



## Self-esteem and depression among Chinese adults: A moderated mediation model of relationship satisfaction and positive affect

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### ABSTRACT

Based on the integration of the vulnerability model of low self-esteem and depression and the marital discord model of depression, we examined whether relationship satisfaction mediated the relation between self-esteem and depression and positive affect moderated the relation between self-esteem and relationship satisfaction as well as relationship satisfaction and depression. This model was examined with 429 Chinese adults. Participants filled out questionnaires regarding self-esteem, depression, relationship satisfaction, and positive affect. Self-esteem was significantly related to depression. Relationship satisfaction partially mediated this relation. The indirect association between self-esteem and depression was moderated by positive affect. Specifically, the paths from self-esteem to relationship satisfaction and relationship satisfaction to depression were strengthened in the context of higher positive affect. Results highlight that interventions aimed at improving positive affect may protect low self-esteem adults from the risk of depression.

### 1. Introduction

Depression is a worldwide public health problem, and its prevalence increases every year (Zhou et al., 2014). It is also a major public health problem in China (Chen et al., 2012), and its prevalence has ranged from 5.9% to 30.39% in Chinese adults (X. Wang, Xie, Wang, Wang, & Lei, 2017). According to the vulnerability model of low self-esteem and depression, low self-esteem is a risk factor for depression (Johnson, Galambos, Finn, Neyer, & Horne, 2017; Steiger, Allemand, Robins, & Fend, 2014). Although considerable studies have established the robust association between low self-esteem and depression (Sowislo & Orth, 2013), much less is known about how low self-esteem increases the risk of depression. Indeed, there have been repeated calls for research that may unearth interpersonal or intrapersonal mechanisms that link self-esteem and depression (Johnson et al., 2017; Orth & Robins, 2013; Orth, Robins, & Roberts, 2008; Sowislo & Orth, 2013). “Knowledge about mediating processes that account for the vulnerability effect is critical because it informs possible starting points for interventions aimed at preventing or reducing depression,” as Orth and Robins (2013) has claimed. Therefore, this study replicated the association between self-esteem and depression among Chinese adults and

extended previous studies by exploring the underlying mediating and moderating mechanisms in this association. Specifically, we would examine a moderated mediation model in which, first, the association between self-esteem and depression was mediated by relationship satisfaction (henceforth RS); second, the indirect association between self-esteem and depression via RS was moderated by positive affect.

#### 1.1. Self-esteem and depression

Low self-esteem is usually considered as a vulnerability factor which is involved in the etiology of depression (Orth, Robins, Meier, & Conger, 2016). For instance, the vulnerability model states that low self-esteem is a risk factor for depression. This model also assumes that self-esteem is a diathesis exerting causal influence in the onset and maintenance of depression via two pathways—interpersonal pathway and intrapersonal pathway (Orth et al., 2008). Recently, an emerging body of longitudinal research supports this hypothesis by showing that self-esteem can significantly negatively predict subsequent levels of depression (Bajaj, Robins, & Pande, 2016; Steiger et al., 2014) and this effect holds across time intervals ranging from less than a year to more than two decades (Johnson et al., 2017; Orth, Robins, & Meier, 2009; Rieger, Gollner,

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Trautwein, & Roberts, 2016; Sowislo & Orth, 2013; Steiger et al., 2014). Furthermore, the evidence indicates that this vulnerability effect is robust and can hold across a wide range of samples and design characteristics (Orth et al., 2016; Sowislo & Orth, 2013). Specifically, it holds across females and males, from childhood to old age, and for different measures of self-esteem and depression (Johnson et al., 2017; Orth et al., 2008; Orth, Robins, Trzesniewski, Maes, & Schmitt, 2009; Orth, Robins, Widaman, & Conger, 2014; Rieger et al., 2016; Sowislo & Orth, 2013). Moreover, this effect still holds even after controlling for theoretically relevant third variables (Johnson et al., 2017; Orth et al., 2014; Orth et al., 2016).

### 1.2. Relationship satisfaction as a mediator

What possible mediating processes can account for the effect of self-esteem on depression? Considering that self-esteem may affect depression via two paths—interpersonal path and intrapersonal path (Orth et al., 2008), we proposed RS as a potential interpersonal mediator. That is, high self-esteem individuals are less sensitive to rejection and tend to perceive their partner's behavior more positively (Murray, Rose, Bellavia, Holmes, & Kusche, 2002; Orth et al., 2008), which might cause satisfaction in marriage and close relationships that in turn decrease depression. This expectation is roughly supported by some empirical studies. For instance, self-esteem can significantly predict depression via some intrapersonal mediators (e.g., rumination and felt security about the partner's love) (Kuster, Orth, & Meier, 2012; Murray, Holmes, & Griffin, 2000) and interpersonal mediators (e.g., supportive dyadic coping and secure romantic attachment) (Erol & Orth, 2013; Johnson et al., 2017). Although not yet tested, it is reasonable to expect that RS would mediate the association between self-esteem and depression. Two reasons underlie our argument for RS as a mediator.

