (Eds.), The handbook of counselling (pp.197-218). London: SAGE.

Roberts, R. C. (1995). Forgivingness. American Philosophical Quarterly, 32, 289-306.

Romney, D.M. (1994) Cross-validating a causal model relating attributional style, self-esteem and depression: An heuristic study. *Psychological Reports, 74,* 203-207.

Rosenberg , F. (1995). Global self -esteem and specific. self-esteem: Different concepts, different outcomes. *American Sociological Review, 60,* 141 -158

Rosenberg, M. (1965). *Society and the adolescent self-image.* Princeton, NJ: Princeton University Press.

Rosenberg, M. (1979). *Conceiving the self.* New York: Basic Books.

Rosenberg, M. (1986). *Self-concept from middle childhood through adolescence.* In J. Suls & A.G. Greenwood (Eds.), Psychological perspectives on the self 107–136. Hillsdale, NJ: Erlbaum.

Rosenberg, M., Schooler, C., Schoenbach, C. & Rosenberg, F.(1995). Global self-esteem and specific self-esteem: different concept, different outcomes. *American Sociological Review, 60,* 141-156.

Ross, E.R., & Broh, B.A., (2000). The roles of self-esteem and the sense of personal control in the academic achievement process, *Sociology of Education , 73,* 270 –284.

Rudman, L. A. & Glick P. (2001). Prescriptive gender stereotypes and backlash toward agentic women. *Journal of Social Issues, 57,* 743-762.

Rudman, L. A. & Kilianski, S. E. (2000). Implicit and explicit attitudes toward female authority. *Personality and Social Psychology Bulletin, 26,* 1315-1328.

Rudman, L. A., Ashmore, R. D., & Gary, M. L. (2001). Unlearning automatic biases: The malleability of implicit prejudice and stereotypes. *Journal of Personality and Social Psychology, 81,* 856-868.

Russel, M. (1990). *Prevalence of alcoholism among children of alcoholics.* In Children of Alcoholics: Critical Perspectives, Windle, M. & Searles, J. S. Eds, 9–38. Guilford, New York.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57,* 316-331.

Saarni, C. (1997). Coping with adverse feelings. *Motivation and Emotion, 2,* 45-63.

Saarni, C. (1999). *The development of emotional competence.* New York: Guildford Press.

Salmivalli, C. (2001). Feeling good about oneself, being bad to others? *Aggression & Violent Behavior, 6,* 375-393.

Salmivalli, C., M. Lappalainen and K. Lagerspetz. (1998). Stability and change of behavior in connection with bullying in schools: A two-year follow-up. *Aggressive Behavior, 24,* 205-218.

Savin-Williams, R. C., & Demo, D. H. (1983). Situational and transitational determinants of adolescent self-feelings. *Journal of Personality & Social Psychology, 44,* 824-833.

Sayette, M. A. (1993). An appraisal-disruption model of alcohol's effects on stress responses in social drinkers. *Psychological Bulletin, 114,* 459-476.

Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology, 4,* 219–247.

Scheier, M. F., Carver, C. S. & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A re-evaluation of the Life Orientation Test. *Journal of Personality and Social Psychology, 67,* 1063-1078.

Scheier, M. F., Weintraub, J. K., & Carver, C. S. (1986). Coping with stress: Divergent strategies of optimists and pessimists. *Journal of Personality and Social Psychology, 51,* 1257–1264.

Scherer, K. R. (1999). *Universality of emotional expression.* In: D. Levinson, J. Ponzetti, & P. Jorgenson (Eds.). Encyclopedia of Human Emotions, 2, 669-674, New York: Macmillan.

Schimmack, U., & Diener, E. (2003). Predictive validity of explicit and implicit self-esteem for subjective well-being. *Journal of Research in Personality, 37,* 100–106.

Schmitz, P. (1992) Personality, stress-reaction and disease. *Personality and Individual Differences, 13,* 683-691.

Schneider, W & Shiffrin, R.M. (1977) Controlled and automatic human information processing: I. Detection, search, and attention. *Psychological Review, 84,* 1-66.

Schultheiss, O. C. (2001). *An information processing account of implicit motive arousal.* In M. L. Maehr & P. Pintrich (Eds.), Advances in motivation and achievement (Vol. 12: New directions in measures and methods, pp. 1-41). JAI Press, Greenwich.

