Self-esteem is the value a person places on him or herself. It is determined largely by the following factors:

- **Security.** The feeling of being comfortable and safe in an environment. As it relates to self-esteem, security refers to both an environment that is free of violence and one in which individuals are respected for communicating and experiencing their feelings.

- **Affiliation.** A feeling of belonging and acceptance that is generally achieved in relationships with important people in one’s life.

- **Competence.** A feeling of success in areas regarded as personally important or valuable and a general awareness of one’s strengths and acceptance of one’s weaknesses.

- **Selfhood.** An accurate and realistic sense of oneself in terms of attributes and physical characteristics.

- **Mission.** A feeling of influence over and responsibility for circumstances of one’s own life, augmented by a self-motivated sense of purpose.

**Epidemiology**

Studies have found that low levels of self-esteem occur across all ages, social classes, and cultures. Young people, typically those in their teenage years and in their early 20s, are particularly susceptible to low levels of self-esteem. In part, this is because it is during youth that a person first develops beliefs and values independent of authority figures. Because of the rapid pace at which young people develop, life may feel out of control, and young people may struggle to make decisions and negotiate desires.

While an increasing number of studies have found low levels of self-esteem related to increased risk-taking for HIV infection, most studies on the subject of self-esteem have focused on its relationship to such things as substance abuse, depression, suicide, seatbelt use, and emotional dependency on others. Findings from these studies are relevant to HIV infection risks because they reflect the relationship between self-esteem and a person’s decision to engage in harmful or dangerous behavior.
A person’s ability to deal with anger, fear, stress, tension, and anxiety affects self-esteem. Additionally, the manner in which a person is able to deal with mental disorders or physical disability, especially chronic conditions, influences feelings about the self.

**Signs and Effects of Low Self-Esteem**

A person with low self-esteem often struggles to be aware of what he or she desires and has difficulty communicating these things to others. This person may feel unable to avoid unsafe behaviors or assert to others the need to avoid such behaviors. Low self-esteem can also lead to destructive behavior toward oneself and others.

Adverse circumstances can feel far more severe for a person with low self-esteem compared to someone with a healthier level of self-esteem. Intense feelings related to adversity can lead a person to feel that life is out of control and can perpetuate dangerous or risky behavior. However, for others with low self-esteem, adverse circumstances can feel desirable because such circumstances offer a chance to focus energies toward problem-solving or escaping. Crisis-oriented situations can be opportunities to function at higher levels and lead people to feel better about themselves for a while. Some people with low self-esteem may, therefore, create or seek crises in their lives.

Social and family support are important to self-esteem. Studies have found lower levels of self-esteem among people who have not received support from their parents. Studies have shown that people who have received little social and familial support are many times more likely to engage in unsafe behaviors than people who have received support. Drug use among young people, for instance, has been found to occur more often in families in which open communication was relatively absent. Research has linked poor or non-existent family communication about sex education and other topics to low levels of self-esteem, and it has also found sex education delivered by parents to be helpful in promoting safer sexual practices.

While unhealthy levels of self-esteem are often found among people who overtly express low self-value, people who express what may seem like extraordinarily inflated or “superhuman” beliefs about themselves may actually have low self-regard. These people may be trying to mask or hide their negative feelings of themselves. They often have a false sense of security and avoid information that they find threatening.

**HIV Risks**

Chronic feelings of low self-worth and specific situations in which a person feels a challenge to self-esteem can lead to unsafe sex. Because people with low self-esteem often give little priority to

---

**Attributes of Gay Men Engaging in Safer Sex Compared to those Engaging in Unsafe Sex**

- **Strong Sense of Gay Identity**
- **Commitment to Healthy Living**
- **Sense of Control Over Their Lives**
- **Concern for the Welfare of Partners**

**Formation of Self-Esteem**

Societal and environmental factors, both current and past, help shape a person’s self-esteem. These influences, which can extend back to a person’s earliest experiences, include people such as family members, friends, schoolmates, work colleagues, and others in the community, such as civic, religious, or gang leaders.

