Contingent self-esteem and burnout
The importance of relation based and competence based self-esteem
for differential burnout

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Self-esteem strivings to compensate an impoverished level of basic self-esteem are detrimental for well-being. Both self-esteem strivings and burnout can be differentiated to be either competence or relation based. This study, conducted in Sweden with 228 respondents, focused on the relations between these dimensions. The results showed that, when controlling for negative affect, only relation based self-esteem predicted significantly relational burnout and that only competence based self-esteem predicted significantly competence based burnout. These findings provide a first step in understanding the relationship between both competence and relation based self-esteem and differential burnout.

Key words: burnout, self-esteem, health, relation based self-esteem, competence based self-esteem.

Introduction

Self-esteem, how we evaluate and accept ourselves, governs our behaviour and cognition and has an impact on our adjustment. To which extent people have self-esteem (high or low) influences several aspects of their lives; what they choose to do in their spare time, who they socialise with, their choices of career and even spouses. High level of basic self-esteem can act as a buffer against perceived physical and psychological threats while low level of basic self-esteem makes us more vulnerable to them (Greenberg, Pyszczynski, Burling, et al., 1992). However, having a high level of basic self-esteem is also a basic need in people. If this need for a high level of basic self-esteem is unfulfilled the individual is described as having instead a high level of contingent self esteem which means that they are impelled to strive to validate the self by external means (Johnson, 2003). These strivings affect our physical and mental health (Crocker & Park, 2004). Self-esteem strivings can be either competence or relation based, and, in particular, competence related contingent self-esteem has been shown to be related to the exhaustive syndrome called burnout (Dahlin, Joneborg & Runeson, 2007; Hallsten, Bellaagh & Gustafsson 2002; Hallsten, Josephson & Torgren, 2005). Burnout is a phenomenon readily identifiable in today’s workplace (Maslach, 2003). However, burnout can be induced via the workplace or ones close relationships (Kristensen, Borritz, Villadsen & Christensen, 2005; Pines, 1996). This study will for the first time investigate whether competence based self-esteem is linked to burnout which is competence related and whether relation based self-esteem is connected to burnout via close relationships.

Self-esteem and self-esteem pursuits

The importance of self-esteem and its implications for health and wellbeing of the individual and society are well documented (Ahola & Hakanen, 2007; Franck & Raedt, 2007; Newns, Bell & Thomas, 2003). Findings show that individuals with low levels of self-esteem suffer
from poorer mental and physical health (Kristjansson, Sigfusdottir & Allegrante, 2008; Trzensniewski, Donnellan, Moffit, Robins, Poulton & Caspi, 2006) and perform poorly academically (Hall, 2007; Mann, Hosman, Schmaal & de Vries, 2004) in comparison to those with a high level of basic self-esteem. Yet, self-esteem is a fundamental social need (Greenberg et al., 1992). An impoverished sense of self-worth creates contingent self-esteem, which refers to self-esteem dependent upon external sources (Crocker & Park, 2004; Johnson & Blom, 2007). Contingent self-esteem based on competence has been found to be associated with poor health, especially burnout (Hallsten et al., 2002, Hallsten et al., 2005; Dahlin, et al., 2007). In contrast, individuals who hold high levels of self-esteem and do not need to pursue self-validation, show more self-efficacy and sustain a more positive body image (Schmalz, Dean, Birch & Davidson, 2007). They are happier (Baumeister, Campbell, Kreuger & Vohs 2003), extroverted, more open to new experiences (Robins, Tracy & Trzesniewski, 2001) tend to live longer (Preussner et al., 2005) and are less likely to feel bad about themselves after failing a task (Park, Crocker & Kiefer, 2007).

Contingent self-esteem

Self-esteem has traditionally been conceptualised as stable and almost trait like (Crocker, Brook, Niiya & Villacorta 2006; Trzesniewski, Donnellan & Robins, 2003). Crocker and her colleagues (2006) argue that self-esteem fluctuates around this trait steered level and it is the degree of contingent self-esteem which holds the key to our wellbeing. Contingent self-esteem according to Crocker is the strivings made to validate the self by external means. Fluctuations in self-esteem are purported to be spurred by successes or failures in the areas which the individual invests their self-esteem in an attempt to attain feelings of worth and value as a person (Crocker et al., 2006; Crocker & Park, 2004). For example, if attaining a high level of self-esteem is contingent on good grades at school or positive feedback from colleagues, a lot of mental and physical effort will be invested into attaining academic achievement since failure is a threat to self-esteem (Park & Crocker 2005; Crocker et al., 2006). Correspondingly, if increasing ones self-esteem is staked on moral virtue or personal relationships then effort is put into reassuring affirmation from these sources.

Crocker and her co-workers (2004) reject the viewpoint that self-esteem is given in childhood. Whether one has high or low trait based self-esteem is also unimportant in their view. According to Park and Crocker (2005) the individual will always pursue self-esteem and it is this pursuit and the implications thereof which should be afforded attention.

The view of Johnson and Blom (2007) deviates from that of Crocker and her colleagues. Johnson and Blom emphasise the importance of basic self-esteem and argue that maladaptive strivings develop only when support, unconditional regard, and encouragement in early years is deficient. They also refined the concept of contingent self-esteem and separated theoretically and empirically between competence- and relation based self-esteem. Self-esteem according to Johnson (2003) is an essential life force connected to the development and integration of the self, it is “the way in which we evaluate ourselves...it is relatively stable once established and includes the extent to which we trust in ourselves” (Johnson, 2003, pp. 15). The basis of Johnson and Blom’s view is the division of the construct self-esteem into internal (basic) self-esteem and external self-esteem (Johnson 2003; Johnson & Forsman, 1995; Zeiger-Hill 2006). Internal self-esteem is regarded as stable, non-contingent and ‘given’ to us during early childhood via secure attachment to primary care givers and their unconditional positive regard of the child (Johnson, 2003).

