RUNNING HEAD: Self-Esteem, Emotional Stability, Grief, and Depression

Feeling at ease helps you grieve: Emotional stability mediates the effects of grief and depression on individuals with high self-esteem

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Abstract

Data from the Changing Lives of Older Couples (CLOC) study was used to take a closer look at the way emotional stability would play a role in the effects of grief and depression. Previous research has shown that negative life events help shape the way one’s psychological vulnerabilities are expressed; especially following the loss of a loved one. The presence or absence of neuroticism will impact the way a person copes with this loss, thus determining whether or not they will deal with this stressor in a maladaptive way. We found that emotional stability would play a mediating role between an individual’s self-esteem and their subsequent grief/depression. This study holds significant clinical findings when dealing with bereaving individuals.

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During our lifetime we may experience negative events. The negative events have an impact on our lives, which help us shape our experiences. Some of these negative events may trigger psychological vulnerabilities. These negative events may be interpreted differently due to an individual’s experience. When discussing negative events we have to consider how it contributes to the onset of depressive symptoms. When we look at a negative event like the loss of a spouse we have to consider the stability of self-esteem and emotionally stability. When a negative event occurs our interpersonal event plays a major role in shaping self-esteem (Auerbach, Abela, Ringo Ho, McWhinnie & Czajkowska, 2010). Self esteem is operationalized as the evaluative attitude towards the self that may influence an individual’s mood and behavior.

It is very important to look at self esteem when depression is involved because self esteem is a strong predictor of depression. Self esteem has specific patterns of fluctuations. These fluctuations may vary with an individual’s age. Self esteem tends to be high in preschool and then declines gradually during early elementary school years. Self-esteem usually stabilizes by the later elementary school years (Cavanaugh & Kail, 2010). It is important to know that the variability of self esteem is a better predictor of depressive symptoms than levels of self-esteem (Auerbach, Abela, Ringo Ho, McWhinnie & Czajkowska, 2010). Most individuals focus on self-esteem being high versus low. In our case we would like to focus more on the stability of self esteem. The stability of self esteem is the magnitude of fluctuation in momentary, contextually based self esteem (Kernis, Cornell, Ru-Sun, Berry & Harlow, 1993).

Negative events can also have us look at the world as threatening or negative. When we look at negative events we also have to consider neuroticism. Neuroticism is a personality trait. There is a lot of evidence that prove personality traits remain fairly stable in adulthood. This claims that what you are like as a young adult will predict what you will be like for the rest of your life. This idea comes from Personality Theory. One personality theory is the Five-Factor Model. This theory helps describe an adult’s personality traits by using five dimensions. The Five-Factor Model has five different personality traits and one of the traits is neuroticism (Cavanaugh & Kail, 2010). Neuroticism is the tendency to experience a negative effect and emotional instability. When individuals experience these negative effects, they may perceive the world as threatening. Neuroticism is associated with lower levels of life satisfaction and higher levels of anxiety. An individual who is high on the neuroticism tend to be anxious, hostile, self-conscious, depressed, impulsive, and vulnerable (Cavanaugh & Kail, 2010). They may show violent or negative emotions that interfere with their ability to handle problems in everyday life. An individual who is low on neuroticism tend to be calm, even tempered, self content, comfortable, unemotional, and hardy. It may also be associated with current and future depressive symptoms (Auerbach, Abela, Ringo Ho, McWhinnie & Czajkowska, 2010).

The mostly widely studied personality concept in psychology is self-esteem and neuroticism. The positivity of self-description has been used to operationalize both self esteem and neuroticism, which make them conceptually related (Judge, Erez, Bono, & Thoresen, 2002). Goldberd & Rosolack developed a theoretical structure of personality wherein neuroticism and self esteem were included in the same structure. This led us to believe that neuroticism is strongly associated with self-esteem. An individual with higher levels of neuroticism has a tendency to perseverate about negative events while devaluing positive life events. An individual who has higher levels of neuroticism is predisposed to stressful life events, and high levels of neuroticism may affect the stability of one’s self esteem. These constructs are also predisposed to depression and may cause an individual to experience sensitivity when they respond to stressors that are related to depression. These instabilities then interact with higher levels of neuroticism to predict an increase in depressive symptoms (Auerbach, Abela, Ringo Ho, McWhinnie & Czajkowska, 2010).

One concept that individuals need to keep in mind is that depression, neuroticism, and self esteem are highly overlapping constructs. When we look at what one does we also have to keep in mind the other constructs because they are closely related. When dealing with depression, we have to understand that changes in self esteem are better predictors of depressive symptoms (Hankin, Lakdawalla, Carter, Abela, & Adams, 2007). An individual with lower levels of self esteem may feel more depressed in general than an individual with high levels of self esteem, which happens regardless of stress. Stressful events can be based off of previous experiences.

