CONSISTENT LOW SELF-ESTEEM OR 'PARANOID' DEFENSIVE INCONSISTENT SELF-ESTEEM?

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BACKGROUND & AIMS

Several studies have linked the development and maintenance of Social Anxiety (SA) with dysfunctional self-esteem (SE). It has been argued that SE has at least two domains: the conscious and more cognitive domain or Explicit Self-Esteem (ESE), and the unconscious and more affective domain or Implicit Self-Esteem (ISE).

The domains of SE can be consistent or inconsistent. The two possible forms of inconsistent SE are the so-called "fragile" or "defensive" high SE, characterized by high ESE and low ISE, and the "damaged" SE, characterized by low ESE and high ISE. Figure 1 presents these types of SE.

Inconsistent SE has been associated to psychopathology and impairment (Creemers et al., 2013; Rudolph, Schu and Schro, 2007). For instance, the analysis of SE in depression has indicated both inconsistent damaged SE (Creemers et al., 2013; De Jong, 2002; Kesting et al., 2011; Lemmens et al., 2014; Van Tuijl et al., 2014) and consistent low SE in cases of repeated episodes (Risch et al. 2010).

Figure 1. Types of Self-esteem

By contrast, in paranoia some studies associate persecutory delusions with defensive inconsistent SE (Bentall et al. 2001; Valiente et al. 2011), while others report other possibilities (Kesting et al., 2011; Vázquez et al., 2008).

Given that socially anxious individuals tend to be both depressed and suspicious (regarding others' judgments), the **aim** of the present study was to analyze to what extent SA was associated with:

a) a *damaged SE* (low ESE – high ISE), as previous studies about SA suggest (De Jong, 2002; Ritter et al., 2013; Schreiber et al., 2012; van Tuijl et al., 2014),
b) a *consistent low SE* (both low ISE and ESE, as it happens in some cases of depression), or
c) an *inconsistent defensive SE* (high ESE but low ISE, as it is attributed to some cases of paranoia).

In addition, given the association between consistently low SE and damaged SE with depression, we **secondly** predicted that the association between SA and SE will vary as a function of the degree of depression.

Finally, the capacity to be aware of mental states (such as feelings and thinking) and the ability to name and accept them has been conceptualized as mentalization or reflective function (RF) (Fonagy et al. 1991). We **thirdly** predict that a poor RF capacity will contribute to shape an inconsistent rather than a consistent SE structure, especially the defensive type of SE.

METHOD

Participants: A sample of 276 adolescents aged 12 to 18 were assessed in a First Phase of a study about SA. Eighty participants (40 with high SA and 40 controls) were assessed in a Second Phase on levels of ISE with GNAT procedure.

Instruments: *Go/No Go Association Task* (GNAT; Nosek&Banaji, 2001), *Social Anxiety Scale for Adolescents* (SAS-A; La Greca, &López, 1998), *Beck Depression Inventory II* (BDI-II; Beck, Steer, & Brown, 1996), *Rosenberg Self-Esteem Scale* (RSES; Rosenberg, 1965) and *Mentalization Questionnaire* (MZQ; Hausberg et al., 2012). Discrepancy scores express the difference between ISE and ESE.

Procedure: Data were collected in high schools. Multivariate linear regression was used.

RESULTS

Table 1 shows that SA was not associated with ISE (as it was the case for depression and their interaction) but held a significant association with ESE. The interaction of SA and depression was also predictive of ESE levels. In addition, increasing levels of SA and depression predicted decreases in the discrepancy between ISE and ESE. The significant interaction between SA and depression is consistent with the hypotheses that depression levels moderate the association between SA and SE.

Against predictions, reflective function did not predict discrepancy in SE. Moreover, RF did not interact with depression or SA and did not moderate any relationship (there were no significant interaction in thus model). Thus, RF did not show any contribution to SA.

Table 1.   Linear Regressions of Social Anxiety.

Criterion	Step	Predictor	Step 1 B	Step 2 B	Step 3 B	R²	F (Model)	ΔR²	ΔF
ISE	1	SA (SAS-A)	.01	-.01	-.23	.00	.01	-	-
	2	Depression (BDI)		.07	-.45	.00	.14	.00	.26
	3	SA x Depression			.66	.05	1.19	.05	3.29
ESE	1	SA (SAS-A)	-.47***	-.30***	-.38**	.22	20.82***	-	-
	2	Depression (BDI)		-.58***	-.77**	.52	38.98***	.30	44.54**
	3	SA x Depression			.25	.53	26.30***	.01	.98
DISCREPANCY	1	SA (SAS-A)	-.38**	-.24*	-.13	.14	11.22**	-	-
	2	Depression (BDI)		-.44***	-.19	.32	15.48***	.17	17.04***
	3	SA x Depression			-.32	.33	10.68***	.01	1.08
DISCREPANCY	1	SA (SAS-A)	-.38**	-.32*	-.26*	.14	11.22**	-	-
	2	Reflective Function (MZQ)		-.11	.05	.15	5.99**	.01	.79
	3	Depression (BDI)			-.45***	.32	10.22***	.17	16.00***

*p< .05 ; **p< .005 ; ***p<.0005

DISCUSSION & CONCLUSION

These results are partially consistent to those of previous studies showing a damaged SE in participants with SA, that is, a damaged or low ESE but a relatively preserved ISE (De Jong, 2002; Ritter et al., 2013; Schreiber et al., 2012; Van Tuijl et al., 2014). However, the present study does not show a preserved ISE associated to SA. By contrast, a lack of association between ISE and SA, even when depression and RF are considered in the model, indicates that our measure of ISE does not depend on any of the assessed measures.

Depression was the factor more strongly related to SE, even in a sample with overrepresented SA. Thus, SA predicted low ESE but its effect is clearly moderated by depression, and the magnitude of the association is stronger for the latter, which is consistent with previous studies.

Finally, mentalizing or reflective function was not related to discrepancies in self-esteem. This is not consistent with claims that awareness of mental states should benefit the consistency between ISE and ESE. However, it must be considered that in this initial study the only available self-report measure (MZQ) to assess mentalization was used, with the potential shortcoming of it being a too simple measure to adequately capture such a complex construct. As research on the operationalization of mentalization and its measurement progresses it should be possible to expand the investigation of this hypothesis.

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