External self-esteem on the other hand is attained via our achievements and relationships (Johnson, 2003). The extent to which focus is placed on achievements or relationships to increase attempt to increase self-esteem varies from individual to individual based upon early
experiences. External self-esteem can for some people be adaptive and valuable, for others external self-esteem holds a critical influence on their attitudes, behaviours and health. The outcome of external self-esteem strivings depends on the corresponding level of internal self-esteem (Johnson & Blom, 2007; Johnson & Forsman, 1995). In more detail, basic self-esteem provides the individual an inbuilt buffer against failings and rejection meaning that successes and failures are perceived as opportunities for development instead of threats to self-esteem and self-worth. Without the buffering effect of a high level of inner self-esteem, contingent self-esteem or periodic increases self-esteem attained from external sources can have very disabling effects.

*Competence and relation based self-esteem.* In their model of contingent self-esteem Johnson and Blom created the concepts and measures of Competence Based Self-esteem (CBSE) and Relation Based Self-esteem (RBSE). A low level of inner self-esteem is inversely related to levels of contingent self-esteem. Contingent self-esteem can be either based on achievements or relationships. Contingent self-esteem is not present in individuals with a high level of basic self-esteem even though short lived increases in self-esteem can be attained externally. These external boosts in self-esteem are not categorised as contingent because the individual with high basic self-esteem is not dependent upon these boosts to feel worthwhile as a person. CBSE refers to a low level of inner self-esteem which demands enhancement by achievements or in other words in the case of achievements the individual with a low level of inner self-esteem invests efforts into achievements to unconsciously increase their low level of inner self-esteem. The individual with high CBSE is competitive but threatened by others who they perceive as more capable than themselves. The CBSE individual often attempts to increase their self-esteem by investing a lot of effort into their job and career. Paradoxically, the positive feedback striven after and eventually received leads only to a temporary increase in self-esteem because the deficient level of inner self-esteem does not allow the CBSE person to wholly accept the praise they have worked so hard for. In addition a strong self-criticism heightens the threshold for sufficient standards (Johnson & Blom, 2007; Johnson & Forsman, 1995). Hence, the individuals with CBSE find themselves in a downward spiral of working harder to receive the praise they are unable to internalise (Johnson & Blom, 2007). These individuals are very likely to hold an insecure attachment style and/or have been raised with conditions of worth (Johnson & Blom, 2007).

RBSE, refers to individuals who also have a low level of inner self-esteem but who do not seek nor attain reassurance via competence strivings (Johnson & Blom, 2007). High RBSE implies that striving to increase the level of ones inner self-esteem are invested into relationships with significant others because the individual needs support, love, and acceptance to feel worthwhile. The individual strives to avoid conflicts and rejection but this goal conflicts with their behaviours of exaggerated jealousy, clingingness, and suspicion (Johnson, 2003). This lack of basic self-love means they are likely to underestimate how much they are actually valued by their partners (Murray, Holmes & Griffin, 2000). The RBSE individuals paradoxically behave in ways which motivate rejection, almost like a self-fulfilling prophecy (DeHart, Tennen, Armeli, Michael & Affleck, 2008; Josephs, Bosson, & Jacobs, 2003; Murray, Bellavia, Rose & Griffin, 2003).

In sum, the significant other is for the RBSE individual both the source of salvation and condemnation because the person they seek most comfort from poses the greatest threat to their already low inner self-esteem and in turn is a great source of stress and anxiety (DeHart et al, 2008). A similar paradox faces the CBSE person; achievements are both desired and feared because of their high significance for their low level of inner self-esteem.
Health implications of contingent self-esteem.

Stinson et al., (2008) and Fox (1999) propose that self-esteem deficiencies are at the root of most health problems. In a recent study by Stinson et al. (2008) where they present a self and social bonds model of health, the relationship between self-esteem and incidence of health problems is investigated. These authors report findings which support their hypothesis that low self-esteem predicts health problems. This relationship between self-esteem and health was found to be mediated by the respondents’ perceived relationship quality. In particular, contingent self-esteem has been linked to the onset of mental illness. Franck and Raedt (2007) found contingent self-esteem to be a stronger predictive variable in depression than trait self-esteem. They also monitored stress levels and report that highly fluctuating levels of self-esteem (self-esteem stability) correlate positively and significantly with perceived stress levels. There was no correlation between trait self-esteem and perceived stress levels suggesting that unstable self-esteem levels might be more harmful. Franck and Raedt (2007) also report a significant inverse relationship between the participant's level of trait self-esteem and self-esteem instability (contingent self-esteem) (Franck & Raedt, 2007). In other words when the respondents’ basic level of self esteem was reported to be low, their level of contingent self-esteem was more volatile and when self-esteem was reported to be at a higher level, fluctuations in contingent self-esteem were less volatile suggesting that when the base level of self-esteem is low, self-esteem strivings from external sources increase. These findings support the theory of Johnson and Blom (2007) who also hold that there is an inverse relationship between a form of base level self-esteem and the fluctuations in contingent self-esteem. Franck and Raedt, however, do not separate contingent self-esteem into competence or relation based components.

The CBSE individuals have been likened to those with competitive type A personality (Johnson & Blom, 2007; Johnson, 2002, 2003; Pervin & Oliver, 1999). Type A individuals, susceptible for heart disease (Friedman & Rosenman, 1974) are thought to display higher levels of cynicism which has been reported to be a critical factor in the development of burnout (Maslach, 2003). Type A individuals display lower levels of self-acceptance and well-being (Song, Terad & Nakamura, 2007; Johnson, 2002) which decreases the efficiency of the immune system (Pervin & Oliver, 1999). Type A individual is also more likely to wait before seeking help after a minor myocardial incident (Pervin & Oliver, 1999) and individuals with high CBSE have been shown to have higher blood pressure in performance situations (Blom, Johnson & Patching 2008).