In the case of depression it is consistently linked with negative emotions. Some negative emotions may include feeling anger, depression, shame, anxiety, and guilt. When an individual scores high in neuroticism they are more likely to have more frequent and intense negative emotions (Hankin, Lakdawalla, Carter, Abela, & Adams, 2007). If this is the case the individual may be suffering from a variety of problems. An example of this is losing a loved one, which may make them feel inferior and they will experience higher levels of stress (Hankin, Lakdawalla, Carter, Abela, & Adams, 2007). A death of a loved one can have a major impact on our physical and mental health. A death of a loved one may involve a child, spouse, sibling, or a close friend. In the case of this study we are looking at the loss of a spouse. A bereaved individual can experience severe distress and impaired functioning. The distress and impaired functioning can last for months or years after a loss (Robinson & Marwitt, 2006). When we consider depression we have to look at complicated grief.

Complicated grief reactions can involve intense depression, anxiety disorders, symptoms of PTSD, vulnerability to physical illness and premature death through illness or suicide. Grieving is a very important process and should be taken seriously. Every individual will grieve after a loss but the time period will vary. There are effective measures to take when grieving. Keep in mind that relatively mature or adaptive ego structures are necessary for effective grieving to take place. In a less adaptive trait such as neuroticism, it will place individuals at risk for complications in grieving (Robinson & Marwitt, 2006). These linked traits and neuroticism have shown a clear association with heightened bereavement distress. When we are considering characteristics of distress we are associating it with bereaved spouses. Characteristic distress is similar to neuroticism and has been associated with higher grief intensity among bereaved spouses (Robinson & Marwitt, 2006). Every individual will deal with grief differently but there are coping mechanisms when dealing with grief.

Coping strategies individuals use to deal with loss will play an important role in determining the level of grief they experience. The level of grief they experience will go above and beyond the influence of personality factors. In order to understand this framework it is important to study the stress and coping paradigm. This helps emphasize the transactions between a person and the environment. In the short term, stress can be beneficial and may allow you to perform at your peak. In the long term, it may cause a high physical and psychological toll (Cavanaugh & Kail, 2010). Some coping strategies involve task oriented coping and emotional oriented coping (Robinson & Marwitt, 2006). Task oriented coping is more involved with defining and developing a plan of action. The emotional oriented coping includes efforts to lessen distressing feelings by venting emotions. When selecting a coping strategy an individual might have a certain personality trait. The personality trait seems to predispose people to engage in a particular method. These methods tend to be more or less effective in ameliorating the intensity of grief (Robinson & Marwitt, 2006).

While using the data obtained from the Changing Lives of Older Couples (CLOC) study, we aim to investigate the interaction between self-esteem, emotional stability/neuroticism, and complicated grief. We first hypothesize that emotional stability/neuroticism plays a mediating role between an individual’s self-esteem and the way in which they experience grief. In other words, we believe that an individual with higher self-esteem will be more emotionally stable, thus decreasing the effects they experience from a loss. In our second hypothesis, the emotional stability/neuroticism plays a mediating role between an individual’s self esteem and the way in which they will experience depression. In this case we are looking at how distress is related to bereavement. We will see how an individual handles distress differently after losing a spouse and how their self esteem and emotional stability play a role. Additionally, we will perform a correlation and regression analysis as statistical procedures to further support our hypothesis.

Method

*Participants*

Data analyses are based on the data from The Changing Lives of Older Couples Study (CLOC), a large multi-wave prospective study of spousal bereavement. In the study, 1,532 married men and women were recruited from the Detroit, Michigan Standardized Metropolitan Statistical Area. Participants were English-speaking and members of a married couple, where the husband was at least 65 years old. All respondents were non-institutionalized and capable of participating in a two-hour in person interview. In an effort to maximize the number of bereaved subjects during the 5-year study, women were oversampled.

Between June 1987 and April 1988 face-to-face interviews with the married older adults were conducted. Spousal loss was then monitored using monthly death records (provided by the State of Michigan) and by reading daily obituaries in local newspapers. The National Death Index and death certificates were used to confirm all deaths. Of the 335 respondents known to have lost a spouse during the five-year study period, 316 were contacted for possible interview (19 persons or 6% died in the interim). Of the 316 contacted, 263 persons (83%) participated in at least one of the three follow-up interviews conducted at six months (Wave 1), 18 months (Wave 2), and 48 months (Wave 3) after the spouse’s death.

