



Does conservatism have a self-esteem enhancing function? An examination of associations with contingent self-worth and ill-being in late adults

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ARTICLE INFO

Article history:

Received 7 October 2011

Received in revised form 26 December 2011

Accepted 30 December 2011

Available online 26 January 2012

Keywords:

Conservatism

Self-esteem

Death anxiety

Late adulthood

ABSTRACT

Recent studies suggest that conservatism is beneficial for individuals' well-being and self-esteem, particularly in late adulthood. In the present article, it is argued that, although conservatism may have a self-esteem enhancing function, it may also relate to a contingent type of self-esteem, which, in turn, relates to ill-being. In a sample of 227 late adults, we examined associations between conservatism, contingent self-esteem, and indices of ill-being (i.e., depressive symptoms, despair, and death anxiety). Conservatism was related positively to contingent self-esteem and was related indirectly to ill-being through its association with contingent self-esteem. Participants' age did not moderate these associations. Our findings raise questions about the adaptive role of conservatism in late adults' personal adjustment and suggest that conservatism entails at least some vulnerability for ill-being.

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1. Introduction

Conservatism refers to individuals' adherence to traditional and conventional values, rules and norms, and to resistance to change (Wilson, 1973). Much research has focused on the association between conservatism and socio-political and interpersonal orientations (Jost, Glaser, Kruglanski, & Sulloway, 2003). It has been found, for instance, that conservatism is strongly related to right-wing authoritarianism, that is, an orientation of uncritical submission to ingroup authority (Altemeyer, 1988; Duriez & Van Hiel, 2002; Duriez, Van Hiel, & Kossowska, 2005). Also, conservatism has been found to relate to prejudiced and hostile interpersonal orientations such as racism (e.g., Duriez & Van Hiel, 2002; Duriez et al., 2005; Sidanius, Pratto, & Bobo, 1996).

Comparatively less research has addressed the question how conservatism relates to individuals' personal well-being. Intriguingly, a number of recent studies suggest that conservatism might actually be adaptive for personal well-being and self-esteem, particularly among the elderly. Some studies provide indirect evidence for the well-being correlates of conservatism by demonstrating an adaptive role for right-wing orientations. Napier and Jost (2008), for instance, found that individuals with a right-wing political orientation reported higher life satisfaction. Van Hiel and De Clercq (2009) found that right-wing authoritarianism buffers associations

between two risk factors for ill-being and internalizing distress (i.e., D-type personality and negative life events). In the most direct examination of the well-being correlates of conservatism to date, Van Hiel and Brebels (2011) found that conservatism was positively related to self-esteem and that this association became more pronounced with increasing age.

To explain the beneficial effects of conservatism among the elderly, Van Hiel and colleagues drew from a number of theoretical perspectives, including Terror Management Theory (TMT; Greenberg et al., 1990) and Social Identity Theory (SIT; Tajfel & Turner, 1986). On the basis of TMT, it was reasoned that conservatism may play an important role in defending against the feelings of death anxiety that follow from humans' awareness of mortality. In response to mortality related thoughts and feelings, people would be inclined to adhere to socially and culturally approved worldviews, including traditional and conservative values. This adherence to cultural worldviews would strengthen individuals' self-esteem and would, in turn, protect them against debilitating feelings of death anxiety and subsequent ill-being (Van Hiel & Brebels, 2011). On the basis of SIT, Van Hiel and De Clercq (2009) further argued that the tendency of people high on conservatism to derogate outgroups has a key function in satisfying individuals' desire for self-esteem. By adhering to traditional values that are supported by the ingroup and by derogating outgroup members, people high on conservatism may explicitly define themselves as worthy members of the ingroup and anticipate social recognition and approval from other ingroup members.