Hallsten et al. (2002) investigated a similar concept to CBSE called Performance Based Self-esteem (PBS). PBS is also a type of self-esteem characterised by strivings for recognition in order to increase feelings of self-worth. The PBS strivings are competitive and energetic. In a nationwide study in Sweden, Hallsten et al., (2002) investigated the way in which PBS might be related to burnout. Hallsten found evidence to support his hypothesis that individuals who score high on PBS are at greater risk of burning out than those without high PBS scores (Hallsten et al., 2002). Hallsten’s criterion for burnout requires the presence of high scores on both the PBS scale and selected items from the Pines Burnout Measure (Hallsten et al., 2002; Hallsten et al., 2005). Similar findings were later published by Hallsten et al., (2005) and Dahlin et al. (2007). One interesting finding published by Hallsten et al (2005) was the identification of respondents who scored high on the burnout scale but did not report high levels of PBS. Their finding of respondents who scored high on the burnout scale but who did not report high levels of performance based self-esteem could be due to the lack of differentiation regarding contingent self-esteem. Hallsten et al. (2002) categorised this group as worn out instead of burnt out. Both Hallsten et al. (2002) and Dahlin et al. (2007), who conducted a similar study, failed to include a measure of RBSE.
Only a few studies have focused on self-esteem strivings via relationships and the health effects this might have. DeHart et al., (2008) report that individuals who appear to invest their self-esteem in relationships engage in self-harming behaviours (alcohol consumption) following negative experiences with their significant others. Alcohol use is thought to regulate the tension between wanting acceptance from a significant other and refusing to ask for it or accept it when offered (DeHart et al, 2008). Alcohol use is described as self-harming because it exacerbates feelings of anxiety and their sense of insecurity about their partners regard (DeHart, 2008). Indirect findings also point towards the health risks of RBSE. Johnson (2003) has likened individuals with RBSE to those with a type C personality. The type C behavioural characteristics include tendency to please, conflict avoidance, extreme compliance and suppression of emotions in order to gain more love and acceptance from others. These behaviours which are inherent in RBSE have been found to affect the immune system (Baltrusch, Stangel & Titze, 1991).

In summary, CBSE individuals try to increase their self-esteem by attaining appreciation from external sources for their acts. They are competitive and do not know their own boundaries. These harmful self-esteem strivings result in an increased vulnerability for the CBSE individuals to tension/exhaustive diseases and burnout. The individuals with RBSE invest their efforts in relationships seeking attachment, acceptance and emotional support but behave in ways which result in the opposite effect. On a theoretical level, this continual battle will leave those with RBSE just as vulnerable to exhaustion and burnout as those with CBSE.

**Burnout**

The phenomenon of burnout has received an increased attention in media and the field of scientific psychology since the early 1980’s and its prevalence is forecast to expand in the coming years (Shirom & Malamead, 2005 in Alexander & Stamatos, 2005). Burnout is a gradual process of deterioration culminating in complete physical, emotional and mental exhaustion where the individual feels lethargic, worthless, cynical, and without hope. It was originally thought of as a work-related phenomenon (Maslach, 2003; Schaufeli & Enzman, 1998; Maslach & Lieter 1997) but more recent research has shown that this definition is too narrow (Dahlin et al., 2007; Hallsten et al., 2002; Kristensen et al., 2005; Pines, 1996). Moreover, in a national study conducted in Sweden one in fifteen respondents fulfilled the criteria for burnout (Hallsten et al., 2002). In addition, co-morbidity with other mental health problems such as depression is not uncommon in the syndrome posing great costs for the individual and society. It is therefore of considerable importance to uncover any potential predictors of burnout in order to prevent and effectively treat burn out (Maslach, 2003; Pines, 1996; Pines & Nunes, 2003).

*Existential/psychodynamic model.* Pines’ existential/psychodynamic model of burnout holds that burnout is instigated by failure to replicate significant unresolved childhood experiences or from possessing a belief that both oneself as a person and one’s achievements are insignificant (Pines & Kienan, 2005; Pines & Nunes, 2003; Pines, 2002; 2005a; 2005b). Burnout is a syndrome and “the end result of a process in which highly motivated and committed individuals lose their spirit…it characterizes people who entered their careers [or relationships] with high hopes, ideals and ego involvement and is experienced as a state of physical, emotional and mental exhaustion...lowered sense of accomplishment and depersonalization” (Pines, 2005b; in Alexander Stamatos, 2005, pp. 566). The physical exhaustion particular to burnout is like being unable to recharge ones slowly deteriorating batteries. The individual feels lethargic and no amount of sleep is ever enough to rejuvenate them. Emotional exhaustion is characterized by feelings of hopelessness; life seems pointless and there is a perceived
inability to influence the situation. Mental exhaustion is recognized by feelings of disappointment in others/workplace and feelings of worthlessness and a frustrated feeling of having failed ones tasks or relationship (Pines, 1996). According to Pines, there are two types of burnout; work/career related burnout and couple/intimate relationship burnout.

**Work/career related burnout.** The meaning of life in the west is merging slowly with the meaning invested into the career. The workplace is a forum for personal development, goal setting, and for doing one's best (Pines, 2005b in Alexander-Stamatos, 2005). According to Pines the exaggerated meaning attached to the career explains the increasing prevalence of burnout in the workplace. Her theory implies that burnout is the inevitable outcome when the channel to which high hopes, dreams, and idealistic expectations have been invested does not deliver the expected sense of fulfillment. This culminates in a frustration where the invested efforts and one's whole self are perceived of as insignificant. Johnson and Blom's (2007) description of CBSE where praise from others in the workplace is necessary to feel valued, conforms to that of the work-burnout individual. The work-burnout individuals often report that they receive too little appreciation for their efforts (Pines, 1993). The necessity of praise and positive attention in both CBSE and work related burnout plays an equally important role in fulfilling the individuals need to feel significant and worthwhile, albeit only for a short while according to Johnson and Blom (2007).