*Procedure*

Each widowed person was assigned a same-age, same-sex, same-race matched control from the baseline sample. Controls were re-interviewed at each of the three follow-ups (W1, W2, W3). At Wave 1, controls are fewer in number than widow(er)s because the initial funding for the control sample was cut and not reinstated until half-way through the data collection period. The sample sizes are roughly equivalent for the W2 and W3 follow-ups.

A global grief scale, as well as 6 grief sub-scales, were administered to the widowed persons at W1, W2, and W3. These scales were created after extensive factor analysis of individual survey items related to the nature of grief. The scales were calculated by averaging the values of the specific grief items in each subscale, according to the table, after all missing values had been imputed. (Nesse, 5-8-02)

Some of the statements from the 19-item grief scale are as follows:

“Worried about how you would manage your day to day affairs”

“Felt life has lost its meaning”

“Couldn’t believe what was happening”

“Felt death was unfair”

“Painful waves of missing him/her”

“Couldn’t get thoughts about him/her out of you mind”

The criteria for diagnosis of W1 Depression were based on the DSM II-R. At least five of the following are present during the same two-week period. At least one of the symptoms is either depressed mood (screening question) or loss of interest.

“1) Depressed or irritable mood, 2) Marked diminished interest in pleasure or activities, 3) Significant weight loss or weight gain, or decrease or increase in appetite, 4) Insomnia or hypersomnia, 5) Psychomotor agitation or retardation 6) Fatigue or loss of energy, 7) Feelings of worthlessness or excessive guilt, 8) Diminished ability to think or concentrate, or indecisiveness, 9) Recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt.” 15 survey questions, originally from a modified version of the CIDI interview for Depression, were coded into 8 symptom categories (symptoms 2-9 above). Two screening questions were coded into a single symptom category (symptom 1 above). If a respondent reported 5 or more symptoms, they were coded as ‘1’ indicating a Major Depressive Episode. If they reported fewer than 5 symptoms, they were coded as ‘0’ indicating the absence of an Episode. (Sonnega, 5-8-02) Please see Appendix for further details.

Baseline self-esteem was measured by a 5-item index containing the following statements:

“On the whole I am satisfied with myself”

“At times I think I am no good at all”

“I wish I could have more respect for myself”

“All in all, I am inclined to feel that I am a failure”

“I feel I am a person of worth, at least equal with others”

The index is scored in the same direction as the index name. It is computed for all 1,532 cases, however, 12 cases were imputed. Mean = 0, SD = 1, Minimum = -5.855, Maximum = 0.841, Coefficient Alpha = 0.72.

Emotional Stability was measured by a 13-item scale with items such as:

“I'm an even-tempered person”

“I am easily frightened”

“I tend to blame myself when anything goes wrong”

“It takes a lot to get me mad”

“I am seldom sad or depressed”

“I have troubles resisting my cravings”

“At times I have been so ashamed I just wanted to hide”

“I often feel inferior to others”

“When everything seems to be going wrong, I can still make good decisions”

“I often feel helpless and want someone else to solve my problems”

“I can handle myself pretty well in a crisis”

“When I'm under a great deal of stress sometimes I feel like I'm going to pieces”

The index is scored in the same direction as the index name. The index was computed for all 1,532 cases but 16 cases were imputed. Mean = 0, SD = 1, Minimum = -3.696, Maximum = 2.868, Coefficient Alpha = 0.73.

Results

Since we hypothesized a mediating relationship among the variables, we conducted correlational and regression analyses with two predictor variables (Baseline Self-Esteem and Baseline Emotional Stability) and two dependent variables (Wave 1 Depression and Wave 2 Grief Scale). Table 1 presents the inter-correlations among these four variables. Based on this analysis we concluded that all variables were significantly correlated with one another. The correlations for self-esteem and grief, self-esteem and emotional stability, self-esteem and depression, emotional stability and grief, and emotional stability and depression were -.208, .549, -.259, -.261, and -.245 respectively. From these results it is clear that both self-esteem and emotional stability are strong predictors of lower grief intensity and lower depression levels. Furthermore, grief and depression are also strongly correlated, as evidenced by a correlation coefficient of .704.

Next we conducted a first regression analysis that has shown that by introducing emotional stability as a mediating variable, the correlation of self-esteem and grief goes from a significant .001 to a non-significant .270. (Table 2) Our second regression controlled for W1 depression as the dependent variable. This equation also showed that introducing emotional stability as mediating variable results in a decrease in the correlation between self-esteem and depression from a significant .000 to .005. (Table 3)These findings suggest that self-esteem’s positive effects on depression and grief travel well through emotional stability.

