A significant contributor to a meaningful cultural drama: Terror management research on the functions and implications of self-esteem.

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Growing up I had an older brother who used to run around the house singing, “I want to be special!” At the time, I did what most any little brother would do. I made fun of him. I did not appreciate what Ernest Becker (1971) illuminated in his book, *The Birth and Death of Meaning* a few years earlier: My brother’s exclaimed wish to be special might have gone to the heart of the human existential condition. One of Becker’s most important contributions to our understanding of what it means to be human was to ask and answer the question, Why do people need to feel like they matter, like they are *some*body and not just *any*body? In short, why do people need self-esteem?

The question of why people so desperately need to feel good about themselves, though often assumed in psychological research to be a central motivational force of in human social behavior, was largely neglected until Becker’s analysis was given empirical direction in the following decade with Terror Management Theory (TMT: Greenberg, Pyszczynski, & Solomon, 1986). In the now twenty plus years since TMT was proposed, there have been various assessments, elaborations, and refinements of the theory’s empirical foundation (e.g., Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004). We have learned a great deal, although, to be sure, there is still much to be understood. The goal of this chapter is to convey some of what we have learned, to illustrate some of the insight it affords into one particular area of daily life, that of health decisions, and finally, to provide a forecast of where the field may be going in its effort to understand the intersection of self-esteem and other ways of managing existential fear.

**TMT’s Developmental Analysis of Self-Esteem**

Given the preceding chapters in this volume by Greenberg and Goldenberg, there is little to be gained by rehashing the basics of the terror management analysis, and we can directly
address the development of the self-esteem motive. Working from Becker’s insights, TMT’s core answer to the question of why people need self-esteem is that it helps to protect them from anxiety that would otherwise render life unlivable.

TMT builds on Becker (1971, 1973) and a range of other theorists (e.g., Bowlby, 1969; Rank, 1929; see Greenberg, this volume) to propose that a deep association between a sense of value and protection from anxiety begins early in life, given human children’s profound immaturity at birth. Given children’s inability to procure even the basic sustenance necessary for survival, let alone to protect themselves, they are totally dependent on their caregivers. When sensing that he or she is alone and uncared for, an infant experiences anxiety and seeks parental contact if not affection to signal that needs will be met, thus reducing anxiety.

This generally works well enough until, with the child’s continued development, the soothing balm of parental contact becomes conditional. No longer is simple existence sufficient to garner continual parental affection. At a certain point, the parent tries to teach the child to act in particular ways, and in order to earn the same sense of security from caregivers, the child must alter its behavior in accord with standards of value espoused by parents. With age and development, these standards increasingly take on a symbolic form, reflecting the values and norms of society (e.g., “We don’t pick our nose at the dinner table”). When the child eschews these parental standards (and digs full force and in full view for that tough to reach nostril nugget), he or she experiences, at the least, an absence of the overt affection that renders secure functioning possible. Thus, failing to meet standards of value leads to anxiety. But when the child meets these standards and does what Mom and Dad are trying to teach, affection is restored or expressed, and anxiety subsides. Thus begins the connection between living up to standards of value and the abatement of anxiety.
Two critical developments add considerable nuance to this process. First, the child begins to traffic in temporal, abstract, and—critically—self-reflective thought. Although there are tremendous self-regulatory upsides to these sophisticated cognitive capabilities, there is a potent downside as well. No longer is anxiety experienced only in the face of immediate threat, but now also a threat that has yet to occur. In particular, people develop an awareness of the inevitability of death. As the previous chapters have explained, given a biological proclivity for survival that humans share with other living organisms, TMT posits that the dawning awareness that death is always potentially imminent and ultimately inevitable engenders a uniquely human capacity for experiencing potentially debilitating terror.