The present study presupposes that work burnout can occur in other areas of life where similar 'competence' investments are made such as via ones academic performance. The term competence based burnout (CBBO) will be used instead of work related burnout to encompass other spheres in life where individuals with CBSE might invest their efforts towards increasing their self-esteem strivings and risk exhaustion.

**Couple/intimate relationship burnout.** Individuals at risk of burning out enter relationships with extremely high hopes for the relationship to bring meaning to their lives. Couple/intimate relationship burnout is instigated by the perceived failure to achieve meaning in life via ones relationship after having enthusiastically invested much time and effort into reaching this goal (Pines, 1996). This view is resembles that of Johnson and Blom's (2007) concept of RBSE where great effort is invested into the relationship in order to attain a sense of self-worth by increasing the level of ones inner self-esteem. Potentially, the fragile self-esteem of those who burn out via relationships is present prior to the onset of couple/relationship burnout. Pines describes how successes and failures in the relationship tend to affect all other aspects of the burnout individuals lives a long time before the onset of burnout e.g. feelings about others, outlook on life and their future career and relationship prospects (Pines, 1993). Pines also mentions that even when expectations actually are fulfilled via intimate relationships the individual still risks burning out. Using the theoretical basis of Pines theory of burnout (1993) and Johnson and Blom's approach to self-esteem (2007) it can be assumed that burnout occurs because the individual with RBSE who seeks to attain feelings of self-worth and significance, or increase their inner self-esteem via their close relationships, fails to do so due to their low inner self-esteem.

This study presupposes that relational burnout can occur via any relationship the RBSE individual perceives to be a close relationship. A close relationship requires investment of effort and expectations of need fulfillmen i.e. an increase in self-esteem. For the individual with RBSE any relationship perceived to be close implies that their self-worth is at stake. Couple/relationship burnout will be referred to as relation based burnout (RBBO).
Negative affect / neuroticism and burnout. Negative affect has been found to be related to a number of physical and psychological conditions. Negative affect has been connected to the onset of stress related ailments and directly to the onset of burnout (Kim, Shin & Umbret, 2007; Kim, Shin & Swanger, 2008; Shipley, Weiss, Der, Taylor, & Deary, 2007). In the case of burnout, Kim et al., (2008) reported neuroticism to be the strongest predictor of burnout. Negative affect will therefore be included as a variable in this study to allow for differentiation between the influence of self-esteem and negative affect on the onset of burnout.

Aim of the study

The aim of this study is to investigate whether two different types of contingent self-esteem, CBSE and RBSE are related to two different types of burnout; CBBO and RBBO, over and above the broad trait negative affect. It was hypothesised that both types of contingent self-esteem are related to total burnout but that only CBSE predicts competence burnout and that only RBSE predicts relational burnout.

Method

Participants

The number of respondents asked to participate in the study was 349 which resulted in a response rate of sixty six percent. The final sample consisted of 228 participants with a mean age of 32.9 (SD = 13.37). Ten participants did not write their age. Thirty three percent of the respondents were male (n=75) and sixty seven percent were female (n=153). Eighty nine percent of the respondents were born in Sweden (n=205) and two did not answer this question. Fifty two percent (n = 119) were recruited from a higher education institute, thirty percent (n = 66) were recruited from the workplace (SNI 242 & 471), and nineteen percent (n = 43) were recruited from a voluntary organisation operating in the field of sport and recreation (SNI 931). SNI is a classification system used in Sweden based on the European Union’s recommended standard for classifying different industries. Sixty three percent of the respondents had attended a university and no participants were paid for their participation.

Measures

Unless noted, all items used a seven point Likert-type scale ranging from 1 (“not at all applicable”) to 7 (“completely applicable”) and were mixed in when inserted into the larger scale.

Competence Based Self-Esteem Scale and Relation Based Self-Esteem Scale (Johnson & Blom, 2007) were used to measure two types of contingent self-esteem. The scales were originally constructed in Swedish and published in English (Johnson & Blom, 2007). CBSE was measured via 12 items evaluating the extent to which ones self-worth is contingent upon competence. CBSE is gauged by measuring the prevalence of competitiveness and the need one has for controlling others, for example “I experience other peoples successes as threatening” or “Other peoples success makes me push myself even harder” (Johnson & Blom, 2007). RBSE was measured via 13 items which reflect a need to be loved and approved of, rejection avoidance and emotion suppression using items such as “I tend to suppress my own needs and emotions in order to make others feel good” or “I am inclined to be submissive and
defer to others in an attempt not to lose their acceptance and regard” (Johnson & Blom, 2007). The CBSE scale and RBSE scale have proved to be reliable in earlier studies (Johnson & Blom, 2007). Cronbach’s alpha in this study for CBSE was .87 and for RBSE .90, consistent with previous findings (Johnson & Blom, 2007; Blom et al., 2008).

*Pines Burnout out Measure Short version (BMS) for the diagnosis of Career and Marriage Burnout* (Pines, 2005c) was used to measure Relation based burnout (RBBO) and competence related burnout (CRBO). The scale was back translated as recommended when using tools cross culturally (Matsumoto, 2000). To measure CBBO the subscale for Career burnout was used and for Relation Burnout the Marriage Burnout subscale was used. In the translation from English to Swedish the term spouse/intimate relationship was replaced by ‘close relationships’. Both subscales consist of a list of ten identical adjectives. The point of reference is changed for both scales e.g. “When you think about your employment situation or studies, how often do you feel”... or “when you think about your close relationships how often do you feel...”. These items used a seven point Likert scale ranging from 1 (“never”) to 7 (“always”). The alpha reliability for CBBO subscale was .91 and for RBBO subscales .92, consistent with previous findings (Pines, 2005c). These items were all placed at the end of the questionnaire and not mixed with the other items.