Schwartz, B. ; Ward, A. ; Monterosso, J. ; Lyubomirsky, S. ;White, K. ; Lehman, D. R. (2002). Maximizing versus satisficing: happiness is a matter of choice. *Journal of Personality & Social Psychology, 83,* 1178-1197.

Scobie, E. D., & Scobie, G. E. W. (1998). Damaging events: The perceived need for forgiveness. *Journal for the Theory of Social Behavior, 28,* 373-401.

Sedikides, C, Gaertner, L., & Toguchi, Y. (2003). Pancultural self-enhancement. *Journal of Personality and Social Psychology, 84,* 60-70.

Seidlitz, L., & Diener, E. (1993). Memory for positive versus negative life events: Theories for the differences between happy and unhappy persons. *Journal of Personality and Social Psychology, 64,* 654-664.

Seligman, M. E. P. (1990/1991). *Learned optimism.* New York: A. A. Knopf, Inc.

Seligman, M. E. P. (1975). *Helplessness: On depression, development, and death.* San Francisco: W.H. Freeman.

Seligman, M. E. P. (2002a). *Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment.* New York: Free Press/Simon and Schuster.

Seligman, M. E. P. (2002b). *Positive psychology, positive prevention, and positive therapy.* In C. Snyder & S. Lopez (Eds.), Handbook of positive psychology (pp. 5-9). New York, NY: Oxford University Press.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive Psychology: An Introduction. *American Psychologist, 55,* 5-14.

Seligman, M. E. P., & Schulman, P. (1986). Explanatory style as a predictor of performance as a life insurance agent. *Journal of Personality and Social Psychology, 50,* 832–838.

Seligman, M. E. P., Nolen-Hoeksema, S., Thornton, N. & Thornton, K. M. (1990). Explanatory style as a mechanism of disappointing athletic performance. *Psychological Science, 1,* 143-146.

Seligman, M. E. P., Steen, R. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60,* 410-421.

Sells, J. N. & Hargrave, T. D. (1998). Forgiveness: A review of the theoretical and empirical literature. *Journal of Family Therapy, 20,* 21-37.

Shafer, A. B. (2000). Relation of the Big Five to Biodata and aspects of the self. Personality & Individual Differences, *Elsevier Science, 28,* 1017-1035.

Shahani, C., Dipboye, R. L., & Phillips, A. P. (1990). Global self-esteem as a correlate of work-related attitiudes: A question of dimensionality. *Journal of Personality Assessment, 54,* 276-288.

Shank, J., & Coyle, C. (2002). *Therapeutic recreation in health promotion and rehabilitation.* State College, PA: Venture.

Shavelson, R.J., Hubner, J.J., and Stanton, G.C. (1976). Self-concept: Validation of construct interpretations. *Review of Educational Research, 46,* 407-441.

Shekelle, R. B., Gale, M., Ostfeld, A. M. & Paul, O. (1983). Hostility, risk of coronary heart disease, and \tab mortality. *Psychosomatic Medicine, 45,* 109-114.

Sheldon, K. M., & Lyubomirsky, S. (2004). *Achieving sustainable new happiness: Prospects, practices, and prescriptions.* In A. Linley & S. Joseph (Eds.). Positive psychology in practice,127-145. Hoboken, NJ: John Wiley & Sons.

Sheldon, K. M., & Lyubomirsky, S. (2006). Achieving sustainable gains in happiness: Change your actions, not your circumstances. *Journal of Happiness Studies, 7,* 55-86.

Sheldon, K. M., Kasser, T., Smith, K., & Share, T. (2002). Personal goals and psychological growth: Testing an intervention to enhance goal-attainment and personality integration. *Journal of Personality, 70,* 5-31.

Shimizu, M., & Pelham, B. W. (2004). The unconscious cost of good fortune: Implicit and explicit self-esteem, positive life events, and health. *Health Psychology, 23,* 101–105.

Shrauger, J. S. (1972). Self-esteem and reactions to being observed by others. *Journal of Personality and Social Psychology, 23.* 192-200.

Shrauger, J. S.,&Sorman, P. B. (1977). Self-evaluations, initial success and failure, and improvement as determinants of persistence. *Journal of Consulting and Clinical Psychology, 45,* 484-495.

Silvera, D. H., & Seger, C. (2004). Feeling Good About Ourselves: An Examination of Idiographic Self-evaluations and Their Relation to Self-esteem in the United States and Norway. *Journal of Cross-Cultural Psychology, 35,* 571-585.

