

From Self-Esteem to Mental Health: Empathy as Mediator

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Abstract

Problem Statement: Although self-esteem has been considered an end-state of mental health or a defense mechanism, recent theoretical and empirical findings questions its status in the field of psychology. As a result of such a framework, research mainly concentrated on mean differences in self-esteem and the consequences of these differences for mental health. However, some theoretical considerations imply that self-esteem should be considered a dynamic human striving, which contributes to mental health through its effects on other variables related to the construction and maintainance of social relationships such as empathic tendency. Thus, it is a requisite to understand the mediatory factors connecting self-esteem and mental health.

Purpose of the Study: The purpose of this study was to understand whether the relation between self-esteem and mental health is mediated by empathic tendency. In other words, a structural model with direct paths from self-esteem to empathic tendency and paths from empathic tendency to life-satisfaction, happiness, and psychopathology were specified.

Method: A structural model was tested using structural equation modeling. Before the structural model, a measurement model was tested. A measurement model is structured using the item-parceling method. Different goodness of fit statistics were used to assess models

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such as the Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), and Root Mean Square Error of Approximation (RMSEA).

Findings and Results: The results showed that both the measurement model and structural model fitted the data reasonably. Mediation tests indicated that the relation between self-esteem and well-being (life satisfaction and happiness) is partially mediated by empathic tendency, while the relation between self-esteem and ill-being is fully mediated.

Conclusions and Recommendations: The idea that self-esteem is good in itself and an end state that should be satisfied for mental health should be re-evaluated. Empathic tendency is one important mediatory variable in understanding the effect of self-esteem on mental health. Its effects on mental health through other social or individual dynamics should be evaluated in future research.

Keywords: *Self-Esteem, Empathy, Mental Health, Structural Equation Modeling*

Self-esteem refers to global judgments of self-worth, self-acceptance, or self-respect or to domain-specific evaluations of aspects of oneself (Crocker & Wolfe, 2001; Rosenberg, 1965). It has been one of the most important concepts of psychology in general and of counseling in particular, because it was found to be associated with both negative mental health indicators such as depression (Tennen & Herzberger, 1987) and positive mental health constructs such as happiness (Baumeister, Campbell, Krueger & Vohs, 2003) and life satisfaction (Bond & Sabourin, 2000). As one of the most promising conceptualizations of social psychology, the Terror Management Theory (TMT; Pyszczynski, Greenberg, Solomon, Arndt & Schimel, 2004) reflects the currently favorite idea that self-esteem is the most basic human need that should be satisfied to alleviate anxiety and bring about happiness. Accordingly, seeing self-esteem as an end-state and a good thing in itself seems to have resulted in the idea that self-esteem is equated to mental health (Baumeister *et al.*, 2003). In recent years, however, the benefits of self-esteem for mental health have begun to be seriously challenged (Baumeister *et al.*, 2003; Crocker & Park, 2004; Ryan & Deci, 2004). The main argument of these inquiries is that self-esteem might not necessarily be a basic goal or an end state for all human behavior. Rather, it should be evaluated in different contexts with regard to its effect on mental health, instead of focusing on just mean differences in esteem levels (Crocker & Park, 2004). Baumeister *et al.* (2003) emphasize that all efforts to increase self-esteem in the U.S. as a way of creating a healthier mental state led to disappointment in the fields of academic achievement, job performance, and leadership as well as in reducing violence, smoking, drinking or drug-taking. The only point revealed with certainty by the research is that individuals with a higher self-esteem are happier and less depressed than those who have lower levels of self-esteem. The question--both theoretical and practical--with regard to mental health, at this point, is how and why this is the case. TMT, in this context, argues that self-esteem leads to happiness, because self-esteem

provides individuals with meaning and value in the face of the inevitable fact of death. According to Ryan and Deci (2004), TMT thus reduces self-esteem just to a defensive maneuver. Crocker and Park (2004), in this respect, propose that we see self-esteem as not just a trait but also a dynamic human striving through which we may gain a healthier life in certain contexts. Considering self-esteem as an end-state that is good in itself or having a defensive function, might thus be an obstacle in understanding in which ways and by which mechanisms it leads to mental health. This point is especially important in the counseling profession or field of helping, because a strong self-esteem has been one of the most desirable outcomes (Chatterton, Hall, & Tarrier, 2007).

One possible context in which self-esteem could foster positive outcomes with regard to mental health is close relationships and meaningful social interactions (Crocker & Park, 2004; Ryan & Deci, 2004). Indeed, one of the most important contexts in which self-esteem is explored is the interpersonal or social relationships domain. There seems to be an agreement in social psychological research, however, on the idea that the basic motive behind all social interactions is self-esteem (Srivastava & Beer, 2005). All these conceptualizations, in accordance with the favorite understanding, regard self-esteem as a basic underlying mechanism of most human behaviors--even the efforts for prosocial behaviors such as empathy or the efforts to understand others (Baumeister *et al.*, 2003). When comparing the social psychological view with that of counseling, a conflicting situation occurs that deserves attention. For example, seeing empathy--one of the most prosocial behaviors--as a kind of egoistic desire for self-esteem or just as a defensive maneuver could never be a suitable view for psychology counseling.