Social-desirability was measured using five items from *The Social Desirability Scale* (Crowne & Marlow, 1960) to control for social desirable responses. Translation into Swedish was carried out by Docent Maarit Johnson. The alpha reliability in this study was .33.

Negative affect/neuroticism was measured using six items from *The Positive And Negative Affect Schedule* (PANAS; Watson, Clarke & Tellegen (1988). Negative affect (NA) was controlled as it is a theoretically close personality trait to states of burnout and high scorers in negative affect are more likely to over report their ailments in spite of reporting their actual condition (Watson & Pennebaker, 1989). The alpha reliability for NA was .79. There was no item overlapping among the negative affect, self-esteem, and burnout measures.

**Procedure**

The surveys were distributed to students at the beginning of the lecture to increase the likelihood of receiving a high response rate. No psychology students participated in this study. Management from each participating organisation was responsible for the distribution and collection of the questionnaires. Each respondent participating via a voluntary organisation received one copy of the questionnaire in their work related post box. Completed questionnaires were then returned by leaving the questionnaire in a box available in the same room. The questionnaire consisted of 57 items in total and took on average 15 minutes to complete.

**Ethics**

The respondents were informed either in writing or verbally that the study investigates different attitudes and behaviours to evaluate the way in which they can be related to wellbeing. The respondents were informed that their participation is voluntary and they can withdraw from their participation at any time. The respondents were also told that the data would be collected anonymously and not be used for any commercial or non-scientific purpose.
Results

The results were analysed in following steps; (i) descriptive statistics were calculated for the variables, (ii) inter-correlations were computed between the variables in the study, (iii) two hierarchical multiple regression analyses were conducted to determine the predictors of different types of burnout. Table 1 shows the medians, means and standard deviations for each variable and table 2 shows the burnout scores as categorised by Pines (2005). Individual item correlation between CBSE and CBBO as well as RBSE and RBBO are also reported.

Table 1
Descriptive statistics of the variables in the study

<table>
<thead>
<tr>
<th>Variable</th>
<th>Md</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout</td>
<td>2.40</td>
<td>2.52</td>
<td>.93</td>
</tr>
<tr>
<td>CBBO</td>
<td>2.60</td>
<td>2.78</td>
<td>1.08</td>
</tr>
<tr>
<td>RBBO</td>
<td>2.00</td>
<td>2.24</td>
<td>.98</td>
</tr>
<tr>
<td>CBSE</td>
<td>3.33</td>
<td>3.38</td>
<td>1.00</td>
</tr>
<tr>
<td>RBSE</td>
<td>3.50</td>
<td>3.57</td>
<td>1.08</td>
</tr>
<tr>
<td>NA</td>
<td>2.83</td>
<td>2.96</td>
<td>.99</td>
</tr>
<tr>
<td>SD</td>
<td>5.00</td>
<td>5.04</td>
<td>.72</td>
</tr>
</tbody>
</table>

Note: RBBO, Relation Based Burn Out; CBBO, Competence Based Burn Out; CBSE, Competence Based Self-esteem; RBSE, Relation Based Self-Esteem; NA, negative affect; SD, social desirability.

Table 2
Descriptive statistics, burnout scores

<table>
<thead>
<tr>
<th></th>
<th>CBBO</th>
<th></th>
<th>RBBO</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Very low level of burnout</td>
<td>34</td>
<td>15</td>
<td>154</td>
<td>68</td>
</tr>
<tr>
<td>Danger signs of burnout</td>
<td>70</td>
<td>31</td>
<td>37</td>
<td>16</td>
</tr>
<tr>
<td>Burnout</td>
<td>30</td>
<td>28</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Very serious problem of burnout</td>
<td>22</td>
<td>10</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Immediate professional help required</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Missing values</td>
<td>11</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 2 shows that thirty one percent \((n=70)\) of the respondents reported danger signs of CBBO and twenty eight percent \((n=30)\) are burnt out (CBBO). Ten percent \((n=22)\) of the respondents reported a “very serious problem of burnout” and four percent \((n=9)\) require immediate professional help for CBBO. Fifteen percent \((n=34)\) of the respondents showed very low levels of CBBO. Sixty eight percent \((n=154)\) of the sample showed very low signs of RBBO. The remaining thirty two percent had scores ranging from danger signs of RBBO \((n=37)\) to a very serious problem of RBBO \((n=4)\). One respondent required immediate professional help for RBBO.