Although it can be argued on the basis of TMT and SIT that conservatism has a self-esteem enhancing function, one may wonder

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¹ The contribution of the second author was supported by the Fund for Scientific Research Flanders (FWO).

about the type of self-esteem that is obtained by adopting conservative beliefs. When fear of death and attempts to obtain ingroup recognition are the driving forces behind conservative people's search for self-esteem, it may be that the sense of self-esteem they obtain in this way is relatively contingent in nature. In this respect, research distinguishes between individuals' level of self-esteem and the stability (or security) of their self-esteem (Kernis, 2003; Kernis & Paradise, 2002; Ryan & Brown, 2003). Independent of whether people have low or high self-esteem, their self-esteem can be relatively more secure, authentic, and stable, or it can be relatively more shaky and contingent upon meeting personally imposed and socially prescribed expectations. Herein, we argue that, although conservatism is assumed to have a self-esteem enhancing function, there are reasons to believe that conservatism raises a particular type of self-esteem, namely contingent self-esteem. According to Ryan and Deci (2004), people who attempt to avoid awareness of their mortality (e.g., through adopting conservative worldviews) are likely to protect their self-esteem in a defensive fashion. Death salience would activate internally conflicted and fragile forms of self-esteem that lead people to introject cultural worldviews. Similarly, the more people aim to bolster their self-esteem by maximizing ingroup recognition and minimizing social exclusion, the more their self-esteem is likely to be insecure, unstable, and contingent upon social approval: "The self-esteem prompted by mortality salience or fear of exclusion is largely contingent self-esteem, whereas true self-esteem connotes a fuller functioning person, who engages life feeling autonomous, competent, and related" (Ryan & Deci, 2004, p. 474). Given that avoidance of death-related thoughts and the pursuit of social recognition are highly salient themes in conservative people's functioning, one might expect conservatism to relate to contingent self-esteem. Indirect evidence for this relation was obtained by Van Hiel and Brebels (2011) who reported a positive relation between conservatism and narcissism, a personality feature that has been found to entail contingent self-esteem (Kernis, 2001; Rhodewalt, Tragakis, & Finnerty, 2006).

The hypothesized association between conservatism and contingent self-esteem is important in light of the debate on the well-being correlates of conservatism because research has shown that contingent self-esteem relates negatively to well-being and positively to indicators of ill-being (e.g., Bos, Huijding, Muris, Vogel, & Biesheuvel, 2010; Paradise & Kernis, 2002). If conservatism is related to contingent self-esteem, one might anticipate that conservatism is – either directly or indirectly (i.e., through its association with contingent self-esteem) – related to ill-being rather than well-being. In this study, we tapped into depressive symptoms as a general indicator of ill-being and into two indicators of ill-being, that is, despair and death anxiety. According to Erikson (1968), the key developmental task of late adulthood is to achieve a sense of ego-integrity, where people accept both the positive and negative events in their life and experience feelings of serenity, meaning, and identity continuity. When people fail to achieve a sense of ego-integrity, they might develop an orientation of despair, where they look back on their life with feelings of existential regret, bitterness, and failure. Related to despair is the experience of death anxiety. It was deemed interesting to examine death anxiety as an outcome for a couple of reasons. First, on the basis of TMT it has been argued that conservatism can be considered functional in terms of warding off death anxiety (Van Hiel & Brebels, 2011). Second, in contrast to findings suggesting an adaptive role for conservatism, previous research found at least some evidence for a positive association between conservatism and death anxiety (Jost et al., 2003). However, this evidence was obtained in samples of undergraduates and, to the best of our knowledge; this association has not been examined in late adulthood, a developmental period in which thoughts about mortality might become more salient.

In sum, the present study aims to add to the research on conservatism and personal adjustment by examining associations between conservatism, level of self-esteem, contingent self-esteem, and ill-being in a sample of late adults. It was expected (a) that conservatism would relate positively to both level of self-esteem and contingent self-esteem and (b) that contingent self-esteem would mediate possible associations between conservatism and ill-being. Conservatism has been shown to increase as people grow older (Cornelis, Van Hiel, Roets, & Kossowska, 2009) and, on the basis of this finding, it has been argued that the adaptive role of conservatism may also increase with age (Van Hiel & Brebels, 2011). Accordingly, we also examined interactions between age and conservatism in the prediction of the outcomes.

2. Method

2.1. Participants and procedure

Participants were 227 adults (59% female) aged between 65 and 91 years ($M = 76$ years; $SD = 6.08$). Of the participants, 130 (57%) were married, 74 (33%) were widowed, 13 (6%) were divorced, and 10 (4%) were single. In terms of educational level, 46 (20%) participants followed elementary school only, 132 (58%) obtained a high school diploma, and 49 (22%) followed some form of higher education (e.g., university studies). All participants were White and of Belgian nationality. Participants were recruited in the context of a university course on developmental psychology. Students following this course were asked to contact one person aged 65 years or older and to administer a questionnaire to this person. Questionnaires were administered to the participants during a home visit. Anonymity was guaranteed and participants were informed that participation was voluntary. To deter instances of fabrication, students had to provide contact information for their participant. We did a random check of 10 participants to find out whether they actually participated in the study. Each of the participants indicated that s/he actually participated in the study.