Such debilitating anxiety would render goal-directed functioning difficult if not impossible. The maturing child must therefore develop ways of managing that fear. This is when the second critical development comes into play. As the child begins to realize that the parents cannot provide omnipotent protection from death and vulnerability, the security blanket transfers from parental standards of value to those derived from the culture into which the child is being socialized. The child attends school, joins clubs and teams, watches movies and television, and so forth, all of which contribute to a broad cultural worldview conveying what it means to be a valuable person. As people develop, the worldview continues to prescribe routes and roles, internalized to varying degrees, by which one can feel valuable (and thus garner psychological security); being a good student, gang member, spouse or parent, scientist, Catholic, or Democrat. The more one meets and exceeds these standards of value, the more one can make one’s mark on the world as defined by one’s worldview, and ultimately, the more secure one’s qualification for either a literal (e.g., ascending to Heaven) or symbolic (e.g., a legacy, a book on library shelves, an inscribed park bench, or other such testimonial) form of death transcendence.
Thus, for TMT, self-esteem is a culturally based construction that consists of viewing oneself as living up to specific contingencies of value (Crocker & Wolfe, 2001) that are derived from the culture at large but are integrated into a unique, individualized blueprint by each person. As Goldenberg (this volume) articulates, these routes toward self-significance offer ways to take one’s individual existence and elevate it above that of a mere defecating and copulating animal with which one would otherwise share a mortal fate. The problem of mortality is solved in part by meeting the contingencies that embed human beings in an enduring symbolic reality transcending the biological reality of death.

There are two important implications that follow from this analysis, although there is not space to fully delve into them. First, because these standards of value are embedded in a larger belief system, or cultural worldview, there is considerable variability across cultures in the contingencies toward which an individual strives to feel valuable (Pyszczynksi et al., 2004; Sedikides et al., 2003). Second, there are also many esteem-affording roles within a culture. In the following sections, I will touch on research that highlights a few of the many ways an individual can try to feel valuable and thereby manage mortality awareness. But a critical question for evaluating “cultural health,” as it were, is the extent to which members of a culture truly have access to the primary routes of value that the culture prescribes, and the behaviors that follow from these prescriptions lead to action and decisions that ultimately benefit the individual, society, and future generations.

Core TMT Research on a Critical Psychological Function of SE

According to TMT, the self-esteem motive emerges, in part, as a primary form of defense against existential anxieties ultimately tethered to the awareness of death. This gives rise to a number of specific hypotheses that have been assessed over the years. Because this research has
been extensively reviewed elsewhere (e.g., Pyszczynski et al., 2004), I will only briefly cover some of the early evidence for this proposition and then turn to more recent work.

**Self-esteem buffers anxiety.** The first, and most basic hypothesis, is that self-esteem should serve as a buffer against anxiety. This was one starting point of TMT research and was the hypothesis first tested by Greenberg and colleagues (1992, 1993) in a series of studies that measured or manipulated self-esteem and then assessed anxiety or anxiety-related defensiveness in response to various threats. This work showed that dispositionally high or experimentally elevated self-esteem is associated with lower levels of anxiety (measured via self-reports or physiologically) and associated defensiveness in response to such threats as gory accident footage and the prospect of painful electric shock. Taken together with correlational links between self-esteem and anxiety, this work helped to establish the basic anxiety-buffering function of self-esteem.

**Self-esteem reduces mortality salience effects.** Of course, as the Greenberg chapter explained, one of the core hypotheses of TMT is that, to the extent that cultural beliefs protect an individual from the awareness of death, reminders of death (mortality salience; MS) should intensify identification with those beliefs, leading people to approve more those who support their worldview and approve less those who threaten it. Yet if self-esteem offers protection from the awareness of death, then high levels of self-esteem should render people less in need of engaging these worldview defenses. Harmon-Jones et al. (1997) reported a series of studies in accord with this hypothesis, and more recently, Schmeichel and colleagues (2009) offered evidence suggesting that the ability of self-esteem to protect against the effects of death awareness on worldview defense stems primarily from implicit (or non-conscious) self-esteem rather than explicit self-esteem. Although space precludes a deeper consideration of the
implications of these findings, it merits noting that the potential distinction in existential security between implicit and explicit esteem represents an exciting direction for future research.