Both Pearson and Spearman correlations were calculated to study the relations between the variables as some distributions were somewhat skewed. The results were similar in both tests and therefore parametric tests were used throughout.
Table 3
Pearson correlations between the variables. Coefficients with negative affect (NA) controlled are displayed in bold above the diagonal (N = 228)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td>-0.12</td>
<td>-0.048</td>
<td>0.250**</td>
<td>-0.152*</td>
<td>-0.034</td>
<td>-0.399**</td>
<td>-0.063</td>
<td>0.029</td>
<td>-0.166</td>
<td></td>
</tr>
<tr>
<td>2. Gender</td>
<td>-0.911</td>
<td>0.008</td>
<td>0.205**</td>
<td>-0.082</td>
<td>0.128*</td>
<td>0.206**</td>
<td>0.119</td>
<td>-0.059</td>
<td>0.067</td>
<td></td>
</tr>
<tr>
<td>3. Burnout</td>
<td>-0.231**</td>
<td>0.171**</td>
<td>-0.118</td>
<td>0.209**</td>
<td>0.284**</td>
<td>0.008</td>
<td>-0.042</td>
<td>0.859**</td>
<td>0.861**</td>
<td></td>
</tr>
<tr>
<td>4. Social desirability</td>
<td>0.314**</td>
<td>0.118</td>
<td>0.264**</td>
<td>-0.059</td>
<td>0.107</td>
<td>-0.056</td>
<td>0.021</td>
<td>-0.060</td>
<td>-0.131</td>
<td></td>
</tr>
<tr>
<td>5. CBSE</td>
<td>-0.303**</td>
<td>0.096</td>
<td>0.579**</td>
<td>-0.215**</td>
<td>0.622**</td>
<td>0.022</td>
<td>-0.085</td>
<td>0.186**</td>
<td>0.333**</td>
<td></td>
</tr>
<tr>
<td>6. RBSE</td>
<td>-0.219**</td>
<td>0.259**</td>
<td>0.571**</td>
<td>-0.095</td>
<td>0.768**</td>
<td>-0.018</td>
<td>-0.141</td>
<td>0.231**</td>
<td>0.264**</td>
<td></td>
</tr>
<tr>
<td>7. Attended university</td>
<td>-0.424**</td>
<td>0.238**</td>
<td>0.109</td>
<td>-0.098</td>
<td>0.116</td>
<td>0.088</td>
<td>0.137*</td>
<td>-0.087</td>
<td>0.086</td>
<td></td>
</tr>
<tr>
<td>8. Born in Sweden</td>
<td>-0.034</td>
<td>0.093</td>
<td>-0.085</td>
<td>0.043</td>
<td>-0.118</td>
<td>-0.161*</td>
<td>0.122</td>
<td>-0.048</td>
<td>-0.021</td>
<td></td>
</tr>
<tr>
<td>9. RBBO</td>
<td>-0.138*</td>
<td>0.087</td>
<td>0.896**</td>
<td>-0.195**</td>
<td>0.448**</td>
<td>0.484**</td>
<td>0.012</td>
<td>-0.084</td>
<td>0.476**</td>
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</tr>
<tr>
<td>10. CBBO</td>
<td>-0.274**</td>
<td>0.216**</td>
<td>0.916**</td>
<td>-0.274**</td>
<td>0.595**</td>
<td>0.501**</td>
<td>0.168*</td>
<td>-0.069</td>
<td>0.647**</td>
<td></td>
</tr>
<tr>
<td>11. Negative affect</td>
<td>-0.308**</td>
<td>0.259**</td>
<td>0.637**</td>
<td>-0.277**</td>
<td>0.614**</td>
<td>0.630**</td>
<td>0.161*</td>
<td>-0.083</td>
<td>0.525**</td>
<td>0.640**</td>
</tr>
</tbody>
</table>

Note 1. CBSE Competence Based Self-esteem; RBSE, Relation Based Self-Esteem; RBBO, Relation Based Burn Out; CBBO, Competence Based Burn Out.
Note 2. Men = 1; Women = 2  **p < 0.01; *p < 0.05

Intercorrelations

Table 3 shows the correlations between the variables in the study. The results are presented focusing on the relations between the main variables and taken into account the correlations when the effect of NA was partialised out.

Burnout. Burnout scores correlated significantly and positively with CBSE, RBSE, age, gender and social desirability. When negative affect was controlled for the correlations between burnout, age, gender and social desirability were no longer significant. A significant positive correlation remained between burnout and CBSE and RBSE and between CBBO, RBBO and the two self-esteem variables. Once the influence of negative affect was controlled for CBSE, RBSE, and CBBO remained as the only variables with a significant positive correlation with RBBO. It was shown further that, CBSE, RBSE and RBBO were the only variables with a significant positive correlation with CBBO.

Self-esteem RBSE was significantly positively correlated with PBSE, RBBO, CBBO and gender when negative affect was controlled for. Two tailed t-test confirmed that females had significantly higher RBSE (p < 0.01) (M = 3.77; SD = 1.12) than males (M = 3.17; SD = .86). CBSE was also found to be significantly positively correlated with both burnout measures and RBSE. For CBSE no reliable correlation was found with gender but a significant negative correlation with age.
Occupation. Occupation was significantly related to total burnout, CBSE, and RBSE; students (n = 121) scored significantly higher on Burnout, CBSE, and RBSE than those in full time employment (n = 80). Level of education (if studied at university level or not) was not significantly related to any other variable (table 2).

Regression analyses

Two hierarchical regression analyses were conducted to determine which variables are strongest predictors of different types of burnout. In both analyses NA was controlled in first block and age and gender in the following two blocks. RBSE and CBSE were entered into the fourth block (stepwise).

Table 4
Results of multiple regression analysis (stepwise) on Relation Based Burnout

<table>
<thead>
<tr>
<th>Predictor</th>
<th>$R^2$ change</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$ of $t$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>.28</td>
<td>.36</td>
<td>4.6</td>
<td>&lt; .01</td>
</tr>
<tr>
<td>Block 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.00</td>
<td>.05</td>
<td>.85</td>
<td>.39</td>
</tr>
<tr>
<td>Block 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>.00</td>
<td>-.06</td>
<td>-1.0</td>
<td>.29</td>
</tr>
<tr>
<td>Block 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RBSE</td>
<td>.04</td>
<td>.28</td>
<td>3.7</td>
<td>&lt; .01</td>
</tr>
<tr>
<td>Model $R = .57$</td>
<td></td>
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</tr>
</tbody>
</table>

Not. RBSE, Relation Based Self-esteem; NA, negative affect. $N = 228$.