2.2. Measures

2.2.1. Conservatism

As in the Van Hiel and Brebels (2011) study, conservatism was measured with the Cultural Conservatism scale developed by De Witte (1990). This 12-item scale (e.g., "Working hard makes you a better person") taps into participants' adherence to traditional and conservative opinions in domains such as education, work, and the position of women in society. Items were rated on a 5-point Likert scale ranging from 1 (*Totally Disagree*) to 5 (*Totally Agree*). Cronbach's alpha was .70.

2.2.2. Self-esteem

In order to assess level of self-esteem, participants completed Rosenberg (1965) 10 item self-esteem scale (e.g., "In general I am happy with myself"). In order to assess contingent self-esteem, participants completed the 15-item Contingent Self-esteem Scale (CSS; Kernis & Paradise, 2002; e.g., "When my actions do not live up to my expectations, it makes me feel dissatisfied with myself"). Items of both scales were rated on a 5-point scale ranging from 1 (*not at all like me*) to 5 (*very much like me*). Cronbach's alphas were .80 and .72, respectively.

2.2.3. Ill-being

Participants completed a shortened 6-item version of the widely used Center for Epidemiological Studies–Depression (CES-D) scale (Radloff, 1977), indicating how often they experienced specific depressive symptoms during the past week (e.g., "I felt

depressed"). Ratings were made on a scale ranging from (0) rarely or none of the time (less than one day), over (1) a couple of times (1–2 days), and (2) sometimes or regularly (3–4 days), to (3) most or all of the time (5–7 days). Cronbach's alpha was .77. In addition, in order to measure ego-integrity and despair, participants completed a measure that was developed and validated by Van Hiel and Vansteenkiste (2009). This measure was found to have a clear and interpretable factor structure distinguishing between ego-integrity (8 items, e.g. "I can accept faults and missed opportunities") and despair (10 items, e.g. "I look back upon my life with a feeling of discontent and regret"). Testifying to the validity of these scales, they were related in theoretically meaningful ways to measures of late adults' well-being, death attitudes, and goal attainment (Van Hiel & Vansteenkiste, 2009). Items were rated on a 5-point Likert scale ranging from 1 (Totally Disagree) to 5 (Totally Agree). In the present study, Cronbach's alphas were .74 and .76 for ego-integrity and despair, respectively. Finally, participants completed the Fear of Death subscale from the Death Attitude Profile-Revised (DAP-R), a multidimensional and well-validated measure of death attitudes developed by Wong, Reker, and Gesser (1994). A sample item reads: "The prospect of my own death arouses anxiety in me". Items were rated on a 7-point Likert scale, varying between 1 (Completely Disagree) and 7 (Completely Agree). Cronbach's alpha was .83.

3. Results

3.1. Descriptive statistics and correlations

Means, standard deviations, and correlations between the variables can be found in Table 1. Preliminary analyses examined associations between gender and age and the study variables. To examine the effect of gender, a MANOVA was performed with gender as an independent variable and all study variables as dependent variables. The multivariate effect of gender was significant [Wilks' Lambda = .93, $F(7, 215) = 2.49$, $p < .05$, $\eta^2 = .08$]. Univariate ANOVAs indicated that gender was only related to depressive symptoms [$F(2, 221) = 10.91$, $p < .001$, $\eta^2 = .05$] with women reporting more such symptoms ($M = 0.49$; $SD = 0.55$) than men ($M = 0.28$; $SD = 0.35$). Age was significantly related to conservatism ($r = .19$, $p < .01$), depressive symptoms ($r = .17$, $p < .05$), and death anxiety ($r = -.15$, $p < .05$). With increasing age, participants reported more conservatism, more depressive symptoms, and less death anxiety. Correlations between the study variables showed that conservatism was positively related to contingent self-esteem, depressive symptoms, despair, and death anxiety. In contrast, the associations between conservatism and level of self-esteem and between and ego-integrity conservatism were not significant.