It also appears that the protective capacities of self-esteem are broader than just attenuating fervent defense of one’s worldview. Routledge and colleagues (in press) recently explored an idea at the heart of the TMT analysis but that had surprisingly escaped empirical scrutiny; that is, that the non-conscious awareness of death would have an adverse effect on psychological functioning. Across eight studies they found that death-related cognition that was outside of focal attention, either measured or manipulated, decreased reports of satisfaction with life, subjective vitality, meaning in life, and open-minded exploration, and increased reports of negative affect, state anxiety, and social avoidance. Critically, however, this was the case only for individuals with low, but not high, self-esteem.

Mortality salience influences self-esteem striving. Although a majority of terror management research has focused on how death-related thoughts increase defenses that bolster an individual’s cultural worldview, TMT more broadly informs how people obtain a sense of security, or symbolic value, when faced with existential anxieties. The guiding hypothesis is that if self-esteem assuages the threat of death by conveying that one is living up to culturally derived standards of value, then reminders of one’s mortality should increase both self-esteem striving and self-esteem defense. Put simply, the awareness of death should lead people to do (or at least to believe they are doing) that which fits into their understanding of what a valuable or significant person does.

There are dozens of such findings in the literature, covering a variety of self-esteem contingencies and self-esteem maintenance strategies (e.g., self-serving attributions; Mikulincer & Florian, 2002). As examples, among those who derive self-esteem from engaging in ‘green’
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(pro-environmental) behavior, reminders of death increase intentions to engage in such behavior (Vess & Arndt, 2009), and among those who derive self-esteem from risky driving, MS actually increases risky driving in a simulator (Taubman Ben-Ari et al., 1999). Illustrating the variability of how cultural standards funnel the trajectory of responses to awareness of death, Kashima and colleagues (2004) found that individuals with low self-esteem in Japan responded to MS by becoming less individualistic, whereas Australian participants with low self-esteem responded to MS by becoming more individualistic. Such examples convey how awareness of death can motivate behavior that promises to impart to an individual a sense of their value and worth within their own cultural framework.

**Threatening self-esteem increases death thought accessibility.** What about looking at the connection between self-esteem and awareness of mortality from the other direction? Most of the studies described thus far have examined how self-esteem mitigates or alters the effects of death reminders. Yet, if self-esteem helps to insulate individuals from the awareness of death, then threats to self-esteem should increase the cognitive accessibility of death-related thought.

Following research showing that that compromising faith in the worldview increases death-thought accessibility (DTA; Hayes et al., 2010), a number of studies have examined just this idea. Ogilvie and colleagues (2008), for example, found that having participants recall when they felt they were at their worst and thus failed to meet standards of value (i.e., their undesired self) increased DTA. Hayes and colleagues (2008), rather than having participants imagine past failures, experimentally manipulated a failure experience in order to threaten self-worth. Whether it was giving participants who were invested in the belief that they were intelligent some information suggesting that their intelligence was below average, or informing them that their personality was ill-suited for their career aspirations, or rigging a public speaking task so as
to create expectations of failure, these different forms of self-esteem threat provoked increased levels of DTA relative to conditions that did not threaten self-esteem. Moreover, these effects were specific to death-related cognition and were not the result of a general increase in the accessibility of negative constructs. And finally, providing participants with the opportunity to affirm and thus fortify their self-worth eliminated the increase in death-related thought following self-esteem threat.

In sum, the basic buffering function of self-esteem has been examined and confirmed in a variety of different ways. One of the generative aspects of the TMT framework is that it facilitates insights into different domains of human social behavior, from consumer decision making to legal decisions, to health behavior, to understanding facets of psychopathology. The following section focuses on health behavior to illustrate how transporting the analysis to a more applied domain allows for further insights into the nature and operation of self-esteem as an existential resource. In particular, research on health behavior allows us to highlight the connection between self-esteem and specifically non-conscious thoughts of death, the malleability of bases of self-worth when in need of existential protection, and the influence of different types of self-esteem in managing existential fear.