Silvera, D. H., Bergersen, T. D., Bjorgum, L., Perry, J. A., Rosenvinge, J. H. & Holte, A. (1998). Analyzing the relation between self-esteem and eating disorders: Differential effects of self-liking and self-competence. *Eating and Weight Disorders, 3,* 95–99.

Silvera, D. H., Neilands, T., & Perry, J. A. (2001). A Norwegian Translation of the Self-Liking and Competence Scale. *Scandinavian Journal of Psychology, 42,* 417-427

Singer, B., & Ryff, C.D. (1999). Hierarchies of life histories and associated health risks. *Annals of the New York Academy of Sciences, 896,* 96-115.

Slade, P. (1982). Towards a functional analysis of anorexia nervosa and bulimia nervosa. *British Journal of Clinical Psychology, 21,* 167-179.

Slavin, L. A., Rainer, K. L., McCreary, M. L. & Gowda, K. K. (1991) Toward a multicultural model of the stress process. *Journal of Counseling and Development, 70,* 156–163.

Sloman, S. A. (1996). The empirical case for two systems of reasoning. *Psychological Bulletin, 119,* 3-22.

Smith, D. L. (1996). *Psychodynamic therapy: The Freudian Approach.* In W. Dryden, Handbook of individual therapy. (pp.19-39). London: SAGE

Smith, E. R., & DeCoster, J. (2000). Dual process models in social and cognitive psychology: Conceptual integration and links to underlying memory systems. *Personality and Social Psychology Review, 4,* 108-131.

Smith, M., Wethington E., & Zhan, O. (1996). Self-Concept Clarity and Preferred Coping Styles. *Journal of Personality 64,* 407-434.

Snyder, C. R., Feldman, D. B., Shorey, H. S., & Rand, K.L., (2002). Hopeful choices : A school counselor's guide to hope therapy. *Professional School Counseling, 5,* 298-307.

Snyder, C.R. & Lopez, S. J. (2002). *Handbook of Positive Psychology.* New York: Oxford University Press.

Snyder, C.R. & Thompson, L.Y. (2003). *Measuring forgiveness.* In S. J. Lopez & C. R. Snyder (Eds.), Positive psychological assessment: A handbook of models and measures (pp. 301-312). Washington, DC: American Psychological Association.

Solomon, S., Greenberg, J., & Pyszcyzynski, T. (1991). A terror management theory of social behavior: The psychological functions of self-esteem and cultural worldviews. In M. Zanna (Ed.), *Advances in experimental social psychology, 24,* 93-159.

Sonnak, C. & Towell, A. (2001) The impostor phenomenon in British university students: relationships between self-esteem, mental health, parental rearing style and socioeconomic status. *Personality and Individual Differences, 31,* 863-874.

Spalding, L. R. & Harding, C. D. (1999). Unconscious unease and self-handicapping: Behavioral consequences of individual differences in implicit and explicit self-esteem. *Psychological Science, 10,* 535-539.

Stanovich K.E. (1999). *Who is Rational? Studies of Individual Differences in Reasoning.* Mahway, NJ: Lawrence Elrbaum Associates.

Steele, C. M. (1988). The psychology of self-affirmation: sustaining the integrity of the self. In L. Berkowitz (Ed.), *Advances in experimental social psychology, 21,* 261-302

Steele, C. M., Spencer, S. J., & Lynch, M. (1993). Self-image resilience and dissonance: The role of affirmational resources. *Journal of Personality and Social Psychology, 64,* 885-896.

Steinberg, L., & Morris, A. S. (2001). Adolescent development. *Annual Review of Psychology, 52,* 83–110.

Steinhausen, H. (2002). The outcome of anorexia nervosa in the 20th century. *American Journal of Psychiatry, 159,* 1284-1293.

Stimpson, Q. (2003). *Counselling in a postmodern context.* In Q. Stimpson (editor), Clinical counselling in voluntary and community settings (pp.128-134). NY: Brunner—Routledge.

Suh, E. M. (2000). *Self, the hyphen between culture and subjective well-being.* In E. Diener & E. M. Suh (Eds.), Culture and subjective well-being (pp. 63-86). Cambridge, MA: MIT Press.

Suh, E., Diener, E., Oishi, S., & Triandis, H. C. (1998). The shifting basis of life satisfaction judgments across cultures: Emotions versus norms. *Journal of Personality and Social Psychology, 74,* 482-493.