First, self-esteem is one of the most examined predictive variables of RS (Erol & Orth, 2016). Cross-sectional studies indicate that self-esteem is significantly correlated with RS (Scianguola & Morry, 2009). Furthermore, results from longitudinal studies shed light on the stability of this relation. Specifically, self-esteem can predict higher levels of RS at one year later (Fincham & Bradbury, 1993) and intimate relationship quality at seven years later (Johnson & Galambos, 2014). The change of each partner's self-esteem also can predict the change of their common RS (Erol & Orth, 2014). Similarly, self-esteem consistently predicts RS at later waves in a five-wave study, even after controlling for previous RS (Orth, Robins, & Widaman, 2012). In short, the available studies indicate that self-esteem significantly positively predicts RS.

Second, RS is a significant protective factor for depression (X. Wang et al., 2017). Higher RS and higher marital satisfaction have been associated with lower concurrent depression and a lessened risk of future depression (Q. Wang, Wang, Li, & Miller, 2014; Whisman & Uebelacker, 2009; Whitton & Kuryluk, 2012; Whitton & Whisman, 2010). Relationship dissatisfaction can contribute to an increase in depression because individuals with relationship dissatisfaction are less likely to receive partner's support and are more prone to being depressed from other causes (Beach, Katz, Kim, & Brody, 2003). Many longitudinal studies indicate that individuals who have higher RS or marital satisfaction are less likely to get depression (Brock & Lawrence, 2011; Kouros, Papp, & Cummings, 2008). Specifically, marital satisfaction can predict lower levels of depressive symptoms at one year later (Beach et al., 2003), one year and a half later (Fincham, Beach, Harold, & Osborne, 1997), two years later (Whisman & Uebelacker, 2009), four years later (Davila, Karney, Hall, & Bradbury, 2003), and even seven years later (Brock & Lawrence, 2011). Furthermore, one meta-analysis also shows that marital satisfaction is negatively related to depression (Proulx, Helms, & Buehler, 2007).

In fact, one study had specifically examined the effects of self-esteem and RS on depression (Johnson et al., 2017). However, Johnson's study assumed that self-esteem and RS operated independently and treated RS as a covariate by statistically controlling for its influence.

Unlike Johnson's study, we took into account the potential link between self-esteem and RS and tested the mediating role of RS in the association between self-esteem and depression.

### 1.3. Positive affect as a moderator

Although self-esteem may predict depression via RS, not all individuals with lower self-esteem homogeneously experience lower RS and suffer from depression. Heterogeneity of results might originate from individual characteristics that moderate the effect of self-esteem on depression via RS, for example, positive affect. Positive affect refers to a dimension representing individual's level of pleasurable engagement with the environment. It is associated with depression both cross-sectionally (Xu et al., 2015) and prospectively (Hudson, Harding, & Mezulis, 2015). For instance, positive affect can prospectively predict adults' depression three months later (Loh, Schutte, & Thorsteinsson, 2013). Furthermore, it can predict depression eight weeks later, even after controlling for baseline depression (Hudson et al., 2015).

Positive affect might moderate the indirect relation between self-esteem and depression via RS. According to the broaden-and-build theory, positive affect as evolved adaptations can broaden individuals' thought and action capabilities (Fredrickson, 2001; Fredrickson & Losada, 2005; Loh et al., 2013). This broadening can enhance individual resources and social skills, which in turn cause better life outcomes, for example, forming close relationships (Waugh & Fredrickson, 2006). Based on this view, the effect of self-esteem on depression via RS may be stronger for adults with high rather than low positive affect. Furthermore, high positive affect, which reflects a protective bias, can make individuals keep positive information active (Levens & Gotlib, 2010; Xu et al., 2015). In contrast, low positive affect might lead to less building of individual resources and social skills, which might further cause poorer life outcomes such as depression (Loh et al., 2013). Therefore, the indirect relation between self-esteem and depression via RS would be much stronger among adults with higher positive affect. Empirical studies roughly support this hypothesis (Loney, Lima, & Butler, 2006; Van Beveren et al., 2016; Vasey et al., 2013; Wetter & Hankin, 2009). For instance, positive emotions buffer the deleterious effects of negative emotions (Tugade & Fredrickson, 2004). Similarly, positive affect can moderate the relation between negative affect and depression both concurrently (Loney et al., 2006; Van Beveren et al., 2016) and prospectively (Wetter & Hankin, 2009). Furthermore, positive affect moderates the relation between negative affect and the change of depression, even after controlling for baseline depression (Vasey, Harbaugh, Mikolich, Firestone, & Bijttebier, 2013). Additionally, the association between adolescents' romantic involvement and higher future depression is moderated by positive coping (Szewedo, Chango, & Allen, 2015). As far as we know, however, no research has examined whether positive affect is a protective factor that strengthens the effect of self-esteem on depression via RS.

### 1.4. The current study

In sum, the aims of the current study were twofold. The first aim was to test whether RS mediated the relation between self-esteem and depression. The second aim was to examine whether the indirect effect of self-esteem on depression via RS was moderated by positive affect. These two research questions form a moderated mediation model that would address both the mediation and moderation mechanisms underlying the association between self-esteem and depression (see Fig. 1). That is, how does self-esteem lead to depression and when this association is most potent? Based on the literature review, the following two hypotheses were proposed:

**Hypothesis 1.** RS would mediate the association between self-esteem and depression.

**Hypothesis 2.** Positive affect would moderate the indirect association

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