The reverse could also be the case, as Baumeister *et al.* (2003) indicated. The main starting point of this study is that self-esteem is a positive side of human psyche with regard to its positive effect on social interactions or close relationships. Thus, this study is concerned with self-esteem, not because it is conceptualized as a basic motivation behind social behaviors, but because it serves as a facilitator in the domain of social relations which, in turn, results in mental health. Moreover, since self-esteem has been considered a major benefit or an end-state in itself, the research seems to be limited with regard to possible mediators between self-esteem and mental health. Hence, finding possible mediators could contribute to mental health in general and in the counseling profession in particular. Determining in which contexts and through which mechanisms the impact of self-esteem on mental health is realized could help improve interventions in this area. The aim of this research is to understand the effect of self-esteem on mental health, focusing on one of its most promising underlying functions, namely interpersonal relationships, specifically empathy.

Although there is no clear consensus about the definition of empathy, it is conceptualized as mutual understanding from one person's point of view (Duan & Hill, 1996; Rogers, 1965). Being an affective as well as a cognitive ability to sense others' phenomenal experiences, empathic response requires

one to have a) the ability to take others' perspectives (Davis, 1983; Gladstein, 1983), b) to regulate emotions (Miller, Eisenberg, Fabes & Shell, 1996; Singer, 2006), and c) to have some concerns about or positive feelings toward others (Davis, 1983; Hakansson & Montgomery, 2003) while d) retaining one's own autonomous identity (Strupp & Binder, 1984).

A line of literature implies that in order for a person to be empathic, or at least to have an empathic tendency, he or she is required to have, at the same time, a high level of self-esteem, because some of the mentioned ingredients of empathy seem to require it. With regard to "a", Covell and Scalora (2002), for example, argue that self-esteem is closely connected to a perspective-taking ability. Indeed, the findings of one study (Davis, 1983) showed that there is a statistically significant correlation between the variables. This idea was further confirmed by Burack, Flanagan, Peled, Sutton and Manly (2006). Their findings indicated that high school students with high global self-worth were found to have more social perspective-taking ability than those with low self-worth. With regard to "b", Pyszczynski *et al.* (2004), argue that self-esteem is a central part of behavior regulation. Indeed, the research by Smith and Petty (1995) gave strong experimental evidence that self-esteem is closely related to emotion regulation, indicating that the trait of self-esteem results in one's ability to regulate negative emotions. When it comes to "c" individuals with high self-esteem have sensitivity to others' needs and relationships that are characterized by respect and dignity (Griffin-Shirley & Nes, 2005). Moreover, relatively high correlations between self-esteem and the extraversion dimension of the big-five personality theory in the data gathered from 53 countries (Schmitt & Allik, 2005) also indicated that high self-esteem is closely related to being socially connected in daily life. Finally, for "c" Stotland and Dunn (1963) indicated that individuals with a higher self-esteem empathized more than those with a lower self-esteem, because they did not need to be concerned with themselves, whereas the ones with a lower self-esteem could not differentiate their identity from others.

Thus, it is very likely that some characteristics of those with higher self-esteem make them more likely to empathize. As Vignemont and Singer (2006) stated, for example, one's ability to empathize increases affiliation and strengthens the emotional bond with significant others. Similarly, the research by Laible, Carlo and Roesch (2004) indicated that the positive effect of secure attachment on positive and negative social behaviors (e.g., prosocial and aggressive behavior) is mediated by empathy. Individuals' inclination to be empathic in the social domain with the aid of self-esteem thus reflect on social or close relationships positively, which in turn contribute to mental health. Consequently, it is hypothesized that the effect of self-esteem on mental health could be mediated by an individual's empathic tendencies.

Method

Participants and Procedure

This study involved 450 graduate and undergraduate students (189 women, 261 men) with a mean age of 20.06 and a standard deviation of 2.34. The data was collected from two universities. Subjects were asked to complete a packet of questionnaires including measures of empathic tendency, self-esteem, positive and negative affect, life satisfaction and psychopathology. Measures were completed in small-group sessions that lasted between 45 and 60 minutes. All participants were volunteers and were allowed to withdraw at any point. They were told that the purpose of the study was to examine the associations among social relationships, evaluations of self, and evaluations of their life in terms of affect and cognition.

Measures:

Self-Esteem: Ten-Item Rosenberg Self-Esteem Scale (RSES). Rosenberg's Self-esteem Inventory (1965) is a commonly used measure of global self-esteem. The respondents' levels of agreement with 10 self-evaluative statements are averaged to produce an index of self-esteem. Responses are specified on a five-point Likert-type scale, in which higher scores reflect more positive self-evaluations. Rosenberg's Self-esteem Inventory was first translated into Turkish by Tuğrul (1994). Tuğrul found that the psychiatric interview scores were strongly correlated ($r = .71$) with the RSES scores. He also reported a Cronbach Alpha coefficient of .86. In this study, Cronbach's Alpha was defined by .88.