Table 4 shows the predictors of RBBO. Negative affect alone explained 28% of the variance. Age and gender entered in sequential steps did not explain any of the variance in the RBBO. RBSE added uniquely 4% to the variance explained by the model. The model totally predicted 32% of the variance in RBBO. CBSE had no significant effect on RBBO and was excluded from the equation.
Table 5
Results of multiple regression analysis (stepwise) on Competence Based Burnout

<table>
<thead>
<tr>
<th>Predictor</th>
<th>$R^2$ change</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$ of $t$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block 1</td>
<td>.41</td>
<td>.38</td>
<td>5.7</td>
<td>&lt; .01</td>
</tr>
<tr>
<td>NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block 2</td>
<td>.00</td>
<td>-.02</td>
<td>-.31</td>
<td>.75</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block 3</td>
<td>.00</td>
<td>.10</td>
<td>1.8</td>
<td>.07</td>
</tr>
<tr>
<td>Gender</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block 4</td>
<td>.06</td>
<td>.32</td>
<td>5.1</td>
<td>&lt; .01</td>
</tr>
<tr>
<td>CBSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model $R = 0.70$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Not.* CBSE, Competence Based Self-esteem; NA, negative affect. $N = 228$.

Table 5 shows the predictors of CBBO. Negative affect alone explained 41% of the variance. Age and gender, entered in sequential steps did not explain any of the variance in the CBBO. CBSE added uniquely 6% to the variance explained by the model. The model totally predicted 49% of the variance in CBBO. RBSE had no significant effect on CBBO and was excluded from the equation.

*Item-correlations* To examine in more detail which items in the two SE scales showed strongest relation with the items in the corresponding burnout subscale the correlations were calculated on the item level. The strongest correlation ($r = .53$) was found between the item “When a relationship ends I feel worthless” (RBSE) and “When I think about my close relationships I feel worthless/like a failure” (RBBO). The remaining variables on these scales were correlated at a low to medium level. One item in the RBSE scale “Love and support from other people make me like myself more” did not correlate significantly with any of the items in the RBBO scale.

The strongest correlation between individual items of the CBSE and CBBO scales were found between the items “When I think about my work / studies I feel worthless/like a failure” (CBBO) and “When I have failed in an exam or in another context performed worse that I expected it has made me doubt my self-worth” (CBSE; $r = .52$) and also “My feeling is that no matter how hard I work I'll never reach my best performance goals” (CBSE; $r = .54$). All items in the CBSE scale correlated significantly with the majority of items from the CBBO scale.

**Discussion**

The aim of this study was to investigate whether competence based self-esteem (CBSE) and relation based self-esteem (RBSE) are differentially related to two dimensions of burnout; one dealing with work strain and the other dealing with relational strain (Pines, 1996). Correlation analysis showed that both types of contingent self-esteem were related to the total burnout score. However, the results from a hierarchical multiple regression analysis showed that negative affect and RBSE together explained thirty-two percent of relational burnout. Four percent was explained uniquely by RBSE. CBSE did not significantly predict relational burnout (Table 4). An additional regression analysis revealed that CBSE and negative affect explained forty-nine percent of the variance in performance related burnout. Six percent of the variance was uniquely explained by CBSE. RBSE had no significant effect on performance.
related burnout (Table 5). These results support the hypotheses that contingent self-esteem is related to burnout and that different types of contingent self-esteem relate independently, over and above negative affect, to different types of burnout. Moreover these findings support those reported by Kim et al (2007; 2008) where negative affect was reported to be the strongest predictor of burnout.

These novel findings, which for the first time differentiate between contingent self-esteem dimensions and burnout components, support Johnson and Blom’s (2007) model of contingent self-esteem. Their theory assumes that both high CBSE and RBSE affect ones health negatively but via different experiences of strain (2003). For an individual with CBSE the self-esteem strivings are likely to be invested into areas where one can receive praise for invested efforts such as the workplace or academic performance. When their efforts do not result in enough praise they perceive themselves and their efforts as insufficient which then poses a threat to their already fragile self-esteem (low inner self-esteem). As a direct result, the CBSE individual invests even more time and effort and into attaining the ever increasing amount of praise. Such strivings have been shown to be ineffective (Crocker & Park, 2004). Instead of learning from previous mistakes and becoming successful in the long-term, the CBSE storms ahead unable to learn from previous shortcomings (Johnson & Blom, 2007). Paradoxically, the amount of praise they receive is never enough to satisfy them due to their deficient self-love. Therefore, performance related burnout is likely to develop as the CBSE individuals, despite of positive feedback and actual success, perceives themselves and the things they do as insignificant. These results may be confirmed by the item level correlations between the CBSE scale and the CBBO scale. The strongest correlation between the CBSE items and CBBO items were related to either failing in a particular area and generalising this failure to ones self-worth or a perceived inability to reach ones goals and the CBBO item of “when I think about my work / studies I feel worthless/like a failure”.

In contrast, the efforts of the RBSE individual are invested into relationships at the cost of their own needs and desires (Johnson & Blom, 2007). This behaviour creates maladaptive patterns of fear and dependency motivated by the RBSE individuals’ basic belief that they are unlovable, paradoxically leading them to behave in ways which entice rejection and further relational problems. The incessant strivings for love and acceptance via behaviours which contradict this need is likely to lead to passive coping, emotion suppression, and negative health outcomes (DeHart, 2008). Similar to the CBSE, the attempt to repair themselves via external sources leads only to a downward spiral since affection from an external source leads only to a temporary increase in self-esteem. The self-esteem increase is not maintained because they lack basic self-love. It seems that RBSE will develop a form of relation based burnout since they cannot endlessly increase the amount of invested effort without experiencing any consequences. The individual item correlations would support this view because the respondent’s scores show that the item depicting feelings of worthlessness when a relationship ends was positively and significantly correlated with the RBBO item “when I think about my close relationships I feel worthless/like a failure”.

The present results are in line with the findings of Franck and Raedt where high self-esteem instability (contingent self-esteem) and low trait self-esteem is more likely to be related to the onset of ill health than low self-esteem instability and high basic self-esteem (Franck & Raedt, 2007). The results from this study are also partially in agreement with the findings of Hallsten et al., (2005), where medium correlations were reported between performance based self-esteem and burnout.