Negative factors, such as imbalances of economic power, classism, sexism, and racism can contribute to low self-esteem. Low levels of literacy, lack of education, and language barriers can also affect a person’s views of him or herself. This is because these characteristics relate to how a person functions in a society that values and in many ways requires a formal education and knowledge of English. Researchers have related low levels of self-esteem to academic failure, including dropping out of school.

Addictive behavioral patterns can greatly affect the self-esteem of people with addictive personalities and their families. For instance, researchers have found low levels of self-esteem among many members of a family in which substance abuse is present.
their own health, they may minimize the harm or risks of HIV infection or feel unmotivated or unable to avoid risk behaviors.

People with low self-esteem often struggle to communicate to partners their desire to engage only in safer forms of sex and needle-using behavior. These people may feel dependent on sex partners, they may fear rejection, or they may believe that their desires are not valid. The intimacy and vulnerability of sexual expression make communication that much more difficult. During sex, when the desire to please others is often considered important, a person with low self-esteem is especially susceptible to putting a partner’s needs first.

A study of gay men that examined the desire for unprotected sex once a sexual encounter started found that those who reported increased desire for unprotected anal intercourse during unsafe encounters also frequently reported feelings of being depressed, bored, or stressed prior to sex.8

In some cases, general feelings of ambivalence may lead some people with chronically low levels of self-esteem to engage in unsafe sex or needle-using behaviors without concern for whether they infect their partners. When factors such as substance abuse and a lack of social support are added, the likelihood of engaging in unsafe behaviors increases. In one study, participants with low self-esteem were 40% more likely to engage in risky behaviors than those who were considered to have healthier levels of self-esteem.2

Positive social support may provide people with an increased sense of self-worth and, therefore, allow them to feel more comfortable communicating their needs for safer sex.9 One study found that social support helped injection drug users reduce risks by allowing them to view life from a hopeful, positive perspective.10

A person with chronically low levels of self-esteem may have significant insecurity about his or her sexuality and may view sexuality or sexual expression as unhealthy or wrong. To this person, negative consequences of becoming infected as a result of sexual expression may seem consistent with his or her negative views of sexual expression and personal value.

Studies of gay men have found that those who practice safer sex are more likely than those who do not to have a strong sense of gay identity, a commitment to healthy living, a sense of control over their lives, and concern for the welfare of their partners.11 Among those who did not sustain safer sex practices, risky behavior most often occurred when relationships had “broken down,” a time when self-esteem may be lower, and during the use of alcohol and other drugs, often resulting from low self-esteem.

Efforts to boost self-esteem appear to relate to safer sexual behaviors. Canadian officials found the availability of gay-affirmative psychotherapy, the presence of social activism, and education against homophobia to be important in limiting the spread of HIV infection among gay men.

Implications for Counseling

It is important for counselors to gauge clients’ levels of self-esteem and, when they detect signs of unhealthy self-esteem, to help clients examine ways to feel better about themselves so they can avoid unsafe behaviors.

Assessment

Counselors can assess levels of self-esteem in a variety of ways. Begin by being attentive to how a client speaks of him or herself and others. Listen for statements that indicate depression, distress, self-deprecation, or self-hatred. Clients with low self-esteem may state: “I’m stupid. I’ve had unsafe sex.” They may judge and question the value of others without considering how they view themselves. They may say: “I can’t depend on anyone. Everyone disappoints me.” Or they may express hopelessness with statements such as: “What’s the use of being safe?”

Clients with low self-esteem often compare themselves to others in unfavorable ways. For instance, they may say that partners know better than they do which behaviors are safer or that partners are more attractive or otherwise better than they are, and, as a result, will leave them if they insist on having safer sex.

Clients may make statements that appear to express high levels of self-esteem when they actually mask the opposite. Feelings of superiority can be dangerous. For example, clients may express invulnerability to HIV infection through statements such as: “I have total control over my behaviors. I’m never at risk for being unsafe. Even when I’m drunk.” People hide unhealthy levels of self-esteem in other ways. For example, a client may state that using a condom is insulting, when the actual reason for not using a condom is because he or she lacks the self-esteem to insist to partners that they use condoms during sex.

Assess how a person manages adversity. Many people with low levels of self-esteem develop high levels of anxious or depressive behavior as they deal with even minor challenges and feel unable to bring order to their lives. Be attentive to addictive behavior patterns which are indicative of low
levels of self-esteem.