Swann, W. B., Jr. (1987). Identify negotiation: Where two roads meet. *Journal of Personality and Social Psychology, 53,* 1038-1051.

Swann, W. B., Jr. (1990). *To be adored or to be known?* The interplay of self-enhancement and self-verification. In R. M. Sorrentino & E. T. Higgins (Eds.), Motivation and cognition (Vol. 2, pp. 408-448). New York: Guilford Press.

Sylvester, C., Voelkl, J., & Ellis, G. (2001). *Therapeutic recreation programming: Theory and practice.* State College, PA: Venture.

Tafarodi, R. & Vu, C. (1997). Two-dimensional self-esteem and reaction to success and failure. *Personality & Social Psychology Bulletin, 23,* 626-635.

Tafarodi, R. W (1998). Paradoxical self-esteem and selectivity in the processing of social information. Journal of Personality and Social Psychology, 74, 1181-1196.

Tafarodi, R. W. & Milne, A. B. (2002) Decomposing global self-esteem. *Journal of Personality, 70,* 443–83.

Tafarodi, R. W. & Swann, W. B. (2001). Two-dimensional self-esteem: Theory and measurement. *Personality and Individual Differences, 31,* 653-673.

Tafarodi, R. W. & Swann, W. B. (1995). Self-liking and self competence as dimensions of global self-esteem: initial validation of a measure. *Journal of Personality Assessment, 65,* 322–342.

Tafarodi, R. W. & Swann, W. B. (1996). Individualism-collectivism and global self-esteem: Evidence for a cultural trade-off. *Journal of Cross-Cultural Psychology, 27,* 651-672.

Tafarodi, R. W. Lang, J. M. & Smith, A. J. (1999). Self-esteem and the cultural trade-off: Evidence for the role of individualism-collectivism. *Journal of Cross-Cultural Psychology, 30,* 620-640.

Tafarodi, R. W., Marshall, T. C., & Milne, A. B. (2003). Self-esteem and memory. *Journal of Personality and Social Psychology, 84,* 29-45.

Tafarodi, R. W., Tam, J., & Milne, A.B. (2001). Selective memory and the persistence of paradoxical self-esteem. *Personality and Social Psychology Bulletin, 27,* 1179-1189.

Tajfel, J. and Turner, J.C. (1986). *The social identity theory of intergroup behaviour.* In S. Worchel and W.G. Austin (eds), Psychology of Intergroup Relations, 2nd edn. Chicago: Nelson-Hall, pp. 7-24.

Tangney, J. P., Boone, A. L., Dearing, R., & Reinsmith, C. (2002). *Individual differences in the propensity' to forgive: Measurement and implications for psychological and social adjustment.* Manuscript submitted for publication.

Taylor, S. E. & Brown, J. D. (1988). Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin, 103,* 193-210.

Taylor, S. E. & Brown, J. D. (1994). Positive illusions and well-being revisited: Separating fact from fiction. *Psychological Bulletin, 116,* 21-27.

Tennen, H., Herzberger, S. & Nelson (1987). Depressive attributional style: The role of self-esteem. *Journal of Personality, 55,* 631-660.

Tesser, A. (1988). *Toward a self-evaluation model of social behavior.* In L. Berkowitz (Ed.), Advances in experimental social psychology (Vol. 21, pp. 181±227). San Diego: Academic.

Tesser, A. (1991). *Emotion in social comparison and reflection processes.* In J. Suls and T.A. Wills (Eds.), Social comparison: Contemporary theory and research. Lawrence Erlbaum, Hillsdale, NJ.

Tesser, A. (2001). *Self -Esteem.* In A. Tesser & N. Schwarz (Eds.) Blackwell Handbook of Social Psychology: Intraindividual Processes. London: Blackwell Publishers. 479-498.

Thoits, P.A. (1995). Stress, coping, and social support processes; Where are we? What next? *Journal of Health and Social Behavior,* 53-79.

Thompson, L. Y., & Synder, C. R. (2003). *Measuring forgiveness.* In S. J. Lopez & C. R. Snyder (Eds.), Positive psychological assessment: A handbook of models

and measures (pp. 301-312). Washington, DC: American Psychological Association.

Thompson, L. Y., Snyder, C. R., Hoffman, L., Michael, S. T., Rasmussen, H. N., Billings, L. S. (2005). Dispositional forgiveness of self, others, and situations. *Journal of Personality, 73,* 313-359.

