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Active and passive maladaptive behaviour patterns mediate the relationship between contingent self-esteem and health

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ABSTRACT

People with an impoverished basic self-acceptance are compelled to seek external reassurances of their own value and to cope with the threats and challenges of social life by different compensatory behaviours. The present study examines the links between competence based self-esteem (CBSE) and relation based self-esteem (RBSE) (Johnson & Blom, 2007), active and passive maladaptive socio-behavioural styles and health status. The active style was indicated by hostile perfectionistic strivings whereas the passive style was indicated by avoidance and emotion suppression. In a cross-sectional design 284 Swedish adults completed personality and health questionnaires. The results showed that CBSE is a stronger predictor of poor physical health than RBSE and that the relation is primarily mediated by an active "toxic" style, whereas the role of RBSE for health appears purely indirect, mediated by a passive repressive style. An additional finding was that the two types of contingent SE and socio-behavioural styles were associated with different kinds of health problems.

1. Introduction

It is widely recognised that psychosocial vulnerability to stress arises from thoughts, emotions, and attitudes triggered by psychological needs in a social context (Leary, 1999; Redfield & Stone, 1979; Sheldon, Elliot, Kim, & Kasser, 2001). In this respect, Blatt, Cornell, and Eshkol (1993) proposed that associations between personality factors and physical illness are mediated by specific motivational and behavioural patterns related to different kinds of perceived social threats, adverse states, and responsiveness (see also Higgins, Vookles, & Tykocinski, 1992; Kemeny, 2009). In these processes involving threat appraisal and congruent response appears self-esteem, indicating perception of one's own value, to be a critical factor (Crocker & Park, 2004; Leary, 1999). In particular, a dynamic view of self-esteem, where an impoverished basic sense of self-esteem is considered to foster different compensatory self-validation strategies, provides a promising framework for studies of vulnerability and health (Blatt et al., 1993; Deci & Ryan, 1995; Johnson, 2010; Johnson & Blom, 2007; Johnson & Forsman, 1995). Recently, the significance of responses to different social threats for health processes has been recognised (e.g., Kemeny, 2009), however, the intrapersonal mechanisms governing these processes have yet to be elucidated. Therefore, the present paper set out to examine links between self-esteem staked on success and competence, self-esteem dependent on reassurances in relationships, different maladaptive socio-behavioural styles, and health status.

1.1. Contingent self-esteem – two differentially vulnerable behaviour patterns

To feel valued and accepted as an individual is a fundamental psychological need (Leary, 1999; Sheldon et al., 2001). Therefore, people holding an impoverished basic sense of self-esteem (Johnson & Forsman, 1995), emanating from insecure attachment patterns in early development, are compelled to seek external reassurances of their own value (Blatt & Zuroff, 1992; Deci & Ryan, 1995; Johnson & Blom, 2007). Two other important social needs in people are to relate to others and to achieve success (Sheldon et al., 2001). Subsequently, it appears that self-validation is predominantly sought from relationship or competence issues (Crocker & Park, 2004). Which of these domains is the most salient for an individual depends on early experiences of parental regard and attachment patterns (Blatt & Zuroff, 1992; Deci & Ryan, 1995; Johnson & Blom, 2007). These experiences create internalised working models that are decisive for which kind of vulnerability the individual develops (Blatt et al., 1993; Mikulincer, Gillath, & Shaver, 2002).

On this basis, Johnson and Blom (2007) identified two distinct cognitive motivational structures arising from an impoverished sense of basic self-esteem (Johnson & Forsman, 1995); termed, Relation based self-esteem (RBSE) and Competence based self-esteem (CBSE). For clarity, RBSE and CBSE are not considered 'types

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of self-esteem' but refer to chronic attitudes and behaviours which serve to protect or defend one's self-value for the moment, but are dysfunctional in the long run (Blatt et al., 1993; Johnson & Blom, 2007).

RBSE-structure develops given experiences of emotional deprivation or rejection by parents in early childhood fostering a motivation to seek emotional affirmation in close relationships to "stay afloat" psychologically (Blatt & Zuroff, 1992). Subsequently, this excessive need of others' acceptance leads to compliance and suppression of one's own needs and feelings, as conflicts and rejection are perceived as threatening (Murray, Griffin, Rose, & Bellavia, 2003; Pincus & Wilson, 2001). Consequently, the stressful conditions which trigger RBSE-structure deal with threats in emotional relationships calling for self-protection (Blatt & Zuroff, 1992). People with this kind of conditional stance have in previous research displayed a non-assertive attitude, dependency, and helplessness (Johnson, 2010; Johnson & Blom, 2007; Johnson & Forsman, 1995).

CBSE-structure (Johnson & Blom, 2007) develops when the child experiences being loved and accepted conditionally upon parental standards leading to a conviction later in life that successful accomplishments, status, and perfection define one's self-worth (Deci & Ryan, 1995). This makes these people self-critical and over ambitious but also controlling and aggressive in their competition (Blom, Johnson, & Patching, in press; Deci & Ryan, 1995; Johnson & Forsman, 1995). Accordingly, the stressful threats which trigger CBSE-structure are achievement related and concern self-definition (Blatt & Zuroff, 1992).