Ask clients about changes or adverse events they may have recently experienced in their lives. People often experience significant deterioration in self-esteem when they are in poor health; when relationships with others become difficult or end; when basic needs, such as housing or food, are not being met; or when they fear their needs will not be met in the future. The loss of a job often leads a person to question his or her value, and the illnesses and deaths of friends can leave a person with little sense of meaning in life.

When clients report engaging in unsafe sex, explore reasons they might have done so. Also explore clients’ thoughts or fears of engaging in unsafe behaviors in the future. Clients may feel unable to assert needs for safer sex to partners, they may have little desire to avoid unsafe sex, or they may feel invulnerable to HIV infection. For a variety of reasons, it is often difficult to assess self-esteem. For instance, self-esteem may appear to fluctuate between high and low levels depending on the circumstances. In addition, some people have low self-esteem continuously and may not recognize that they hold low opinions of themselves. In detecting chronic low self-esteem, look for signs of significant depression or hopelessness in clients’ lives.

Be alert that many people attempt to hide low self-esteem. They may claim feelings of self-confidence that they do not experience and they may express arrogance or false pride. They may feel satisfied with certain parts of their lives, for instance their career or income, and yet feel shame about other attributes, such as physical appearance or family background.

**Intervention**

Assess the degree to which a client is interested in changing behavior or considering change. In working with clients who have low self-esteem, the following are important considerations:

**Safety.** Help clients understand that the counseling session is designed to be a safe and secure place. Make it clear to clients, both through words and actions, that the counselor respects them and values their thoughts and feelings. In many areas of their lives, clients may be accustomed to violence and abuse or invalidation of their feelings, and they may fear offending counselors or saying the “wrong” thing. Respect clients’ fears and clarify that their feelings are not wrong.

**Seeing Options.** Learn more about how a client views him or herself and areas of life that feel uncomfortable. Some people do not recognize that feeling good about themselves is important. For these people, surviving through a given day is a priority; feeling good is rarely considered a possibility.

People with healthy levels of self-esteem are more likely to see and accept challenges in their lives and then find solutions so that they can face them. Often, those with chronic low self-esteem have come to view life only as one large challenge. They no longer recognize specific challenges or solutions available to them. These people may not be aware that changes may be made or that life can be different.

Typically, people with low self-esteem have an adequate or more than adequate understanding of a subject, however, they may not be able to apply that understanding to their own lives. They may recognize that for others there are alternatives to unsafe sex but they may not see these as possibilities for themselves.

Help clients examine their decision-making strategies and develop tools to make decisions more effectively. Clients with low self-esteem may struggle to make decisions or they may make decisions impulsively. They may benefit from slowing down their decision-making process to better assess what it is they are seeking and the benefits and drawbacks of a given option.

Some people with low self-esteem believe they do not have enough intelligence or competence to engage in safer behaviors, and they may attribute their risk to these factors. These people may actually be quite intelligent and competent and may not see that their feelings of inferiority are a

---

**Important Elements for a Person with Low Self-Esteem**

**Creating a Sense of Safety**

**Feeling Good about Oneself**

**Taking Responsibility**

**Establishing Motivation**

**Setting Reasonable Goals**
result of low self-worth. Uncover areas in which a client recognizes that he or she is competent: areas such as work, family responsibilities, or leisure pursuits. The act of making an appointment to visit the test site may demonstrate competence. Present these as evidence that the client appears to have the intelligence necessary to engage in safer behavior.

Feeling Good about Oneself. When clients discuss having little self-value and consider themselves to be failures as a result, explain that feeling poorly about oneself is not a personal failing. Find reasons clients might value themselves and help them look for areas of their lives where they have displayed that they care for themselves. For example, by seeking information about HIV, clients are showing interest in their health. For some clients, the ability to survive up to this point is a sign of self-caring. Learn the reasons clients have taken care of themselves in various areas of their lives and how they have felt when they have done so.

Realize that people with low levels of self-esteem often struggle to feel better about themselves and change patterns of thinking and behaving. They may discredit what they achieve; this may include occasions when they have successfully avoided unsafe behaviors. Acknowledge the difficulty of the process, including the difficulty of determining what a person desires and then seeking it.