Thompson, R. A. (1990). *Emotion and self-regulation.* In R. A. Thompson (Ed.), Socioemotional development. Nebraska Symposium on Motivation, 36, 367-467, Lincoln: University of Nebraska Press.

Thompson, R. A. (1994). Emotion regulation: A theme in search of definition. In N.A. Fox (Ed.). The development of emotion regulation: Biological and behavioural aspects. *Monographs of the Society for Research in Child Development, 59*, 25-52.

Thompson, S.C., Sobolew-Shubin, A., Galbraith, M.E., Schwankovsky, L. & Cruzen, D. (1993). Maintaining perceptions of control: Finding perceived control in low-control circumstances. *Journal of Personality and Social Psychology, 64,* 293–304.

Thornberry, T. P. (1996). *Empirical support for interactional theory: A review of the literature.* In J. D. Hawkins (Ed.), Delinquency and crime: Current theories (pp. 198-235). NewYork: Cambridge University Press.

Toussaint L. & Webb J.R. (2005). Gender differences in the relationship between empathy and forgiveness. *Journal of Social Psychology, 145,* 673-85.

Trafimow, D., Triandis, H. C., & Goto, S. G. (1991). Some tests of the distinction between the private self and the collective self. *Journal of Personality and Social Psychology, 60,* 649-655.

Triandis, H.C. (1989). *The self and social behavior in differing cultural contexts.* Psychological Review. 96(3). 506-520. Retrieved September 15, 2006 from psycARTICLES database.

Turner, R. Jay. (1981). Social Support as a Contingency in Psychological Well-being. *Journal of Health and Social Behavior, 22,* 357-367.

Vaillant, G. (1977). *Adaptation to life.* Boston: Little, Brown.

Vaillant, G. E. & Schnurr, P. (1988). What is a case? A forty-five year follow-up of a college sample selected for mental health. *Archives of General Psychiatry, 45,* 313-319.

Vaillant, G. E. (1986). *Empirical assessment of ego mechanisms of defense.* Washington, DC: American Psychiatric Press.

Vermigli, P., Travaglia, G., Alcini S., Galluccio, P. (2001). Autostima, relazioni, femiliari, e successo scolastico. [Self-esteem, family relationships and school success]. *Eta Evolutiva, 71,* 29-40.

Vinsonneau, G., & Mullet, E. (2001). Willingness to forgive among young adolescents: An European-Maghrebi comparison. *International Journal of Group Tensions, 30,* 267-278.

Wade, T. J., & Cooper, M. (1999). Sex differences in the links between attractiveness, self-esteem and the body. *Personality and Individual Differences, 27,* 1047-1056.

Walker, D. F., & Gorsuch, R. L. (2002). Forgiveness within the Big Five personality model. *Personality and Individual Differences, 32,* 1127-1137.

Watkins, D. (1994) Student evaluations of university teaching: A cross-cultural perspective in Research. *Higher Education, 35,* 251-266.

Weinberger, D.A., Schwartz, G.E. and Davidson, R.J. (1979). Low anxious, high-anxious and repressive coping styles: psychometric patterns and behavioural and physiological responses to stress. *Journal of Abnormal Psychology, 88,* 369-380.

Weiner B., (1991). Metaphors in Motivation and Attribution. *American Psychologist, 46,* 921-930.

Weiner, B., Folkes, V. S., Amirkham, J., & Verette, J. (1987). An attributional analysis of excuse giving: Studies of a na?¨ve theory of emotion. *Journal of Personality and Social Psychology, 52,* 316–324.

Weinstein, N. D. (1980). Unrealistic optimism about future life events. *Journal of Personality and Social Psychology, 39,* 806-820.

Weinstein, N. D. (1982). Unrealistic optimism about susceptibility to health problems. *Journal of Behavioral Medicine, 5,* 441-460.

Weinstein, N. D., & Lyon, J. E. (1999). Mindset, optimistic bias about personal risk and health-protective behavior. *British Journal of Health Psychology, 4,* 289-300.

Weisz, J. R., Rothbaum, F. M. & Blackburn, T. C. (1984). Standing in and standing out: The psychology of control in America and Japan. *American Psychologist, 39,* 955-969.

Werner, E. & Smith, R. S. (1992). *Overcoming the odds: high risk children from birth to adulthood.* Ithaca, NY: Cornell.