Empathic Tendency: Empathic Tendency Scale (ETS). This scale was developed by Dökmen (1988) in order to measure individuals' potentials for empathic understanding in daily life, using a five-point Likert format anchored by "1= strongly disagree" to "5 = strongly agree." The validity of the scale was defined by the correlation between the ETS and the Intraception sub-scale of the Edwards Personal Preference Schedule ($r = .68$). The Intraception subscale measures the need for taking the perspective of and understanding others. The reliability coefficient for the scale in this study was $\alpha = .79$. Although there is no factor analytic study on this scale, its reliability was measured by a test-retest method ($r = .82$) and split-half method ($r = .86$).

Ill-Being: Brief Symptom Inventory (BSI). This scale was used in order to measure mental health of the participants in negative terms. The scale was developed by Derogatis (1992) as a shortened version of the SCL-90-R and was adapted to Turkish by Şahin and Durak (1994) in a sample of university students. It consists of 53 items rated on a five-point, Likert-type scale anchored by "1 = Not at all Distressed" to "5 = Extremely Distressed." The scale was developed in order to measure nine different mental health indicators such as depression, interpersonal sensitivity, somatization, obsessive-compulsive disorder, anxiety, and paranoid thoughts. The adapted version of BSI revealed five sub-scales as a result of exploratory factor analysis: Anxiety, Depression, Negative Self, Somatization, and Hostility. The validity was defined by the

correlations with the Beck Depression Inventory, ranging from .34 to .70. The Cronbach Alpha reliability coefficients have been found to be acceptable: .95 to .96 for the Turkish form. The internal consistency coefficient for the present data was .95.

Happiness: The positive affect sub-scale of the Positive and Negative Affect Schedule (PANAS). The PANAS was developed by Watson, Clark and Tellegen (1988) as a brief measure of affective evaluation of life. Positive affect (PA) reflects the extent to which a person feels enthusiastic, active, and alert. High PA indicates a state of high energy, full concentration, and pleasurable engagement, whereas low PA is characterized by sadness and lethargy. The general time frame was used in the present research. The results of the factor analysis employed to the original scale yielded two dominant factors, accounting for the 68.7 percent in general time frame. Internal consistency was .88 and .87 for PA and NA, respectively. The adaptation of the scale to Turkish was made by Gençöz (2000) in a sample of university students. Consistent with the original study, the result of the factor analysis revealed two factors accounting for 44% of the total variance. It was found that the PA and NA scores were correlated moderately with the Beck Depression Inventory. The internal consistency for PA was .83 in the study, whereas it was .79 in the present study.

Life Satisfaction: The Satisfaction with Life Scale - SWLS. Life satisfaction was measured by Diener, Emmons, Larsen and Griffin (1985) to identify the individual differences concerning the cognitive evaluation of one's life. The scale is designed to enable individuals to evaluate their lives according to their own subjective criteria. SWLS was thus developed in order to define the extent to which individuals are satisfied with life in general. Research on SWLS indicated that the scale had good convergent and divergent validity. Factor analysis revealed a single factor accounting for 66% of the total variance. The internal consistency of the scale was .87. Durak, Gençöz and Senol-Durak (2008) translated the scale into Turkish and reported satisfactory internal consistencies ($\alpha = .86, .82$) in samples of the elderly and correctional officers. It was found that the SWLS scores were moderately correlated with depression and work stress. Cronbach's Alpha was .83 in this study.

Analytic Procedure

Structural equation modeling (SEM) was employed to test the models in the present study. SEM is a multivariate strategy including measurement and structural models. The measurement model was created using parcels for each latent construct in the models tested in this study. Item parceling is a method that normalizes the distribution of observed variables and increases the reliability of these indicators. Although there are different kinds of item parceling, the method used in this study creates relatively equivalent indicators by spreading "better" and "worse" items across the different parcels. Indicators as parcels were created for each latent variable by rank-ordering items by the size of the item-total correlation and summing sets of items to obtain equivalent

indicators for those constructs. Before the structural models are tested, the measurement model, which is a base for all the models, should provide an acceptable fit for the data (Anderson & Gerbing, 1988).

The nested models strategy suggested by Anderson and Gerbing (1988) was used to test the models and thus getting support for the mediation of empathic tendency, which is the basic concern for the present study. The tests of mediation were examined by showing whether there were differences among the partially mediated model (Figure 1) and the different variations of fully mediated models by deleting paths 5, 6, and 7 from the model, each of which takes the mediator effect of empathy into consideration with regard to three criterion variables.