Taking Responsibility. Clients with low levels of self-esteem often feel they have little power over the outcome of their own or others’ behaviors. Help them see that they can have power over their own lives, including the option to avoid unsafe behavior. Explain that it is possible to have a good self-image. Also, explain the importance of having peer support and social connections with others as ways of gaining confidence and trust in themselves. Explore ways clients can enhance their relationships and the support they receive from others.

When discussing risk behaviors with clients who have low self-esteem, allow clients to discuss their beliefs about the safety of behaviors in which they engage. If counselors discuss safer sex guidelines without allowing this, clients with low self-esteem are likely to say they agree with the beliefs the counselor puts forward even though they may not actually hold these beliefs. Recognize that counselors’ beliefs may strongly influence clients while in the counseling session, but when others, especially sex or needle-sharing partners, present different beliefs, clients may adopt these instead.

Before visiting the test site, many clients have already focused on making behavior changes, perhaps as a result of having engaged in unsafe behaviors that led them to seek a test. Discuss with clients their successes so far and emphasize the importance of these. Explore the feelings and events associated with successful experiences. For instance, ask clients what helped them achieve behavior change. Consider times when clients have not engaged in safer sex and the possibility that they have been unable to communicate needs for safer sex to partners. Ask clients to discuss feelings and events surrounding these occasions and why they believe they were unable to communicate their personal desires. Perform role plays of scenarios in which clients discuss safer sex with partners.

Motivation. Ask clients if they want to engage in safer sex. For clients who express a lack of desire to change behaviors, ask their reasons for this. Determine if there is anything that would lead these clients to want to avoid HIV infection. If clients express hopelessness about avoiding HIV infection, explain that this is not uncommon, explore this feeling further, and make clear that there are options.

For clients who wish to change behaviors, learn their reasons for wanting to do so and learn how important it is for them to avoid HIV infection. People with low self-esteem are more likely than others to state that they wish to avoid infection because they feel responsibilities to family members, employers, or others. Accept and support this as a powerful motivating force. Note that some people who desire to remain healthy primarily for the benefit of others find that they also benefit. Recognize that while family concerns are especially strong motivators for people with low self-esteem, family-related issues can also lead some people to desire the benefits of being ill, perhaps because they will receive more attention from the family or because they wish for a reprieve from family responsibilities.

A feeling of belonging, whether it is to a family, a network of friends, or a broader community, is important to motivation. Many people with low self-esteem may feel little purpose in their lives and may feel little identity with a broader community. Explore ways clients might develop a greater sense of purpose or feeling of belonging,
perhaps by developing friendships or doing volunteer work.

People with low levels of self-esteem may lose their desire to avoid unsafe behavior because they feel incapable of doing so. Acknowledge this possibility.

Setting Reasonable Goals. Establish HIV prevention objectives—such as using condoms—that clients can successfully implement and feel rewarded for adopting. Praise clients for their successes as well as for any steps they are taking to reduce risks. In the risk assessment session (formerly called the pre-test session), note behavior change goals so that these can be discussed in the disclosure session (formerly called the post-test session).

Help clients accept that they are not perfect. Clients with low levels of self-esteem often are overachievers or demand perfection of themselves. The inability to achieve this has led them to feel inadequate. Be careful of criticizing clients who have low self-esteem. These clients are already self-critical and further criticism may lead them only to feel more inadequate. By setting reasonable goals that recognize their limitations, clients can gain a realistic perception of what is possible at this time. Acknowledge the likelihood of slips and help clients see that these are normal.

A Counselor’s Perspective

“When I’m with clients who have low self-esteem, it’s important for me to acknowledge that they are valuable, and I am careful not to patronize them as I do this.”

Setting Reasonable Goals

Establishing realistic perception of what is possible may go far beyond the scope of a risk assessment or disclosure session. The HIV counselor may be most effective by acknowledging this limitation and providing referrals for services where self-esteem can be explored further.

