



Gratitude and depression in young adults: The mediating role of self-esteem and well-being

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ABSTRACT

This study examined both the mediation effects of self-esteem and psychological well-being for the relationship between gratitude and depression in late adolescence. Two hundred and thirty-five Taiwanese university students completed the measures of gratitude, self-esteem, psychological well-being, and depression. Path analyses indicated that self-esteem and psychological well-being acted as full mediators of the association between gratitude and depression. The identified model also revealed a significant path from gratitude through self-esteem and psychological well-being to depression. A multi-group analysis found that the paths did not differ by genders. Implications for future research and limitations of the present findings are discussed.

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1. Introduction

Depression is not only an important indicator of low psychological adjustment, but also a universal major health concern. The World Health Organization has identified depression as a serious and growing threat to well-being (Moussavi, Chatterji, Verdes, Tandon, Patel, & Ustun, 2007). In contrast, gratitude has been shown an important resiliency to depression. For example, Seligman, Steen, Park, and Peterson (2005) tested the effect of gratitude on depressive symptoms experimentally by having participants write and deliver a letter of gratitude to someone to whom they were grateful. Those who participated in this simple act of gratitude expression reported fewer depressive symptoms than control participants, lending credibility to the notion that gratitude can reduce depressive symptoms. Nonetheless, it is surprising how little research has been conducted on the link between gratitude and depression which can have serious consequences for mental and physical health (e.g., suicide). The purposes of the current study were to replicate the relation between gratitude and depression and to expand previous literature by investigating the self-esteem and well-being in this relationship in Taiwanese population.

1.1. Gratitude and depression

Gratitude is related to a more positive and appreciative outlook toward life, involving a life orientation toward the positive in the world (Wood, Maltby, Stewart, & Joseph, 2008). This positive orientation can be theoretically contrasted with the depressive orientations

toward the negative in the self, world, and future (Beck, 1967). On the other hand, gratitude is associated with making positive attributions, and these attributions may protect people from becoming stressed and depressed. As noted, there are some evidences that gratitude is associated with fewer depressive symptoms (Seligman et al., 2005; Wood, Maltby, Gillett, Linley, & Joseph, 2008). The experimental and correlational findings also indicated that gratitude leads to decrease (or prevented an increase) levels of depression (Lambert, Fincham, & Stillman, 2012; Sin & Lyubomirsky, 2009). Therefore, gratitude should have negative effects on depression.

1.2. Gratitude, self-esteem, psychological well-being, and depression

The previous literature is clear that gratitude is associated with depression, but the extent to which intervening variables mediate their relationship is relatively less studied. A review of the literature has identified one promising mediator between gratitude and depression is self-esteem. According to moral affect theory, people high in gratitude are more likely to develop greater self-esteem and self-worth because focusing on receiving benefits from benefactors (McCullough, Kilpatrick, Emmons, & Larson, 2001). Some scholars found that people with high levels of gratitude were tend to evaluate themselves positively (Kashdan, Uswatte, & Julian, 2006; Toussaint & Friedman, 2009). Moreover, based on cognitive theory of depression (Beck, 1967), negative beliefs about the self are a diathesis exerting causal influence in the onset and maintenance of depression. Many studies suggested that low self-esteem is a key risk factor for depressive disorders (Orth, Robins, & Roberts, 2008; Sowislo & Orth, 2013; Wu & Huang, 2010). Therefore, gratitude might be associated with lower levels of depression by greater self-esteem.

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Similarly, psychological well-being, representing a life lived the fullest, which makes most use of human potentials and growth (Ryan & Deci, 2001), may be hypothesized to act as a mediator of the relationship. According to broaden-and-build theory, gratitude can broaden people's momentary repertoires of cognition and behavior, and build their enduring personal resources, which in turn enhance psychological and social well-being (Fredrickson, 2001, 2004). Numerous evidences showed the contribution of gratitude to well-being (see Wood, Froh, & Geraghty, 2010 for a review). Furthermore, based on phase model of psychotherapy (Howard, Lueger, Maling, & Martinovich, 1993), enhanced well-being is a necessary condition for depressive symptom reduction to occur (Budge, Owen, Kopta, Minami, Hanson, & Hirsch, 2013; Callahan, Swift, & Hynan, 2006). That is, there are sequential relationships in the development of well-being and depression, with well-being qualities creating a foundation for reduction in maladjustment symptoms. Some studies indicated that people with high levels of well-being would have fewer depressive disorders (Chaplin, 2006; Syu, Yu, Chen, & Chung, 2013). Therefore, gratitude might be associated with lower levels of depression by greater psychological well-being.

In addition, a large volume of research has been published examining self-esteem and psychological well-being. Theoretical work has emphasized the importance of self-esteem as determinants of well-being (Campbell, 1981; Kernis, 2003). Empirical studies have shown that self-esteem significantly predicted one's level of psychological well-being (Marshall & Brown, 2007; Sedikides, Gregg, & Hart, 2007). Other findings have also suggested that people with greater sense of self-esteem have higher levels of psychological well-being (Baumeister, Campbell, Krueger, & Vohs, 2003; Cheng & Furnham, 2003; Wang & Castañeda-Sound, 2008). From these observations, gratitude may influence people's depression via two mechanisms: self-esteem and psychological well-being such that self-esteem may enhance a person's well-being, which in turn reduces his depression.