**Illustrating the Power (and Nuances) of the Self-Esteem Motive: Health Decision Making**

A casual inspection of the social world reveals that people make a variety of health-related decisions, from exercising and scheduling screening exams to smoking and sun-tanning, that can either benefit or harm their physical health. Over the years, we have learned that such decisions often reflect not only concerns with health, but also more distal, and heuristically processed, implications for the self more broadly, and its value specifically (e.g., Jackson & Aiken, 2006; Leary et al., 1994; Wakefield et al., 2003). However, what has been largely missing
is an understanding of when self-esteem motives are likely to exert an especially potent influence
and when they take a backseat to more rationally (or at least pseudo-rationally) oriented health
motives.

The terror management health model (TMHM; Arndt & Goldenberg, 2011; Goldenberg
& Arndt, 2008) has been proposed to offer just these kinds of insights. As might be expected
from what I have covered thus far, the model portrays death-related cognition as a critical
catalyst in engaging the influence of self-esteem motives in health decisions. Given the
functional analysis of self-esteem – which views it as a protective shield against the awareness of
death – it is perhaps not surprising that the health context, with its central association to death-
related concerns (e.g., Arndt et al., 2007), would be a particularly apt domain in which to observe
the influence of terror management processes.

Implicating the connection between non-conscious thoughts of death and self-esteem
striving. Building from the dual process model of terror management (Pyszczynski et al., 1999),
the TMHM suggests that it is specifically non-conscious thoughts of death that are most likely to
activate self-esteem motives in the context of health decisions. In the course of examining this
proposition, a number of findings speak to the specific connection between non-conscious
thoughts of death and motives for self-enhancement.

The gist is that when people are consciously thinking about death, health decisions are
guided in part by the goal of removing such thoughts from focal awareness. This can be
accomplished in a variety of ways. In many cases, this can involve behavior (or intentions) that
facilitate health, such as when, in the face of conscious thoughts of death, people increase their
intentions to exercise (Arndt et al., 2003). Yet because the underlying goal is to remove death
thoughts from consciousness, people can also do so through threat-avoidance responses (e.g.,
Greenberg et al., 2000). They can try to forget about it, distract themselves, or push the problem of death far into the future. Whether an individual responds with behavioral health or threat avoidance tactics as a means of ridding death thoughts from consciousness appears to depend on factors that pertain to an individual’s (or a response’s) ability to effectively manage the health situation and its implications for fatality (e.g., response efficacy; health optimism; Arndt et al., 2006; Cooper et al., in press).

Motives for self-esteem, and the contingencies on which they are based, take a backseat when people are faced with conscious death-related thoughts. That is, when thoughts of death are conscious, people make decisions irrespective of the relevance of the behavior to their self-esteem. In contrast, as noted earlier, when death thoughts are activated but outside of conscious attention people engage in distal defenses that are oriented toward perceptions of personal significance and symbolic worldview beliefs. Although TMHM research has examined a few different ways in which this may be accomplished, given the present focus of this chapter, I will specifically consider work implicating esteem contingencies.

In health contexts, for example, immediately after explicit reminders of death, when thoughts of mortality are conscious, participants increase their sun protection and exercise intentions across the board (i.e., without moderation by esteem contingencies; Arndt et al., 2003; Routledge et al., 2004). However, a different picture emerges when thoughts of death are allowed to fade from focal awareness (i.e., there is a delay following the mortality reminder). Here, people who reported basing their self-esteem on fitness respond with increased exercise intentions and people whose self-esteem is contingent on being tan actually report increased tanning intentions. As with sun-tanning, these effects occur both with “healthy” and “unhealthy” behavior. Indeed, when confronted with graphic cigarette warning labels that conjure up
thoughts of death, people who smoke for esteem-related reasons report decreased intentions to quit smoking (Hansen et al., 2010).