Because a person with low self-esteem often struggles with self-motivation, it is important to give clients with low self-esteem a referral where they can receive additional support or discuss their concerns. Learn about resources for people with low self-esteem. For instance, refer a client who has low self-esteem and engages in unsafe sex to a safer sex support group or to substance abuse services, if applicable. Individual or group psychotherapy may also be a useful option.

A counselor that making behavior changes and feeling good about oneself occur gradually. Explain that as clients take steps to feel better they may not always recognize immediate results. Assist clients with developing strategies that they can use during stressful times when they may have difficulty sustaining behavior change.

Referrals

Unhealthy self-esteem generally results from other concerns that may not be identifiable in the brief setting of HIV counseling. Appropriate intervention may go far beyond the scope of a risk assessment or disclosure session. The HIV counselor may be most effective by acknowledging this limitation and providing referrals for services where self-esteem can be explored further.

A client with low self-esteem may interpret a positive test result as reinforcement that he or she has little value. This client may place minimal importance on staying healthy or seeking support or medical care.

Remind clients who have had healthy levels of self-esteem but who struggle once they receive a positive result, that they have a history of good feelings about themselves, and that these feelings can greatly benefit them in managing their infection. Acknowledge, if appropriate, that while HIV infection has been stigmatized by some people, being HIV-infected does not reduce one’s value. Encourage clients to be gentle with themselves as they begin to integrate the knowledge of their test result into their lives.

 Behavior changes and feeling good about oneself occur gradually. Explain that as clients take steps to feel better they may not always recognize immediate results. Assist clients with developing strategies that they can use during stressful times when they may have difficulty sustaining behavior change.

A counselor that making behavior changes and feeling good about oneself occur gradually. Explain that as clients take steps to feel better they may not always recognize immediate results. Assist clients with developing strategies that they can use during stressful times when they may have difficulty sustaining behavior change.

Referrals

Unhealthy self-esteem generally results from other concerns that may not be identifiable in the brief setting of HIV counseling. Appropriate intervention may go far beyond the scope of a risk assessment or disclosure session. The HIV counselor may be most effective by acknowledging this limitation and providing referrals for services where self-esteem can be explored further.

Because a person with low self-esteem often struggles with self-motivation, it is important to give clients with low self-esteem a referral where they can receive additional support or discuss their concerns. Learn about resources for people with low self-esteem. For instance, refer a client who has low self-esteem and engages in unsafe sex to a safer sex support group or to substance abuse services, if applicable. Individual or group psychotherapy may also be a useful option.

A client with low self-esteem may interpret a positive test result as reinforcement that he or she has little value. This client may place minimal importance on staying healthy or seeking support or medical care.

Remind clients who have had healthy levels of self-esteem but who struggle once they receive a positive result, that they have a history of good feelings about themselves, and that these feelings can greatly benefit them in managing their infection. Acknowledge, if appropriate, that while HIV infection has been stigmatized by some people, being HIV-infected does not reduce one’s value. Encourage clients to be gentle with themselves as they begin to integrate the knowledge of their test result into their lives.

Some people with low self-esteem who test positive may express little desire to protect others from infection. Help these clients find reasons they may want to protect themselves and avoid unsafe behaviors. This may mean concentrating on significant concerns such as avoiding infection with other sexually transmitted diseases or other strains of HIV.
Case Study

Sandy is a 23-year-old heterosexual woman who sometimes engages in unsafe sex. She generally makes decisions about whether to use a condom for vaginal sex based on what her partners want. Sandy says that she struggles to feel good about herself and that she does not want to become infected with HIV.

Counseling

Begin by assessing Sandy’s understanding of her risks for HIV infection through unsafe sex. Ask her if she is aware that her behavior is unsafe. Explain that by not using condoms, she is putting herself at risk for infection.

Assessment

Learn her reasons for allowing partners to decide whether they use a condom. Determine Sandy’s level of comfort with allowing partners to make this decision.

Intervention

Point out the imbalance of power in these sexual relationships. State that Sandy deserves the respect of her partners, and that she is responsible for taking care of her own health, regardless of whether her partners express interest in her health. While it is important that these statements be clear and direct, make sure they do not sound judgmental or provide her with a reason to believe she is a failure.