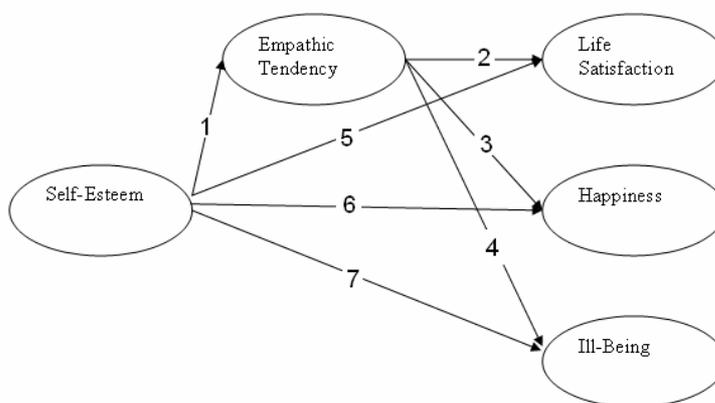


Figure 1. Hypothesized structural model relating self-esteem to empathic tendency, life satisfaction, happiness, and ill-being.

In addition to chi-square difference tests, fit indexes taking the degree of parsimony into account were also considered. That is, the Akaike Information Criterion (AIC, Akaike, 1987) and the Expected Cross Validation Index (ECVI, Bozdogan, 1987) were used for the evaluation of nested models with small values indicative of good-fitting, parsimonious models. For all structural models as well as the measurement model, the following goodness-of-fit statistics were taken into consideration. First of all, the ratio between chi-square and its degree of freedom less than five is considered an acceptable fit, whereas less than two is a good fit to the data (Thomson, 2000). A second index of fit employed was the Goodness of Fit Index (GFI; Jöreskog & Sörbom, 1993) with values greater than 0.90, indicating reasonable fit, and greater than 0.95, indicating good fit, which is valid for the Comparative Fit Index (CFI). The Root Mean Square Error of Approximation (RMSEA; Steiger, 1990) was another statistic, with values less than 0.08, indicating reasonable fit of the model to the data, whereas 0.05 indicated a good fit. The same criterion for reasonable fit is

valid for the other goodness-of-fit statistics, namely the Standardized Root Mean Square (SRMR).

Findings and Results

Preliminary Analyses

Means, standard deviations, and zero-order correlations for the 17 measured variables are shown in Table 1. All skewness and kurtosis values were less than one, except for the 1.55 kurtosis statistic for the second parcel of empathy construct, indicating that there is no problem concerning normality assumption.

Measurement Model

The measurement model specified the posited relations of the observed variables to their underlying constructs, which were allowed to intercorrelate freely. Five latent variables were used in the structural equation model testing: self-esteem, empathy, happiness, life-satisfaction, and ill-being†. An initial test of the measurement model resulted in a relatively good fit to the data, $\chi^2(109, N = 436) = 347.73$; GFI = .92; CFI = .95; SRMR = 0.05; RMSEA = 0.07 (90 percent confidence interval for RMSEA = 0.06-0.08).

† An alternative measurement model uniting life satisfaction and happiness constructs under the term of subjective well-being (Diener, 1999) was tested and resulted in a poor fit to the data: $\chi^2(98, N = 436) = 654.06$; GFI = .84; CFI = .88; SRMR = 0.080.

Table 1
Means, Standard Deviations, and Correlations among 17 Observed Variables

Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. SE 1	19.96	4.63	.																
2. SE 2	19.77	3.65	.828	.															
3. EM 1	23.22	4.71	.485	.483	.														
4. EM 2	23.09	4.26	.540	.544	.534	.													
5. EM 3	20.87	3.27	.443	.493	.536	.613	.												
6. HAPP 1	34.48	4.78	.575	.514	.363	.476	.443	.											
7. HAPP 2	32.15	4.55	.492	.460	.398	.529	.549	.641	.										
8. HAPP 3	29.88	4.30	.583	.558	.403	.530	.513	.584	.617	.									
9. ILL 1	12.81	7.96	-.394	-.443	-.230	-.511	-.449	-.365	-.471	-.519	.								
10. ILL 2	13.02	7.48	-.346	-.379	-.177	-.476	-.393	-.321	-.442	-.496	.805	.							
11. ILL 3	12.16	7.73	-.431	-.475	-.314	-.521	-.429	-.399	-.448	-.515	.814	.785	.						
12. ILL 4	11.91	7.77	-.458	-.507	-.280	-.502	-.392	-.360	-.408	-.496	.815	.809	.844	.					
13. LS 1	2.86	1.07	.355	.318	.336	.357	.284	.312	.282	.322	-.214	-.165	-.235	-.211	.				
14. LS 2	2.46	1.03	.301	.248	.224	.315	.183	.289	.274	.211	-.220	-.231	-.199	-.195	.428	.			
15. LS 3	3.23	1.07	.451	.400	.348	.463	.300	.363	.412	.307	-.347	-.355	-.355	-.335	.472	.574	.		
16. LS 4	3.02	1.11	.404	.322	.322	.335	.211	.289	.254	.273	-.242	-.235	-.238	-.249	.513	.522	.592	.	
17. LS 5	2.30	1.19	.373	.333	.292	.351	.274	.280	.275	.245	-.248	-.247	-.226	-.206	.375	.411	.519	.503	.

