



Changes of explicitly and implicitly measured self-esteem in the treatment of major depression: Evidence for implicit self-esteem compensation

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Abstract

Background and objectives: Self-esteem has been claimed to be an important factor in the development and maintenance of depression. Whereas explicit self-esteem is usually reduced in depressed individuals, studies on implicitly measured self-esteem in depression exhibit a more heterogeneous pattern of results, and the role of implicit self-esteem in depression is still ambiguous. Previous research on implicit self-esteem compensation (ISEC) revealed that implicit self-esteem can mirror processes of self-esteem compensation under conditions that threaten self-esteem. We assume that depressed individuals experience a permanent threat to their selves resulting in enduring processes of ISEC. We hypothesize that ISEC as measured by implicit self-esteem will decrease when individuals recover from depression.

Methods: 45 patients with major depression received an integrative in-patient treatment in the Psychosomatic University Hospital Bonn, Germany. Depression was measured by the depression score of the Hospital Anxiety and Depression Scale (HADS-D). Self-esteem was assessed explicitly using the Rosenberg Self-Esteem Scale (RSES) and implicitly by the Implicit Association Test (IAT) and the Name Letter Test (NLT).

Results: As expected for a successful treatment of depression, depression scores declined during the eight weeks of treatment and explicit self-esteem rose. In line with our hypothesis, both measures of implicit self-esteem decreased, indicating reduced processes of ISEC.

Limitations: It still remains unclear, under which conditions there is an overlap of measures of implicit and explicit self-esteem.

Conclusions: The results lend support to the concept of ISEC and demonstrate the relevance of implicit self-esteem and self-esteem compensation for the understanding of depression.

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1. Introduction

Major depressive disorder is known to be the most prevalent mental disorder. About 5% of the population suffer from depression [1], while approximately one fifth develop one or more episodes of major depression in their life [2].

Self-esteem has been claimed to be an important factor in the development and maintenance of depression [3]. Studies show self-esteem scores to be reduced in depressed individuals [4,5]. The majority of these studies employ self-report questionnaires to measure self-esteem. However, although widely used, self-report data have longtime been

criticized for at least two reasons: First, participants have to be motivated to disclose their genuine attitudes, e.g., individuals may give biased answers due to reasons of social desirability. Second, they must also be able to access the construct that they are asked about, e.g., some may misattribute emotions and thus cannot answer questions aiming at the reasons of their emotions correctly. The implicit measurement of an attitude aims at overcoming these limitations by the following principles: (1) the participant's awareness of the fact that this specific attitude is measured may be reduced, (2) the participant may not have conscious access to the attitude in focus, and (3) the participant's control over the outcome of the measurement may be limited [6]. Thus, "implicit measures might be less biased by deliberate attempts to conceal the attitude and that they might even reflect attitudes of which the respondent is not aware" (p. 401) [7].

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Although measures of implicit self-esteem were repeatedly criticized to have only low to modest reliability and insufficient convergent validity [8,9], several studies obtained results indicating that implicit self-esteem comprises information that goes beyond the information provided by explicit measures of self-esteem [10,11]. Bosson et al. [8] concluded that among measures of implicit self-esteem, reliability was best for the Implicit Association Test (IAT) [12] and the Name-Letter Test (NLT) [13,14]. Subsequently, the majority of empirical research relies on these measures [9] (see method section for a detailed description of both measures).

Dual process accounts to cognitive vulnerability to depression [15,16] suggest that two processing systems determine how an event is interpreted. The automatic or implicit system operates by automatically activating memory concepts in an effortless and unintentional manner and without charging cognitive resources. The deliberate or explicit system is characterized by effortful, intentional resource consuming processing. Haeffel et al. [16] assume that life events first trigger a rapid, automatic, and unintentional response that may activate negative self-schemas. In a second step this interpretation may be reinterpreted by explicit processes. Whereas some researchers presume that the main cause of cognitive vulnerability lies within negative implicit self-schemas [17], other investigators assume that explicit cognition can be the source of vulnerability to depression [18].