Knowing when esteem-oriented movies are “online” in turn allows us to predict when certain types of messages are likely to persuasively encourage a desired behavior. Consider celebrity endorsement. Celebrities are compelling figures in part because of their embodiment of the cultural ideals of what it means to be a desirable or valuable person. As such, we might expect celebrity endorsements to exert a more potent influence on decision preferences when thoughts of death are active but outside of focal awareness.

To explore this idea, McCabe and colleagues (2011) engaged participants in a consumer marketing study in which they indicated how much they would pay for a brand of bottled water. The water was advertised with an endorsement by popular celebrity actress Jennifer Aniston or by a medical doctor, and participants made their price estimates immediately after being reminded of mortality (vs. control), or after a delay when such thoughts had faded from conscious attention. When thoughts of death were conscious, participants were willing to pay more for water that was endorsed by a medical doctor. However, when participants were reminded of death but then distracted, they were willing to pay more for water endorsed by Jennifer Anniston. This not only is relevant to strategies for communicating effectively about health; it also provides insights into the connection between esteem motives and non-conscious thoughts of death, as well as a convergent perspective on the appeal of celebrities and fame for terror management (see Greenberg, this volume).

On the existential malleability of self-esteem standards. An additional implication of this work is that standards of self-esteem exist within the context of cultural meanings and societal prescriptions for value. Thus, when individuals are provided with information concerning the
societal value of particular standards (e.g., for appearance) in the context of activated, non-conscious mortality awareness, people’s health decisions should reflect efforts to attain these standards. This imparts a certain amount of culturally infused malleability to the standards of value that people will pursue to manage existential fear.

This hypothesis has been supported in a number of health domains. In the context of tanning decisions, exposing participants to a picture of an attractive tanned woman (Routledge et al., 2004) or a fashion article entitled “bronze is beautiful” (Cox et al., 2009), in combination with mortality reminders and a delay, increased sun-tanning intentions. Conversely, exposing participants to a fashion article touting an increasing societal consensus that “pale is pretty” led to decreased intentions to tan under the same conditions (Arndt et al., 2009), suggesting an augmentation of the appeal of the appearance standard, as well as leading beach patrons in South Florida to request sample lotions with higher sun protection factors (Cox et al.). These findings inform us about the malleability of self-esteem standards in the context of using self-enhancement to manage existential fear. When the norms of society change, so too can the ways in which individuals try to feel valuable (Jonas et al., 2008).

Types of esteem contingencies. When people make “health” decisions in the face of accessible thoughts of death, they often rely on their contingencies of self-esteem as a roadmap of how to respond. But, to continue the metaphor, different people are using different maps. That is, global differences in how a person derives self-esteem matter, and in the present context they moderate health responses to accessible thoughts of death.

One distinction focuses on whether individuals base their self-esteem on extrinsic standards (i.e., more conditional acceptance from others as compared to an intrinsic, or internalized, sense of self-acceptance; Schimel et al., 2001). Arndt et al. (2009) reasoned that
such extrinsically oriented individuals would be more susceptible to bend with the socially articulated breeze after thoughts of death had been activated and then receded from focal awareness, and that this susceptibility would color their health-relevant responses toward whatever was advocated by the social context. Such effects have been observed in tanning, smoking, and exercise domains. For example, people who base their esteem on extrinsic standards responded to MS with increased interest in tanning (presumably because tan skin is considered socially attractive), but were also more influenced by the situational primes touting or undermining the attractiveness of tanned skin. Thus, people can be pushed toward either healthy or unhealthy trajectories based on the salient standards of value and their attentiveness to such externally defined standards. Indeed, when individuals who smoke for extrinsic reasons were reminded of mortality and exposed to an anti-smoking commercial with negative peer group reactions to smoking, they reported stronger intentions to quit smoking.

