People aren't daft, are they? So if you explain the facts, and let them make their own minds up, then you can trust them to behave better.

That simple approach to health education is appealingly simple, but doesn't seem to be effective, at least not by itself. For example, we know that doctors are three times more likely than the rest of the population to have cirrhosis of the liver, yet surely their knowledge and awareness of the consequences of alcohol misuse exceed what most of us ever achieve. Looking at attitudes as well as knowledge helps, but not enough.

So what else might work? In the 1980s, there was a lot of interest in self-esteem on the part of health educators and others interested in behavioural change. In California (where else?), there was established a Self-Esteem Commission, which seemed to treat self-esteem as a cure-all for social ills. They declared that "many, if not most, of the major problems plaguing society have roots in the low self-esteem of many of the people who make up society." (Mecca et al., 1989).

It did make a lot of sense. Low self-esteem might make you, say, more likely to drink heavily, and perhaps for several reasons - maybe as a way of managing uncomfortable emotions, or bidding for social status through your drinking, or maybe because low self-esteem makes you more likely to succumb to peer pressure to drink. These are not exclusive of course - all three mechanisms might operate in different people, or all at once in the same person - and the same mechanisms might apply to different social problems, from substance use to delinquency. The research evidence wasn't great, but it seemed to be pointing that way, and so the appeal of dealing with several wellsprings of social problems through a single feel-good approach was strong.

This period was just about when I started working in health education research, and almost immediately some problems started to arise.

1. Self-esteem was never a good predictor of behaviour. You could find correlations (Regis & Balding, 1988), but they weren't very large. So, we see below, (Table 1) that in our 2010 data set there is a higher rate of smoking in the week before the survey among Year 10 pupils with the lowest self-esteem scores, but the difference between the two ends is not enormous.

Table 1.

<table>
<thead>
<tr>
<th>Self-Esteem Level</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>Med-low</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Med-high</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>High</td>
<td>15</td>
<td>16</td>
</tr>
</tbody>
</table>

2. Some of these correlations were the wrong way around! Peter Gurney, our former School of Education colleague, used to drop into the Unit to look at self-esteem and drinking, and kept finding that young drinkers had higher self-esteem than non-drinkers. And soon after we were able to show that the self-esteem of cannabis users was actually higher than usual (Balding, 1995)1. I don't think either finding is hard to

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Dr David Regis is the Research Manager at the Schools Health Education Unit.
For communication please email: david.regis@sheu.org.uk

David Regis

The End of Self-Esteem?

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1. A finding we published in 1995. However, just checking the same analysis in the 2010 data set, we can't show the same results!
see the sense of - surely here we are looking at outgoing, confident risk-takers - but we need to have a bit more subtle approach than the one we started with (Regis, 1988).

3. Perhaps very low self-esteem is associated with problem substance use - like heavy drinking, and dangerous drug use. That seems to hold up reasonably well in our figures. For example, again in our 2010 data set, (Table 2), males drinking more than 14 units in the last week are over-represented among those with low self-esteem.²

Table 2.

4. But other personality variables seemed to be rather better predictors of behaviour than self-esteem (Regis et al., 1994). For example, I have always been interested in young people's feelings of control, and even a single control-related question (If you stay healthy, you've just been lucky) shows bigger differences in smoking prevalence between each end of the scale than does self-esteem (Table 3).

Table 3.

This is a story looking at UK school pupils and substance use, but I think you can repeat the same story for many other populations and topics, and the verdict is now in: self-esteem is no cure-all. Roy Baumeister presents a very readable summary in the LA Times (Baumeister, 2005), following his scholarly report with colleagues (Baumeister et al., 2003).

So where does that leave us? What's the next big idea? Baumeister himself has become interested in ideas of self-econtrol and self-regulation, but maybe single big ideas are less 'in' in these days of market segmentation and post-modernism. For myself, I'm not quite ready to stop being interested in the problems faced by young people with low self-esteem.

References


². That is clear enough among these school pupils, but less so in older students: http://sheu.org.uk/content/blog/andrew-lansleys-self-esteem