Note. N = 436; SE = Self-esteem (Higher scores indicate higher levels of self-worth); EM = Empathic tendency (Higher scores indicate higher levels of empathic tendency); HAPP = Happiness (Higher scores indicate higher levels of positive affect and lower levels of negative affect); ILL = Ill-being (Higher scores indicate higher levels of distress); LS = Life satisfaction (Higher scores indicate higher levels of positive evaluation of life). All correlation coefficients were significant at $p < 0.1$.

All of the loadings of the measured variables on the latent variables were large and statistically significant (standardized values ranged from 0.62 to 0.95, $p < .001$, see Table 2). Therefore, all of the latent variables appear to have been adequately operationalized by their respective indicators.

Table 2
Factor Loadings, standard errors, and t-values for the Measurement Model

Measure and variable	Unstandardized factor loading	SE	t	Standardized factor loading
Self-esteem				
Parcel 1	3.37	0.14	24.48	0.93
Parcel 2	3.26	0.14	22.95	0.89
Empathic Tendency				
Parcel 1	3.17	0.21	15.13	0.67
Parcel 2	3.53	0.18	19.97	0.83
Parcel 3	2.49	0.14	17.79	0.76
Life Satisfaction				
Item 1	0.67	0.05	13.63	0.62
Item 2	0.70	0.05	15.09	0.67
Item 3	0.87	0.05	19.41	0.81
Item 4	0.83	0.05	17.40	0.75
Item 5	0.78	0.06	14.43	0.65
Happiness				
Parcel 1	3.62	0.20	17.91	0.76
Parcel 2	3.61	0.19	19.07	0.79
Parcel 3	3.45	0.18	19.37	0.80
Ill-Being				
Parcel 1	7.05	0.30	23.62	0.88
Parcel 2	6.52	0.28	22.98	0.88
Parcel 3	6.96	0.29	24.30	0.90
Parcel 4	7.04	0.29	24.57	0.91

Note. N = 436. Self-Esteem 1, 2 = two parcels from Rosenberg Self-Esteem Scale; Empathic Tendency 1, 2, 3 = three parcels from Empathic Tendency Scale; Life Satisfaction 1, 2, 3, 4, 5 = Five items of Satisfaction with Life Scale; Happiness 1, 2, 3 = three parcels from Positive and Negative Affect Schedules; Ill-Being 1, 2, 3, 4 = four parcels from Brief Symptom Inventory.

In addition, correlations among all latent variables in the model were all statistically significant ($p < .001$, see Table 3).

Table 3.
Correlations among Latent Variables for the Measurement Model

Latent Variable	1	2	3	4	5
1 Self-Esteem	-				
2 Empathic Tendency	.74	-			
3 Life Satisfaction	.58	.59	-		
4 Happiness	.75	.81	.54	-	
5 Ill-Being	-.54	-.62	-.42	-.63	-

Note. N = 436; $p < .001$ for all statistics.

Testing the Model: Structural Equation Modeling Procedures

The mediational hypotheses were tested by examining the fit of a series of structural models to the data. Figure 1 summarizes the full number of hypothesized relations among latent variables (measured and error term variables are omitted for the sake of clarity).

Figure 1 represents all possible relations of self-esteem to life satisfaction, happiness, and ill-being with the mediatory role of empathic tendency (1 + 2, 3, 4) or without such a mediation (5, 6, 7). The tests of mediation were performed by examining whether there were differences among the partially mediated model represented in Figure 1, which included the direct effect from self-esteem to life satisfaction, happiness, and ill-being (paths 5, 6, 7) and the models in which one of them is omitted.

A test of the partial mediated model in Figure 1 (Model 1) resulted in an acceptable fit to the data as indicated by the following goodness-of-fit statistics: $\chi^2(112, N = 436) = 354.66$; GFI = .91; CFI = .95; SRMR = 0.05; RMSEA = 0.07 (90 percent confidence interval for RMSEA = 0.06-0.08). The AIC and ECVI statistics were found to be 436.66 and 0.97, respectively. Testing the mediational effect of empathic tendency with respect to life satisfaction, where path five was set to zero, resulted in the following goodness-of-fit statistics: $\chi^2(113, N = 436) = 367.46$; GFI = .91; CFI = .95; SRMR = 0.05; RMSEA = 0.07 (90 percent confidence interval for RMSEA = 0.06-0.08). The chi-square difference-test statistic (12.79, 1: $p < .001$) indicated that this model was a significantly worse fit to the data from Model 1, indicating that the path should not be omitted from the model. The AIC and ECVI statistics, 447.46 and 1.00 respectively, supported the model in which the path is retained. The same method regarding path six, testing the mediational effect of empathic tendency concerning happiness, indicated the same situation with the following statistics: $\chi^2(113, N = 436) = 363.47$; GFI = .91; CFI = .95; SRMR = 0.05; RMSEA = 0.07 (90 percent confidence interval for RMSEA = 0.06-0.08). The AIC and ECVI statistics were defined as 436.66 and 0.97, respectively. Again, the chi-square difference test (8.81, 1: $p < .001$) indicated that this model was a significantly worse fit to the data from Model 1, which means that this path is important for the model to be fit to the data. Moreover, the AIC and ECVI statistics for this model in which the path was omitted were 443.37 and 1.00 respectively. That is, the model in which the path is retained fit the data better.