One of the emerging ideas is that exposure to the esteem-relevant prime increases the associated self-esteem contingency (for example, of being tan), which in turn guides responses to accessible death-related thoughts. Arndt et al. (2009) tested this hypothesis in the context of fitness. The situational prime involved exposing participants to a positive example of people who exercise (a “prototype;” Ouellette et al., 2005) or a negative example of people who do not exercise, both subsequent to an MS/delay manipulation. Uniquely among those participants who had been exposed to MS and the positive exercise prototype, as extrinsic self-esteem increased, so too did the relevance of exercising to self-esteem. Thus, one of the mechanisms by which death-related cognition exerts its influence on behavior is by elevating the importance of a self-esteem contingency to which the individual may be especially sensitive.

Understanding the Role of Self-Esteem in the Landscape of Existential Defense
The health-oriented research reviewed in the previous section showcases one context in which self-esteem motivations are at work. But as other chapters in this volume elaborate, the awareness of death motivates a variety of responses beyond self-esteem striving. Two of the more widely studied are defending cultural beliefs and investing in close relationships. In thinking about where TMT research on self-esteem might head next, it seems that one of the more interesting issues is the intersection between self-esteem and these others forms of existential defense (Hart, Shaver, & Goldenberg, 2005). There are emerging lines of work that speak to such issues, and below I will discuss examples that focus on the connection between self-esteem and close relationships, and self-esteem and worldview maintenance.

**Self-esteem and close relationships.** Extensive research pioneered by Mikulincer and colleagues shows that people use close relationships as a way of protecting themselves from the awareness of death (see Mikulincer et al., 2003, for a review). Among other findings, MS instigates close relationship striving, and secure close relationships function in part to hold the accessibility of death-related cognition at bay. What is less clear is the role that self-esteem motives play in such existentially motivated interpersonal connections.

We know from prior research that awareness of mortality can lead to differential effects on broader group identification depending on the implications of that identification for one’s ability to derive self-worth. I will not focus on this work except to note that, after MS, while people may at times prefer a proximal affiliation over upholding their beliefs (Wisman & Koole, 2003), they also opt to identify with (e.g., ethnic, gender, university) groups that enable them to feel good about themselves and dis-identify from groups that do not (e.g., Arndt et al., 2002; Dechense et al., 2000).

Certainly close relationships provide solace independent of their implications for self-
worth, but people may also maintain close relationships because of the self-validation they provide (Crocker & Wolfe, 2001; Murray et al., 2000). In a scene from Alan Arkin’s (1971) film, *Little Murders*, Patsy prefaces her marriage proposal to Alfred by saying, “I love the man I want to mold you into.” Her statement reflects the notion that close relationships can help us maintain our own valued identity. We want people to be the persons who will serve our own psychological goals. And as we know from studies by Florian and colleagues (2001), people’s desire to validate their identity may be driven in part by their cognizance of their mortality.

Recently Cox and Arndt (2011) conducted a line of studies to examine the possibility that people use close relationships for the existentially motivated maintenance of self-esteem. Two studies showed that when reminded of mortality, people are more likely to exaggerate how positively their romantic partners see them, which Murray and colleagues (2000) have shown is a means of bolstering self-worth. A third study showed that when reminded of death, the more people saw their partners as a source of perceived regard, the more committed they reported being to the relationship. People hope to stick with close others who make them feel good about themselves. Further implicating the role of self-esteem in these processes, an additional pair of studies indicated that these effects are most pronounced for people who base their self-esteem on relationships (those high in relationship self-esteem contingencies).

Of course, people have a variety of different relationships, and for certain individuals certain relationships may be more useful in bolstering self-esteem. In previous research, Cox et al. (2008) measured attachment anxiety and avoidance, manipulated MS, and then presented participants with a purported “cell phone calling plan” in which they could allocate minutes to different relationships. After being reminded of mortality, securely attached individuals (those low on attachment anxiety and avoidance) allocated significantly more minutes to their romantic
partners, whereas anxiously attached participants allocated significantly more minutes to their parents. Such desires for contact, it seems, may reflect esteem-bolstering motivation. Cox and Arndt (2011) also found that after being reminded of death, anxious individuals exaggerated how positively their parents see them, whereas secure individuals exaggerated how positively their romantic parents see them.