Ask Sandy what general steps she takes to stay healthy or to take care of herself. Use these as examples of her desire for her own welfare, and point out that she can apply techniques she uses to stay healthy to reducing her HIV infection risks. State that her desire to seek an HIV test and her desire to avoid HIV infection are strong indications that she cares about herself and her health. Suggest that using condoms during sex is another way she can care for herself. Acknowledge that, while logical, it may be difficult for her to make this connection.

Help her understand that condom use is also important because she has no way of knowing whether her partners are HIV-infected. Engage in role play situations in which she can assert her desire that her partners use condoms during sex. State that if partners are unwilling to use a condom, they are not showing respect for her.

If Sandy appears unable to tell partners that they must use condoms, determine what goals are reasonable for her. Perhaps she feels unready to insist that her partners use condoms, but she may be willing to at least ask them to use condoms. Or she may be willing to avoid vaginal intercourse and establish as a goal for the future that she will insist her partners use condoms when she wishes to resume having vaginal intercourse.

Learn about her social support and determine whether Sandy can use this to help her change her unsafe behaviors. Provide referrals where she can get support to consider behavior change and make and maintain changes.

References


5. Fors SW, Rojak DG. The relationship of demographic characteristics and selected life experiences to use patterns of various drugs in middle and high school students. Presentation: Annual Convention, American School Health Association, Phoenix, 1982.


Test Yourself

Review Questions

1. True or False: One study found that participants with low self-esteem were significantly more likely to engage in risky behaviors than those who were not considered to have low self-esteem.

2. True or False: A person’s level of self-esteem is not related to the amount of support a person receives in his or her social environment.

3. Researchers have found that people who express superiority or extremely high levels of self-esteem: a) are at risk for engaging in unsafe behaviors, b) often have a false security in their own knowledge, c) avoid information they find threatening, d) all of the above.

4. True or False: One study found that healthy levels of social support helped injection drug users reduce risks by allowing them to view life from a hopeful, positive perspective.

5. True or False: Some people use alcohol and other drugs, as well as unsafe sex, to escape the stress and anxiety caused by a lack of social and emotional support.

6. Which of the following affects self-esteem? a) feelings of security, b) feelings of competence, c) neither of the above, d) both a and b.

7. True or False: Healthier levels of self-esteem have been found among those who received thorough sex education from television rather than from their parents.

8. True or False: Gay men with HIV who have a positive view of their sexuality and actively cope with HIV infection reported higher levels of self-esteem.

Discussion Questions

1. How can counselors assess a client’s level of self-esteem?

2. How can counselors help clients see the relationship between low self-esteem and HIV infection?

3. How can counselors help clients see that they have value?

4. How can counselors identify possible causes for a client’s low self-esteem? What is the benefit of doing this?

5. What are appropriate limits for the HIV counselor helping a person with low self-esteem?

6. When constructive confrontation is appropriate with a client who has low self-esteem, how can counselors effectively do this without having the confrontation interpreted by clients as criticism and reinforcement of the feeling that they are inadequate?

7. How can counselors respond when clients say they do not care about themselves? Or when clients say they do not care about becoming infected with HIV?

Answers to Test Yourself

1. True. A study found that those with low levels of self-esteem were 40% more likely to engage in risky practices than those with higher levels of self-esteem.

2. False. Self-esteem is strongly linked to the support of a person’s social environment.

3. D. All of the above are true.

4. True.

5. True.

6. D. Both a and b are true.

7. False. Those who received sex education from their parents rather than from other sources reported higher levels of self-esteem.

8. True.
DID YOU KNOW?

You can access a FREE searchable archive of back issues of this publication online! Visit http://www.ucsf-ahp.org/HTML2/archivesearch.html.

You can also receive this and other AHP journals FREE, at the moment of publication, by becoming an e-subscriber. Visit http://ucsf-ahp.org/epubs_registration.php for more information and to register!

ABOUT UCSF AIDS HEALTH PROJECT PUBLICATIONS

The AIDS Health Project produces periodicals and books that blend research and practice to help front-line mental health and health care providers deliver the highest quality HIV-related counseling and mental health care. For more information about this program, visit http://ucsf-ahp.org/HTML2/services_providers_publications.html.