The findings from the current study however, do not support Hallstens theory of burnout. Hallsten contends that only those with high burnout scores and high performance based self-esteem scores exhibit burnout because performance based self-esteem is central to the burnout process. The present results uncover a significant positive correlation between relational
burnout and RBSE suggesting that the presence of contingent self esteem based on close relationships leads to relation based burnout. Therefore, self-esteem strivings based on competence do not appear to be a necessary for the onset of burnout.

Additional analyses revealed that students reported higher levels of burnout than those in employment, supporting the findings of Pines (1996), Hallsten et al., (2002) and Kristensen et al. (2007) who report burnout to be a phenomenon which can occur out with the workplace. The students’ higher scores may reflect the age difference found, where respondents up to the age of 29 yrs scored significantly higher in CBSE when compared to respondents 30 years and older. The additional analyses also showed that females were found to have a significantly higher level of RBSE than males. These results are in line with Johnson and Blom’s (2007) findings in student populations, but their finding that women also had higher CBSE than men was not replicated in this study. Nevertheless, when gender and age in the present study were isolated in the regression analyses they did not play any role for burnout dimensions.

An important asset of the present research is that negative affect was controlled. Negative affect has been found to be related to a number of physical and psychological ailments and specifically connected to burnout (Kim et al. 2007, 2008). In this study the correlation between CBSE and competence based burnout was large before controlling for negative affect. After controlling the influence of negative affect, the relationship was still significant but weakened to a moderate level (Pallant, 2007). Similarly, the correlation between RBSE and relation based burnout, even if still significant, decreased from moderate to weak (Pallant, 2007). However, the regression analyses still differentiated clearly between the competence and relation components in self-esteem and burnout.

Taken as a whole, the relationship found between CBSE and burnout in the present study is in line with previous research (Dahlin et al., 2007; Hallsten et al., 2002; Hallsten et al., 2005). The important differences are that those studies have not differentiated between dimensions of burnout nor included RBSE in their research. This is also one of the very few self-esteem studies where lack of inner self-esteem is recognised as a necessary component for the debilitating effects of contingent self-esteem. For those with contingent self-esteem and lack of inner self-esteem it seems that the exhaustive round-a-bout of blindly trying to increase self-esteem by methods which only work in the short-term gradually takes its toll. It seems that neither those with competence nor relation based self-esteem are able or willing to stop themselves in their self-esteem strivings because the cost of doing is so overwhelmingly threatening. It may be that this extreme level of self-protection motivates the onset of mental, physical and emotional exhaustion which physically and psychologically takes over to stop the self-harming behaviour of the individual who is burning themselves out. It seems almost like body and mind have had enough and simply shut down and say “no more”. If self-esteem is one of the causal influences in the onset of burnout this might explain why Pines has discovered in her earlier studies that even though patient’s expectations are fulfilled they still risk burnout (Pines, 1993). Pines theory of burnout holds that fulfilment of expectations should be enough, but from Johnson & Blom’s point of view, the fulfilling of these expectations can only give momentary satisfaction if they lack inner self-esteem. These findings may have important implications for the understanding of burnout and the mechanisms which might instigate its onset. For example, the expectations held may not be genuine due to a lack of inner self-esteem and basic trust in ones-self. They might be what the individual thinks is important but does not know because they deny their own genuine wants and needs. If this is the case then one must return to the theory Johnson & Blom base their theory of self-esteem on, Carl Rodgers and the necessity of unconditional positive regard and congruence between the real and ideal self. A lack of inner self-esteem implicates that the perception of the real self will be skewed, ignored and despised by those without inner self-esteem. They despise their real self because of a lack of unconditional positive regard in childhood. This disposes the individual
to difficulties in actualising ones potential and living genuinely according to their real wishes and dreams because they feel they are not worthy of doing so. This incongruence and constant inner conflict between ones ignored or de-valued real-self and distorted ideal-self is very likely to lead to some kind of exhaustive state, perhaps even burnout.

Despite the novel findings uncovered in this study, there are some limitations which restrict the strength of conclusions. For example, due to the cross-sectional framework the potential direction of the relationship between contingent self-esteem and burnout is based on the theoretical underpinnings provided by Johnson and Blom’s self-esteem model (2007) and Pines burnout model (1993). The relationships may be the other way around. Self-esteem could be a symptom of burnout instead of a cause. Or from a sociological point of view, self-esteem might only increase susceptibility to burnout instead of being the cause. For example, some researchers such as Fridberg (2006) propose that the burnt out individual is bearing the symptoms of today’s unhealthy society driven by consumption and selfishness (Fridberg, 2006). If this is the case then the individuals with CBSE and RBSE are likely to be more vulnerable to exploitation since they crave acceptance and recognition and are likely to go that extra mile to please or to gain more recognition. In this case contingent self-esteem would instead become a mediating variable.

In order to add credibility to the present findings further investigation into burnout and the health implications of contingent self-esteem is needed. Future research should take into consideration the limitations of correlational, cross-sectional design and invest in longitudinal approach. It is the only plausible way to establish any causal effect that contingent self-esteem might have on differential burnout. Future research should also recognise the potential influence that social support might have on self-esteem and burnout. Indeed, recent research has found social support to mediate the relationship between low self-esteem and the onset of health problems (Stinson et al., 2008) and correlate negatively with burnout (Vanheule, Declercq, Meganck & Desmet, 2008).

To conclude, by using a large sample and reliable measures, the present study makes a novel contribution to the research on burnout and related syndromes. It clearly shows that different self-esteem pursuits to compensate a deficient basic self-love, have importance for different dimensions of burnout. These findings provide a first tentative step in uncovering the way in which relation based and competence based self-esteem predispose differentially for burnout syndrome. For causal inferences, forthcoming studies should use longitudinal designs and gender differences need further investigation.
References