Whereas certain individuals may be more prone to using (certain) relationships for esteem-enhancing purposes in light of mortality awareness, different relationship stages can be conducive to different terror management goals. Kosloff et al. (2010) explored how short-term dating relationships afford a potent opportunity for esteem enhancement, whereby the relationship partner can become a trophy attesting to one’s own value. Long-term relationships, in contrast, may often provide an opportunity to erect a pillar supporting one’s meaningful worldview. Three studies were in accord with this possibility, and thus not only provide further insight into nuances of the intersection between close relationship striving and self-esteem, but also introduce interesting issues about the interface between self-esteem and worldview defense.

Self-esteem defense and worldview maintenance. The title of this chapter is paraphrasing Becker (1971), who wrote that “One critical function of culture is to…provide the individual with the conviction that he is an object of primary value in a world of meaningful action” (p.79, italics in original). This raises a question: Is it more important that one be a significant contributor or that the drama be meaningful? Clearly the answer depends on a host of factors, and in the majority of situations the two go hand in hand. But sometimes they don’t. The Kosloff et al. (2010) studies suggest that, at least at the beginning of a relationship, self-esteem motives may trump those for worldview validation. Is this necessarily or even often the case? In many cases it seems that the worldview must be maintained for the individual to have value
within that worldview, and thus the former may often be the more fundamental source of existential fortitude. Indeed, if the values upon which one’s self-esteem is predicated are undermined, then the anxiety-buffering qualities of the resultant self-esteem would be similarly compromised.

Arndt and Greenberg (1999) initially explored this idea, showing that self-esteem-boosting personality feedback attenuated MS-induced worldview defense, unless the domain of the worldview that was under attack was the basis for the self-esteem boosting feedback. This suggests that self-esteem may be only as effective as the worldview on which it is based. Extending this line of thought, Landau et al. (2009) were more directly interested in the question of how people respond when routes to self-esteem and worldview maintenance collide. One way in which this collision manifests, they reasoned, is when self-enhancing on a particular dimension means outperforming a revered other who lends stability to the worldview. They constructed scenarios in which self-enhancement would demand putting oneself above the revered other and thus undermining the worldview. Maintaining the worldview, however, would mean downplaying one’s performance, and thus sacrificing the opportunity for self-enhancement. Across a series of studies, Landau et al. found support for the former pattern. Thus, participants reminded of their mortality were more likely to rate themselves especially highly on valued dimensions, unless doing so meant outperforming their parent or an admired cultural icon. Such findings converge to suggest that while self-esteem is a vital cog in the engine that manages fears about death, it is often if not generally predicated on first maintaining faith in the worldview.

Clearly there is much more to be understood about how people manage existential insecurity and with which defenses they prefer to do so. What is especially exciting about some
of the recent research is that it begins to explore such options, rather than simply presenting participants with one given outcome to which they can respond. As Greenberg (this volume) and Pyszczynksi (this volume) briefly describe, we are starting to see research on the possibility of managing terror in ways that bear less negative consequences for different others and potentially foster more socially and individually healthy outcomes (see Vail et al., 2011). This certainly represents one of the more hopeful and encouraging directions for further research.

Coda

In the Birth and Death of Meaning Becker (1971) suggested that if you want to truly understand someone, you need to ask how that person thinks of him or herself as a hero? In other words, what is the avenue along which the person endeavors to feel valuable? I have always found that thought quite comforting, as it can be seen as offering a kind of bridge to others, both those similar and those seemingly quite different. It suggests that all people are on a parallel quest, trying to endure the all-too-often hardship of life and their awareness of inevitable death to feel that they count, they matter. There is comfort in being in the same, albeit inevitably sinking, ship. Perhaps then I should have asked my brother, In what way would you like to be special?

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