Testing the mediational effect of empathic tendency with respect to ill-being, where path seven was set to zero, showed that this path is not important for the model and could be deleted from the model. Goodness-of-fit indices were as follows: $\chi^2(113, N = 436) = 354.25$; GFI = .92; CFI = .95; SRMR = 0.05; RMSEA = 0.07 (90 percent confidence interval for RMSEA = 0.06-0.08). The chi-square difference-test statistic (0.42, 1: $p > .05$) indicated that this model was not a significantly worse fit to the data from Model 1, and it was considered the final one. Consequently, of the direct paths, only the seventh was omitted from the model, indicating a full mediational effect of empathy with regard to ill-being and a partial mediational effect of empathy regarding happiness and life satisfaction.

In order to obtain statistical proofs concerning the partial mediational role of empathic tendency with regard to happiness and life satisfaction, two additional analyses were performed. First, the coefficient for the direct effect (the path from self-esteem to happiness) was constrained to the value obtained in the model without indirect effects specified (e.g., before the empathic tendency was included into the model as can be seen from the measurement model in which all latent factors freely correlated to each other). In such a case, two nested models were defined: one with direct and indirect effects freely estimated (Model 1) and one in which the indirect effect is freely estimated, but the direct effect is fixed. The chi-square difference test was then performed to

see whether there was a statistically significant difference between these nested models with one degree of freedom. The chi-square difference test (71.93, 1: $p < .001$) showed that, indeed, there is a difference between the standardized values for the path. For the second partial mediational effect, the chi-square difference test results (15.39, 1: $p < .001$) again indicated that the difference between the values is statistically significant.

Overall, the results of the mediational tests indicated that the effect of self-esteem on positive mental health, namely happiness and life satisfaction, was partially mediated by empathic tendencies of individuals, while the effect was fully mediated concerning ill being. As a result of the processes concerning mediational effects, the final model was accepted as depicted in Figure 2.

There were some unimportant and ignorable discrepancies (ranging from .01 to .02) between the factor loadings of the measurement model and the final structural model. It is worth mentioning that 57% of the variance in empathic tendency was explained by self-esteem; 40% of the variance in life satisfaction, 73% of the variance in happiness, and 44% of the variance in ill-being was explained by self-esteem and empathic tendency.

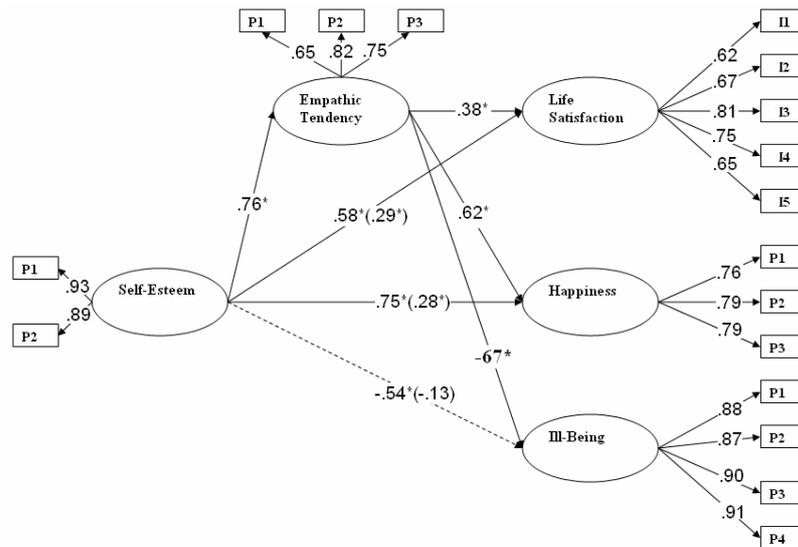


Figure 2. Standardized factor loadings and parameter estimates of the final structural model.

Notes: The numbers in parentheses refer to the coefficients for the direct paths when the mediator is included in the model; the path from self-esteem to ill-being that is showed by dashes is not significant and not included in the final model; I = Item, P = Parcel; * $p < .01$

Conclusion and Recommendation

The significant findings in the present study are that empathic tendencies of individuals partially mediated the relation between self-esteem and happiness

and life satisfaction, while the mediational effect was full concerning the relation between self-esteem and ill-being. Although there is a great deal of literature regarding the relation between self-esteem and mental health, the research on the mechanisms by which self-esteem affected mental health is very limited. It is evident from the literature that self-esteem research has been focused on prerequisites of self-worth, because it has been considered the main psychological resource of individuals by which a healthy life and state is possible (Baumeister *et al.*, 2003; Crocker & Wolfe, 2001). Moreover, some recent conceptualizations regarding self-esteem, especially TMT, consider self-esteem as a basic psychological defense mechanism that enables happiness and freedom from anxiety, triggering the idea that self-esteem is good in-itself and an end-state that should be satisfied for mental health. TMT argues that this is the case, because self-esteem provides individuals with meaning and value in the face of the inevitable fact of death. According to Ryan and Deci (2004), TMT thus reduces self-esteem to a mere defensive maneuver. The results of this study, however, gave important evidence that when considered in the context of the interpersonal realm, self-esteem could improve mental health through other mechanisms that connect a person's self-worth to mental health indicators. Empathy, at this point, was shown to be an important factor in the association of self-esteem with mental health, especially with ill-being.