Werner, E. E. (1997). Vulnerable but invincible: high risk children from birth to adulthood. *Acta Paediatica Supplement, 422,* 103-105.

Westen, D. (1992). The cognitive and the psychoanalytic self: Can we put our selves together? *Psychological Inquiry, 3,* 1–13.

Wethington, E. & Kessler, R. C. (1986). Perceived support, received support, and adjustment to stressful life events. *Journal of Health and Social Behavior, 27,* 78-89.

Whisman, M. A., & Kwon, P. (1993). Life stress and dysphoria: The role of self-esteem and hopelessness. *Journal of Personality and Social Psychology, 65,* 1054-1060.

White, M. S. (1985). Ego development in adult women. *Journal of Personality, 53,* 561–574.

White, R. W. (1963). *Ego and reality in psychoanalytic theory: A proposal regarding independent ego energies.* Psychological Issues, 3 (3, Monograph 11). New York: International Universities Press.

Whitehead, J. & McNiff, J. (2006). *Living Theory Action Research.* London: Sage.

Whitehead, J. R. (2006). *Physical Activity and Intrinsic Motivation.* PCPFS Research Digest, 2(1). Retrieved May 20, 2006, from www.fitness.gov/intrinsic.pdf.

Williams, S., & Shiaw, W. T. (1999). Mood and organizational citizenship behavior: The effects of positive affect on employee organizational citizenship behavior intentions. *Journal of Psychology, 133,* 656-668.

Wilson, T., Milosevic, A., Carroll, M., Hart, K., & Hibbard, S. (2008). Physical health status in relation to self-forgiveness and other-forgiveness in healthy college students. *Journal of health psychology, 13*, 6, 1359-1053.

Wilson, T. D., Lindsey, S. & Schooler, T.Y. (2000). A Model of Dual Attitudes. *Psychological Review, 107,* 101–26.

Witvliet, C.V. O., Ludwig, T. E. & Vander Laan, K. L. (2001). Granting forgiveness or harboring grudges: Implications for emotion, physiology, and health. *Psychological Science, 121,* 117-123.

Woodman, T. (1992). *The role of forgiveness in marital adjustment.* Dissertation

    Abstracts International, 53(4). (UMI 9225999).

Woolfolk, R. L., Gara, M. A., Ambrose, T. K.,Williams, J. E., Allen, L. A., Irvin, S. L.

    & Beaver, J. D. (1999). Self-complexity and the persistence of depression.

    The Journal of Nervous and Mental Disease, 187, 393–399.

Woolfolk, R. L., Novalany, J., Gara, M. A., Allen, L. A. & Polino, M. (1995). Self-

    complexity, self-evaluation, and depression: An examination of form and

    content within the self-schema. *Journal of Personality and Social*

    Psychology, 68, 1108–1120.

Worthington, E. L., & DiBlasio, F. A. (1990). Promoting mutual forgiveness within

    the fractured relationship. *Psychotherapy, 27,* 219-223.

Worthington, E. L., & Wade, N. G. (1999). The psychology of unforgiveness and

    forgiveness and implications for clinical practice. *Journal of Social and*

    Clinical Psychology, 18, 385-418.

Wright, M. O., & Masten, A. S. (1997). *Vulnerability and resilience in young children.*

    In J. D. Noshpita (Series Ed.) & S. Greenspan, S. Weider, & J. Osofsky (Vol

    Eds.), Handbook of child and adolescent psychiatry: Vol. 1 Infants and

    preschoolers: Development and syndromes (pp. 202-224). New York: Wiley.

Yu, D. L. & Seligman, M. E. P. (2002). Preventing depressive symptoms in Chinese

    children. *Prevention & Treatment, 5,*

Zauszniewski, J.A.? Rong J.R.(1999). Depression cognitions and psychosocial

    functioning: A test of Beck's cognitive theory. *Archives of Psychiatric*

    Nursing, 8, 286-293.

Zautra, A. J. (1996). Investigations of the ongoing stressful situations among those with chronic illness. *American Journal of Community Psychology, 24,* 697-717.

Zechmeister, J. S. & Romero, C. (2002). Victim and offender accounts of interpersonal conflict: Autobiographical narratives of forgiveness and unforgiveness. *Journal of Personality and Social Psychology, 84,* 675-686.

Zimmer, A., Hickey, T., & Searle, M. (1995). Activity participation and well-being among older people with arthritis. *Gerontologist, 35,* 463-471.