In our regression analyses we added variables from the 5-Factor model of personality (extraversion, conscientiousness, openness, and agreeableness) to check whether they influence the mediating role of emotional stability in our equation. We found that introducing these variables has not changed the outcome of the analyses. To sum up, these findings support our hypotheses as emotional stability clearly stands out as a mediating variable on both the self-esteem and grief, and the self-esteem and depression correlations.

Discussion

As previously mentioned we know that negative life events, such as the loss of a loved one, help to shape our experiences and can have an effect on how our psychological vulnerabilities are expressed. Identifying the existence of stable self-esteem and emotional stability will dictate the levels of depression or grief an individual experiences. Additionally, coping strategies an individual employs will vary depending on that person’s levels of emotional stability or neuroticism.

We explored the extent to which emotional stability/neuroticism, self-esteem, and grief interacted. Our study revealed two major findings that could hold important clinical implications for understanding depression and grief as experienced among bereaved individuals. First, we found that emotional stability/neuroticism plays a mediating role between an individual’s self-esteem and the way in which they experience grief. Second, we found that emotional stability/neuroticism also plays a mediating role between an individual’s self-esteem and the way in which they will experience depression. As previously mentioned, a variable is said to be a mediator if it accounts for the relation between the predictor and the criterion (Barron & Kenny, 1986). In this case, we are focusing on emotional stability as it mediates the effect of self-esteem on both grief and depression. We found that emotional stability and self-esteem have an inverse relationship on both grief and depression. That is, if an individual’s self-esteem is stable and they’re low on neuroticism, they will experience less of an effect of depression and grief following a conjugal loss.

Prior research confirms this relationship between self-esteem, neuroticism, and depression or grief. Lower levels of self-esteem have previously been found to mediate the relationship between higher levels of neuroticism and depressive symptoms (Auerbach, Abela, Ringo Ho, McWhinnie & Czajkowska, 2010). This shows how the three factors are still maintain a mediating relationship, even when self-esteem is placed in the mediating role. Additionally, neuroticism and linked traits have shown a clear association with heightened bereavement distress (Pai & Carr, 2010). This further supports our finding that exhibiting a low trait of neuroticism will lessen psychological distress that is experienced.

Personality traits have also been shown to be associated with the selection and efficacy of specific strategies for coping with both acute stressors and chronic stressors (Bolger & Zuckerman 1995; David and Suis 1999; McCrae 1992; McCrae and Costa 1986 as cited in Pai & Carr, 2010). The level of neuroticism an individual possesses will aid in dictating the type of coping strategies they use. It is known that having high levels of neuroticism increases the likelihood for that individual to employ maladaptive coping strategies (Bolger and Zuckerman 1995; McCraw 1992; McCrae and Costa 1987; Nolen-Hoekesema, Parker, and Larson 1994 as cited in Pai & Carr, 2010). Based on our findings, we are able to infer that individuals who reported being emotionally stable will be more likely to utilize positive approaches to coping.

These findings hold significant clinical implications for mental health practice. Self-esteem and emotional stability can be viewed as psychological resources. When these factors exist, they have been known to increase the ability to access resources in order to better cope with distress. As a clinician working with a grieving individual, it is important to identify the client’s level of neuroticism and self-esteem. In doing so, the clinician is able to detect whether or not the client will be equipped to seek out positive coping strategies or resort to utilizing maladaptive approaches to coping. In the case where a client scores low on self-esteem and emotional stability, the clinician has the opportunity to take preventative measures and implement beneficial coping strategies to decrease the likelihood of the client experiencing increased levels of psychological distress.

This study is limited geographically by the sample not being representative of the overall U.S. population. Furthermore, measures of personality traits were only accounted for prior to the participant’s loss. Whether or not personality traits are stable and resistant to the influence of social environment is a debate that exists in personality research (McCrae and Costa 1986 as cited in Pai & Carr, 2010). By not having a measure of personality traits post-loss, we are limited in confirming whether or not personality traits remain stable or fluctuate with time and other environmental influences. Future research should be aimed at studying stability of personality traits after a loss.

The findings in the present study are of clinical importance when treating individuals who have experienced a loss. Prior research supports and lays a foundation for our findings to exist. Other research has also shown that self-esteem and emotional stability work as protective factors for grieving individuals. These protective factors have shown to have the possibility of decreasing in their efficacy (Johnson, Lund, & Dimond, 1986). Practitioners should be cognizant of this factor and check for symptoms in their clients on a long-term basis (1+ years) following a loss . Further research would be beneficial in examining the stability of personality traits over time.

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