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Relationship between self-esteem and depressive mood in old age: Results from a six-year longitudinal study

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ABSTRACT

The reciprocal nature of the relationship between depression and personality traits (e.g., self-esteem, neuroticism) is still elusive (e.g., *vulnerability* and *scar* models). The aim of this study was to examine the longitudinal reciprocal effects between self-esteem and depressive mood in older adults. 757 participants aged 64–97 years assessed 4 times over a six-year period. Cross-lagged models were estimated using SEM. Our findings showed a relative stability over a six-year period of both self-esteem and depressive mood. There were no cross-lagged reciprocal effects between self-esteem and depressive mood over time, thereby rejecting both vulnerability and scar models. It means that self-esteem and depressive mood do not predate each other in old age. These results suggest a developmental phenomenon in which self-esteem and depressive mood follow two parallel and stable developmental trajectories through old age.

1. Introduction

While the relationship between personality (i.e., individuals' personality traits and/or the structure of their self-concept) and depression (or depressive mood)[1] is not a new topic, it has been a central focus of research in scientific psychology (Zuckerman, 2011). For example, the link between self-esteem and depression has long intrigued clinicians and researchers. Beck (1987) argued that negative self-evaluation is a proximal factor in individual depression. Self-esteem refers to global self-views (i.e., thoughts, feelings and evaluations about the self) and can be classified either as a trait or as a state. Global trait self-esteem is relatively stable over time, while global state self-esteem fluctuates according to life contingencies. The aim of this study was to examine the longitudinal reciprocal causation between global trait self-esteem and depressive mood in old age. To the best of our knowledge, only two prospective studies (i.e., Coleman, Aubin, Robinson, Ivani-Chalian, and Briggs (1993) study, and Orth, Robins, Trzesniewski, Maes, and Schmitt (2009) one) had explored these relationships in the old and very old. Thus, further research is needed because clarification of the directionality of causal effects among these constructs may lead to some important theoretical improvements in their understanding, some psychometric refinements in our ways of assessing them, and hence to more effective treatments aimed at reducing emotional distress. Because low self-esteem was found to be constantly associated with psychological distress (Zeigler-Hill, 2011), some have recommended raising self-esteem as a way to remediate a variety of psychological problems. Schwartz (1975) went so far as to claim that self-esteem is the cornerstone ("linchpin") of successful aging.

However, the causal relationship between depression and personality traits (e.g., self-esteem, optimism) remains elusive. Several major models have been proposed to explain the nature of the relationship between depression and personality traits (Klein, Kotov, & Bufferd, 2011). The specific question regarding the relations between self-esteem and depressive mood can be located in the broader context of these models. First, the *common cause* model (i.e., shared etiology model) postulates that self-esteem and depression are not directly associated but are related by shared factors such as common genetic vulnerabilities, meaning that they share the same etiological influences. Second, the *continuum* model argues that self-esteem and depression are two different manifestations on the same continua, and that there is fundamental continuity between depression and certain personality traits. For example, in each of their three studies, Watson, Suls, and Haig (2002) found that

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[1] Throughout this article, depression and depressive mood are used interchangeably as a dimensional, not categorical, construct (Hankin, Fraley, Lahey, & Waldman, 2005). Thus, we are interested in individual differences in depressive mood rather than a clinical category such as major depressive disorder.

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self-esteem was strongly and negatively correlated with negative affectivity and concluded that "measures such as Rosenberg's Self-esteem appear to define one end of a bipolar continuum, with trait indicators of depression marking the other" (p.193). Third, the *vulnerability* (or predisposition) model holds that self-esteem plays a causal role in the onset of depression, and that, like other personality traits, such as neuroticism, it constitutes a risk factor exerting a causal effect in the onset and maintenance of depressive states. Fourth, the *scar* (or consequences) model argues that depressive episodes permanently affect self-esteem in such a way that changes in self-esteem persist after recovery. Thus, depression is considered to erode self-esteem and shape one's mode of thinking.

The common cause and continuum models do not suppose causal links between depression and self-esteem, whereas the vulnerability and scar models assume the existence of causal relations between these two constructs. However, these models are not mutually exclusive and each may be partially correct or simply incomplete (Clark, 2005).

1.1. The current study

The rationale of this study was threefold. First, as underlined by Orth, Robins, and Roberts (2008), there is no clear evidence so far of the validity of either the vulnerability model or the scar model. In fact, the meta-analysis of 77 longitudinal studies conducted by Sowislo and Orth (2013) provided significant support for both models. This pattern of results has been recently confirmed longitudinally by Steiger, Fend, and Allemand (2014). Second, validation and cross-validation (i.e., replication) of the vulnerability and scar models among the elderly are necessary. Third, examining whether or how self-esteem and depressive mood are dynamically related over time may have important clinical implications for developing and refining treatment efforts when dealing with depression and low self-esteem in old age.