Haeffel et al. [16] tested the predictions of dual process models and observed in their first study, that only participants with lower implicit self-worth (IAT) experienced immediate emotional distress after a failure feedback. In their second study, using a prospective design, they found that implicit self-worth (IAT) as well as explicit cognitive styles interacted with negative life events in predicting later depression. When entered simultaneously into a regression model, only explicit self-worth interacted significantly. The authors argue that implicit self-worth affects immediate distress, whereas explicit cognitions determine the long-term risk to depression. Also supporting the role of explicit processing, Steinberg et al. [19] found implicit self-esteem as measured by IAT to predict depressiveness only for individuals with depressogenic cognitive style.

Taking a closer look at implicit self-esteem in depressed individuals reveals a mixed picture (see DeHart et al. [20] for a more detailed review): De Raedt et al. [21] observed implicit self-esteem in currently depressed individuals to be as high as in non-depressed controls using the IAT (study 1) and the NLT (study 2). In study 3 they observed higher implicit self-esteem for depressed compared to non-depressed participants using the Extrinsic Affective Simon Task (EAST, cf. De Houwer [22]). Accounting for suicidal ideation in depressed individuals, Franck et al. [23] find lower implicit self-esteem (IAT) in a depressed sample without suicidal ideation than in a non-depressed group as well as in depressed individuals with suicidal ideation. Implicit self-esteem of depressed with suicidal ideation was as high as in the non-depressed group. Unfortunately,

suicidal ideation was not controlled in other studies on implicit self-esteem in depressed samples and as a consequence we do not know to what extent the results are affected by suicidal ideation. Gemar et al. [24] observed higher implicit self-esteem (IAT) in formerly depressed than in never depressed and currently depressed participants, but after negative mood was induced, implicit self-esteem of the formerly depressed dropped to the level of the never depressed and the currently depressed. This pattern of results was replicated by Franck et al. [25]. However, Franck et al. [26] observed no differences in implicit self-esteem using the NLT in currently, formerly, and never depressed individuals. Nevertheless, implicit self-esteem predicted future depressive symptomatology. Risch et al. [27] accounted for the number of depressive episodes and observed that implicit self-esteem (IAT) was the same for never depressed and remitted patients with recurrent depressive episodes, which both had higher implicit self-esteem than first-onset depressive patients and currently depressive patients with recurrent depressive episodes.

Taken together, the most frequent finding is that currently depressed and non-depressed samples do not differ with respect to implicit self-esteem [21,25,26], although implicit self-esteem has also been found to be reduced [27] or elevated [21] in currently depressed individuals compared to non-depressed. Furthermore, implicit self-esteem can be moderated by suicidal ideation [23] and history of depression in depressed [27] or remitted [27,24,25] patients, but see Franck et al. [26] for contrary results. Moreover, implicit self-esteem in remitted patients is affected by mood induction [24,25]. Despite the stable finding of reduced explicit self-esteem in depressed populations, reduced implicit self-esteem seems not reliably associated with clinical depression in cross-sectional studies. A possible explanation for these heterogeneous results may be compensatory responses to self-threatening situations, as will be outlined in the following paragraphs.

Based on research demonstrating that implicit self-esteem improves after participants have been confronted with self-threatening situations, several authors proposed that self-defensive processes can be triggered under conditions of threat to the self and that these processes can compensate potential loss in self-esteem [10,28,29]. They argue that measures of implicit self-esteem are particularly sensitive to these compensatory processes. The studies that focused on the consequences of self-threatening situations in healthy individuals used different ways to manipulate self-threat. For example, Jones et al. [29] observed enhanced implicit self-esteem after participants with high explicit self-esteem wrote about an aspect of themselves they wish to change but not when they were asked to write about a positive aspect of themselves or a self-irrelevant topic. Other studies yielded analogous effects on the liking of others with similar names [30] or choosing brands with names resembling their own name [31] after participants had performed a self-threatening writing task. Improved implicit self-esteem was also observed after negative life events [28] and social rejection [10].

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