It is plausible to anticipate that the individuals with high self-esteem may have better mental health through the mediatory effect of empathy. Research that focuses especially on the relation between self-esteem and empathy indicates that self-esteem may benefit individuals, because it contributes to one's ability to empathize with other people who are in trouble. Given that the results of this study showed this positive effect of self-esteem on mental health through the mediatory role of empathic tendency, it could be argued that empathy is a crucial factor in the interpersonal realm concerning mental health. Moreover, the role of empathy in ill-being is more dramatic than in positive mental health indicators of life satisfaction and happiness. It is plausible to argue that self-esteem could make people happy or satisfied with their life without the mediatory role of empathy or healthy social relationships. When problems with social domain occur, people could still be reasonably happy and satisfied with life, because subjective well-being reflects a highly personal evaluation of their life with regard to personal goals (Diener, Suh, Lucas & Smith, 1999). We can see some people who find some resources of happiness or satisfaction with regard to their plans or goals that have been achieved, but at the same time, suffer from loneliness, conflict with others, or high levels of interpersonally dissatisfying relationships. Thus, even if a person is unhappy in close relationships or the social milieu in general, he or she could continue to work through goals that are wholly personal and associated with their personal esteem. It seems difficult, however, to be free from anxiety and depression while disconnected from healthy social relationships. This is highly consistent with the idea that clinical problems or neurosis is strictly related to interpersonal-relationship abilities (Bowlby, 1988). Moreover, numerous studies

have shown that having social ties is important for mental health (Crocker & Park, 2004; Ryan & Deci, 2004). Empathy as an important interpersonal ability to be connected with other people, to show them one's willingness to help, and to express intimacy could be a crucial factor for one's mental health.

Consequently, these findings are crucial for the helping profession, because the counseling profession has considered empathy only as a factor in the relationship between the counselor and the client. It is clear, then, that the counseling profession should take empathy into consideration, not only as a therapeutic factor in the context of the relationship between counselors and clients but also an ability to be fostered by therapeutic processes that could be transferred into daily life.

Although this study was able to provide important clues about the mediatory role of empathy in the relation of self-esteem to mental health, several important questions remain unanswered. First of all, since the mediatory role of empathy implies causality, future research should test this relation through experimental data or data from the counseling process. Another recommendation for future research is that the mediatory role of empathy could be tested in the relation of attachment styles with mental health. It may be expected that the mediatory role of empathy would change according to attachment styles, given that the sense of a secure foundation promotes positive feelings towards, and a genuine concern for, others' well-being (Bowlby, 1973). Additionally, recent conceptualizations concerning self-esteem prefer defining self-esteem in the context of contingencies of self-worth (Crocker & Wolfe, 2001), because the contingencies of self-worth could change according to individual or personality contexts, especially attachment styles (Park, Crocker & Mickelson, 2004). Finally, not only empathic tendencies but also empathic abilities of individuals could be taken into consideration in future studies focusing on the mediatory role of empathy.

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Benlik Saygısından Ruh Sağlığına: Aracı Değişken Olarak Empati (Özet)