Thus, the aim of the present study was to test the validity of the vulnerability and the scar models using cross-lagged panel design on six-year longitudinal data collected among older people (Fig. 1). Cross-lagged modeling is appropriate for research aiming to determine the relative importance of mutually influencing factors (Little, 2013).

2. Method

2.1. Participants and procedure

This research used data from a longitudinal study on "Adjustment to Retirement" initiated in 2001 by a team of researchers at the University of Tours (France), and which followed up a non-institutionalized aged cohort of residents from the "Centre de France" region. The survey was mailed to participants who returned the completed questionnaire under prepaid postage. Data collection was performed every 2 years. Anonymity was respected by attributing an identification number to each participant. At the first assessment in 2001, the sample comprised 906 participants with a mean age of 72.50 years (SD = 5.89, range = 62–95). The data used in this article were collected at four time-points (see Table 1).

There were no differences in depressive mood and self-esteem between participants who completed the Time 4 measures and participants who dropped out of the study before Time 4.

2.2. Measures

Depressive mood was measured using the short form of the Geriatric Depression Scale (GDS_{15}), containing 15 items, developed by Sheikh and Yesavage (1986), and adapted and validated to French by Bourque, Blanchard, and Vézina (1990). Scores range from zero to 15 with higher scores indicating more depressive mood. In the present sample, Cronbach alphas were .76 at T1, .77 at T2, .78 at T3, and .80 at T4.

Self-esteem was assessed using the 10-item Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965). The French version of this scale was adapted and validated by Vallières and Vallerand (1990). Scores range from 10 to 40, with higher scores indicating higher self-esteem. In the present sample, Cronbach alphas were .83 at T1, .77 at T2, .78 at T3, and .82 at T4.

Covariates. Gender and age measured at baseline were introduced as covariates. The gender gap in depression is now well established (Van de Velde, Bracke, & Levecque, 2010). However, previous research on the relationship between age and depression reported inconsistent results (Yang, 2007). Age and gender have

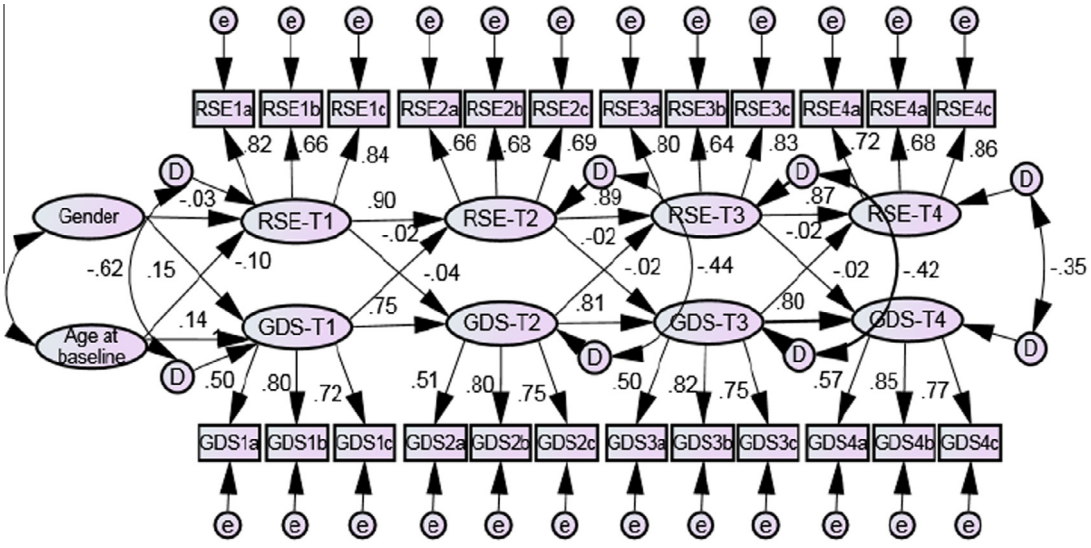

Fig. 1. Cross-lagged structural model of self-esteem and depressive mood. The standardized coefficients displayed were obtained from the Model 8 estimation. RSE = Rosenberg Self-Esteem Scale; GDS = Geriatric Depression Scale; RSE1a to RSE4c = RSE parcels; GDS1a to GDS4c = GDS parcels; *e* = measurement error; *D* = disturbance. All the parameter estimates are statistically significant ($p < .05$), except the cross-lagged coefficients and the effects of gender on self-esteem (T1). For clarity, error covariances and the effects of covariates on latent variables are not depicted in the diagram. Gender was coded as follow: male = 1 and female = 2.