1.3. The current study

The goal of this study is to test the concurrent mediation effects of self-esteem and psychological well-being on the relationship between gratitude and depression. Considering the link of depression to self-esteem (e.g., Orth et al., 2008; Sowislo & Orth, 2013; Wu & Huang, 2010), and to psychological well-being (e.g., Chaplin, 2006; Syu et al., 2013), and the important role of gratitude in depression (e.g., Lambert et al., 2012; Seligman et al., 2005; Sin & Lyubomirsky, 2009; Wood, Maltby, Gillett et al., 2008), we predicted that self-esteem and psychological well-being might act as mediators of the relationship.

Further, previous research has shown that a multi-mediator model may be more meaningful than a single-mediator model, because it may provide our relative importance of these mediators. For instance, Park, Paul Heppner, and Lee (2010) found that only maladaptive coping might directly mediate between perfectionism and psychological distress, even though the mediating effects of maladaptive coping and self-esteem have been examined separately in the previous literature (Dunn, Whelton, & Sharpe, 2006).

In summary, the current study tested the mediation effects of self-esteem and psychological well-being on the relationship between gratitude and depression among university students in Taiwan. Based on the previous studies, we proposed the following hypotheses: (1) Gratitude predicted significantly depression. (2) Self-esteem and psychological well-being mediated the association between gratitude and depression.

2. Method

2.1. Participants and procedure

Two hundred and thirty-five Taiwanese from grade one to grade four undergraduates from three universities in Taiwan volunteered to

participate in the study (mean age = 20.04 years, $SD = .98$ years). In the sample, 145 were females and 90 were males.

A multi-section questionnaire was administered to the participants in a quiet classroom environment. All the questionnaires administrated in this study were in Chinese language. Researchers instructed the students who took part in the study, and then gave the students a set of questionnaires containing the items of the scales. The participants did not place their names on the measures and the confidentiality of their responses was assured. It took approximately 15 min for the students to complete all the instruments.

2.2. Measures

2.2.1. Gratitude

Gratitude was measured by the Chinese version of the Gratitude Questionnaire (Chen, Chen, Kee, & Tsai, 2009). It includes 5 items (e.g., I feel thankful for what I have received in life) to measure a person's experience and level of gratitude. The scale has shown good reliability (Cronbach's α is .80) and good construct validity through CFA and cross-validation (Chen et al., 2009). Each item is answered on a 6-point Likert type scale ranging from 1 = strongly disagree to 6 = strongly agree. In the present study, the Cronbach's alpha coefficient was .85.

2.2.2. Self-esteem

Self-esteem was measured by the Rosenberg Self-esteem Scale (RSES; Rosenberg, 1965), which is a 10-item (e.g., I take a positive attitude toward myself) to measure a person's global self-esteem. A meta-analysis of the scale by Schmitt and Allik (2005) found that the scale was a very popular test whose validity and reliability tests are used in 53 countries. The Chinese version of the RSES has been found to be a reliable and valid measurement in assessing self-esteem in Chinese populations (Kong & You, 2013). Each item is answered on a 6-point Likert type scale ranging from 1 = strongly disagree to 6 = strongly agree. In the present study, the Cronbach's alpha coefficient was .87.

2.2.3. Psychological well-being

Psychological well-being was measured by the Flourishing Scale (FS; Diener et al., 2010). The FS consists of 8 items (e.g., I am engaged and interested in my daily activities) to measure a person's overall psychological well-being. The scale has been reported to have high levels of internal consistency (Cronbach's $\alpha = .87$) and 1-month test-retest reliabilities as well as robust one-factor structure obtained through factor analysis. Moreover, the scale has been found to be strongly associated with the Basic Need Satisfaction Scale ($r = .78$) and Ryff's PWB scale ($r = .73$) (Diener et al., 2010). The Chinese version of the FS has been proved to exhibit excellent psychometric properties in Chinese populations (Lin, 2015). Each item is answered on a 6-point Likert type scale ranging from 1 = strongly disagree to 6 = strongly agree. In the present study, the Cronbach's alpha coefficient was .93.

2.2.4. Depression

Depression was assessed by the Center for Epidemiologic Studies Depression scale 10-item Boston form (CESD-10; Kohout, Berkman, Evans, & Cornoni-Huntley, 1993) consisting of 10 items (e.g., I felt depressed) to measure a person's depressive symptoms. The scale has been reported to have good internal consistency and exhibit a single factor through exploratory factor analyses across different sample groups (Carpenter et al., 1998). The Chinese version of the CESD-10 has been proved to exhibit excellent psychometric properties in Chinese populations (Yu, Lin, & Hsu, 2013). Each item is answered on a 4-point Likert type scale ranging from 0 = rarely or none of the time to 3 = most or all of the time. In the present study, the Cronbach's alpha coefficient was .85.

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