1.2. Differential self-esteem strivings and health

According to Blatt et al. (1993), self-worth related concerns of achievements and failures precipitate cardiovascular problems, whereas concerns of rejection in relationships, evoking compliance and repression, may incline to immunogenic disease (see also Busse, Kiekolt-Glaser, Coe, et al., 1995; Segerström & Miller, 2004; Smith, Glazer, Riz, & Gallo, 2004). Similarly, development of concepts such as competitive and hostile type A, versus emotionally dependent and repressive type C (Baltrusch, Stangel, & Waltz, 1998; Matthews, 1988), have inspired researchers to seek understanding of differential health (see Sanderman & Ranchor, 1997, for a review). Notably, Price (1982) proposed that the core of type A behaviour lies in the individual's concerns of self-worth.

Complementing these views on personality and health, the model of RBSE and CBS (Johnson & Blom, 2007) promises to shed further light on the mechanisms involved in differentially vulnerable personality patterns. The two kinds of cognitive-motivational structures, arising from different self-validation needs, are during the individual's life course thought to be triggered by corresponding life events, fears, and threats (Mikulincer et al., 2002). These processes are considered to incorporate responses characterised by 'passive defeat' versus 'active attack', that determine further which hormonal or immunological mechanisms are affected (see Kemeny, 2009). For instance, Cole, Kemeny, Weitzman, Schoen, and Anton (1998) demonstrated that affective-behavioural factors, such as social inhibition, predispose a person to physiological hyper responsiveness that requires a congruent exogenous social trigger for eliciting an altered cellular immune response (see also Kemeny, 2009; Kiecolt-Glaser & Glaser, 1992; Klinnert, 2003). Furthermore, it is widely agreed that an aggressive competitive behaviour precipitates cardiac disorders (Matthews, 1988; Smith et al., 2004). Recently, Blom et al. (in press) found a heightened cardiovascular reactivity as a response to evaluated performance in people with an accentuated CBSE (see also Johnson & Forsman, 1995).

In sum, two distinct vulnerable orientations to compensate a low sense of basic self-acceptance and adjust to congruent social threats (emotional rejection versus devaluation of one's competencies) and demands are discerned (Blatt & Zuroff, 1992; Johnson & Blom, 2007; Mikulincer et al., 2002). Self-validation by seeking emotional reassurance is considered to involve a passive style of maladaptive attitudes and behaviours, such as repressive avoidance, to protect one's self-value, whereas self-validation by successful acts entails an active resentful approach to pursue self-worth. These two contingent SE patterns can be thought to trigger congruent unhealthy social behaviours and incline people differentially to disease (Blatt et al., 1993; Higgins et al., 1992; Johnson, 2010).

1.3. Aim and hypotheses

The aim of the present work is to examine links between the two kinds of contingent self-esteem, active (perfectionism, hostility, "toxic" strivings) and passive (dependency, avoidant coping, emotional suppression) maladaptive socio-behavioural styles, and health status. The variables to indicate active-competitive, and passive-repressive styles were chosen as they are considered the most crucial predispositions connected to cardiovascular (Flett, Hewitt, Blankstein, & Dynin, 1994; Smith et al., 2004) and immunological (Busse et al., 1995; Petrie, Booth, & Pennebaker, 1998) vulnerability, and have shown links to different self-esteem strategies (Johnson, 2003, 2010). A retrospective 'paper and pencil' self-report method was used.

Hypotheses:

(i) A theoretical model is posited which assumes that passive (avoidant/repressive) social style is a mediating factor between RBSE and health whereas active (hostile/competitive) style mediates between CBSE and health (Blatt et al., 1993; Johnson, 2010).

(ii) Due to the competitive implications of CBSE and active maladaptive style, these factors were expected to show a stronger link to health than RBSE and passive maladaptive style (Blom et al., in press; Johnson, 2010; Smith et al., 2004).

(iii) The two contingent SE structures and social styles are further hypothesised to be related to different physical symptoms. CBSE and active style are thought to be associated with tension/cardiac problems while RBSE and passive style are thought to be related to asthma/allergy type of symptoms (Blatt et al., 1993, 1995; Higgins et al., 1992; Johnson, 2003; Petrie et al., 1998).

2. Method

2.1. Participants

The participants were 296 Swedish adults. Of the original sample, the data from 12 participants were discarded due to their failure to provide complete information. The remaining 284 participants (182 women and 102 men) had a mean age of 29.52 years (SD = 4.61). Of this sample 113 were students from different areas of social sciences at a provincial university and 171 were recruited from the local non-student population via different working places. No monetary incentives or course credits were provided to the participants.

2.2. Measures

2.2.1. Contingent self-esteem

The competence aspect of contingent self-esteem was measured using the Competence based SE Scale (Johnson & Blom, 2007) consisting of 12 items with a verified theoretical structure reflecting self-worth conditional on competence (e.g., "I feel worthwhile only when I have performed well") and exaggerated self-criticism coupled with a feeling of insufficiency in one's own