Problem Durumu

Benlik saygısı kavramı psikolojide özellikle de psikolojik danışma alanında depresyon ve kaygı gibi olumsuz, ayrıca mutluluk gibi olumlu ruh sağlığı göstergeleriyle yakından ilgili en önemli kavramlardan biridir. Bununla birlikte benlik saygısını olumlu ruh sağlığıyla bire bir eş tutan bakış açısı son yıllarda değişmiş, böylece benlik saygısında görülebilecek düzey farklılıklarını incelemek yerine bu farklılıkların ruh sağlığı göstergeleri üzerindeki etkilerini incelemek öne çıkmıştır. Sadece benlik saygısı düzeyine yoğunlaşarak akademik başarı, iş performansı, liderlik özelliklerinin artırılması ya da saldırganlık, sigara, alkol kullanımı gibi özelliklerin azaltılması çabası yeteri kadar tatminkar sonuçlar vermemiştir. Diğer taraftan araştırmaların kesin olarak gösterdiği bir şey var ki, o da benlik saygısı yüksek olanların düşük olanlara kıyasla daha mutlu ve daha az depresif olduğudur. Bu durum benlik saygısının doğrudan ruh sağlığı ile bir tutulamayacağı ancak ruh sağlığı üzerinde bazı ara değişler yoluyla etkili olabileceğini düşündürmektedir. Benlik saygısının hangi durumlarda ve hangi süreçlerle ruh sağlığını etkileyebileceğini ortaya koymak psikolojik danışma uygulamalarına önemli katkılar sağlayacaktır. Benlik saygısının ruh sağlığı bakımından olumlu sonuçlarının görüldüğü önemli bir alan yakın kişilerarası ilişkilerdir. Sosyal psikolojik araştırmalarda bütün sosyal etkileşimlerin arkasında benlik saygısını koruma çabası aranır. Bu bakış açısıyla, örneğin empatinin benlik saygısını korumak için kurulduğu gibi bir durum ortaya çıkar ki, bu da bir çeşit bencillik ya da savunma mekanizmasını çağırıştır ve danışma psikolojisi bakış açısıyla da pek de uygun olmaz. Diğer taraftan bunun tersi de doğru olabilir. Bu araştırmanın başlangıcını oluşturan düşünce insan ruhunun olumlu bir özelliği olan empatinin, yakın sosyal etkileşim ya da yakın ilişkiler üzerinde kolaylaştırıcı olumlu bir etkisi olabileceği ve bu etkinin de ruh sağlığına aynı yönde katkı sağlayabileceğidir. Empati terapötik ilişkinin kurulmasında en önemli kavramlardan biridir. Sosyal psikoloji araştırmaları empati ile bağlanma, ego gelişimi, özgeci davranışlar, erdem, sosyal yetkinlik, uyum ve bağışlama arasında önemli ilişkiler göstermesine rağmen, söz konusu ilişkiler klinik ve psikolojik danışma alanına yeterince aktarılmamış görülmektedir. Empatinin kişilerarası ilişkilerdeki rolü ruh sağlığı ve psikolojik danışma alanına aktarılarak incelenebilir. Bir başka deyişle, empatinin kişilerarası ilişkilere yaptığı katkının aynı zamanda ruh sağlığının korunmasına ve/veya iyileştirilmesine de katkı yapacağı düşünülmektedir.

Araştırmanın Amacı

Bu çalışmanın amacı benlik saygısı ve ruh sağlığı arasındaki ilişkiye empatik eğilimin aracılık edip etmediğini belirlemektir. Diğer bir deyişle

benlik saygısı ile ruh sağlığı göstergelerinden yaşam doyumu, mutluluk ve kötü olma (ill-being) hali arasındaki doğrudan ilişkileri ile söz konusu ilişkilerin empatik eğilim üzerinden incelenmesi durumunda ortaya çıkan yapının test edilmesidir.

Araştırmanın Yöntemi

Araştırmaya iki devlet üniversitesinden yaş ortalaması 20.6 olan 189 kız 261 erkek öğrenci katılmıştır. Katılımcılara küçük gruplar halinde 45-60 dakikalık oturumlarda Benlik Saygısı Ölçeği, Empatik Eğilim Ölçeği, Olumlu ve Olumsuz Duygu Ölçeği ile Kısa Semptom Envanteri uygulanmıştır. Katılımcılar araştırmaya gönüllü olarak katılmış, istedikleri zaman vazgeçebilecekleri belirtilmiştir. Araştırmada öngörülen ölçme modeli ve yapısal modelleri test etmek için Yapısal Eşitlik Modellemesi kullanılmıştır.

Araştırmanın Bulguları

Öngörülen yapısal modellerin test edilmesinden önce ölçme modelinin doğrulanması gerektiği için, her bir örtük değişken için parseller aracılığıyla oluşturulan gözlenen değişkenler tanımlanmıştır. Bu şekilde oluşturulan ölçme modelinin dataya uyum sağladığı gözlenmiştir. Sonrasında ise elde edilen bulgular, yapısal modelin öngörüldüğü şekilde doğrulandığını göstermiştir. Yapılan aracılık testleri ile benlik saygısı ile olumlu ruh sağlığı (mutluluk ve yaşam doyumu) arasındaki ilişkinin kısmen, benlik saygısı ile olumsuz ruh sağlığının tümüyle empatik eğilim aracılığıyla sağlandığı ortaya konmuştur.

Araştırmanın Sonuçları ve Önerileri

Araştırmanın bulguları, benlik saygısının doğrudan ruh sağlığına katkı yaptığı veya ruh sağlığının kendisi olduğu şeklindeki genel eğilime karşın, aslında bu süreçte empatik eğilimin oldukça kritik bir rol üstlendiğini ortaya koymaktadır. Dolayısıyla, ruh sağlığı hizmetlerinin sadece benlik saygısının yükseltilmesi yerine, aynı zamanda empati gibi önemli bir değişkene müdahale etmek yoluyla da bireylerin daha fonksiyonel bir yaşam sürdürmelerine katkıda bulunacakları düşünülmektedir. İlerideki araştırmaların, empatinin yanısıra başka aracı değişkenlerin bu ilişkilerdeki önemine odaklanması tavsiye edilmektedir.

Anahtar Sözcükler: Benlik Saygısı, Empati, Ruh Sağlığı, Yapısal Eşitlik Modellemesi