3.2. Contingent self-esteem as a mediator

To examine whether contingent self-esteem mediates associations between conservatism and ill-being (i.e., depressive

symptoms, despair, and death anxiety), we performed Structural Equation Modeling (SEM) with latent variables using LISREL. Solutions were generated on the basis of maximum likelihood estimation. We did not include level of self-esteem and ego-integrity in these analyses because both variables were unrelated to both conservatism and contingent self-esteem and, as such, could not play a role in the hypothesized mediation sequence. Seven latent constructs were modeled (i.e., gender, age, conservatism, contingent self-esteem, depressive symptoms, despair, and death anxiety). Gender and age were indexed by single indicators with the error variance fixed to zero. Each of the other latent factors was represented by three parcels. Each latent construct's parcels consisted of randomly selected items from the scale tapping into that construct. Data screening of the indicators indicated partial data non-normality at both the univariate and multivariate level. Therefore, in all subsequent models, we used the asymptotic covariance matrix between all indicators as input and inspected the Satorra-Bentler Scaled chi-square (SBS- χ^2 , Satorra & Bentler, 1994). To evaluate model fit, the Comparative Fit Index (CFI), the Root Mean Squared Error of Approximation (RMSEA), and the Standardized Root Mean Square Residual (SRMR) were selected. According to Hu and Bentler (1999), combined cut-off values close to .95 for CFI, close to .06 for RMSEA, and .09 for the SRMR indicate good fit. In each model, we controlled for gender and age by allowing paths from gender and age to each of the study constructs.

To test for mediation, we followed the guidelines of Holmbeck (1997). Specifically, we first estimated a direct effects model which included conservatism as a direct predictor of the ill-being outcomes. To control for the variance shared between these outcomes, they were allowed to correlate. This model had adequate fit [$\chi^2(64) = 117.65$; CFI = .96; RMSEA = .06; SRMR = .05]. Conservatism was positively related to depressive symptoms ($\beta = .21$, $p < .01$), despair ($\beta = .27$, $p < .01$), and death anxiety ($\beta = .23$, $p < .01$). In a second step, we tested a full mediation model, where conservatism was only indirectly related to the outcomes through contingent self-esteem (Fig. 1). Estimation of this model [$\chi^2(103) = 158.06$; CFI = .97; RMSEA = .05; SRMR = .06] showed that conservatism was positively related to contingent self-esteem, which, in turn, related positively to each ill-being outcome. Finally, we tested a partial mediation model including both (a) indirect associations of conservatism with the outcomes through contingent self-esteem and (b) direct associations between conservatism and the outcomes. The difference in model fit between the full mediation and the partial mediation model was not significant [$\Delta\chi^2(3) = 2.90$, $p > .05$]. Moreover, the paths from conservatism to depressive symptoms ($\beta = .14$, $p > .05$), despair ($\beta = .13$, $p > .05$), and death anxiety ($\beta = .11$, $p > .05$) were no longer significant after taking contingent self-esteem into account as a mediator. Hence, the full mediation model was retained as the final and best-fitting model (Fig. 1). In this model, the indirect effects of conservatism on depressive symptoms ($z = 2.85$, $p < .01$), despair ($z = 3.41$, $p < .001$), and death anxiety ($z = 3.33$, $p < .001$) were significant, as indicated by a Sobel (1982) test.

Table 1
Descriptives and correlations.

| | M | SD | 1 | 2 | 3 | 4 | 5 | 6 |
|---------------------------|------|------|-------|--------|-------|-------|-------|--------|
| 1. Conservatism | 3.44 | 0.53 | | | | | | |
| 2. Level of self-esteem | 3.24 | 0.35 | .11 | | | | | |
| 3. Contingent self-esteem | 3.25 | 0.52 | .29** | -.00 | | | | |
| 4. Depressive symptoms | 0.41 | 0.48 | .22** | -.06 | .22** | | | |
| 5. Despair | 2.27 | 0.67 | .20** | -.17* | .29** | .31** | | |
| 6. Ego-integrity | 3.98 | 0.58 | -.03 | .39** | -.05 | -.16* | -.14 | |
| 7. Death anxiety | 3.51 | 1.49 | .16* | -.19** | .26** | .12 | .20** | -.22** |

* $p < .05$.

** $p < .01$.

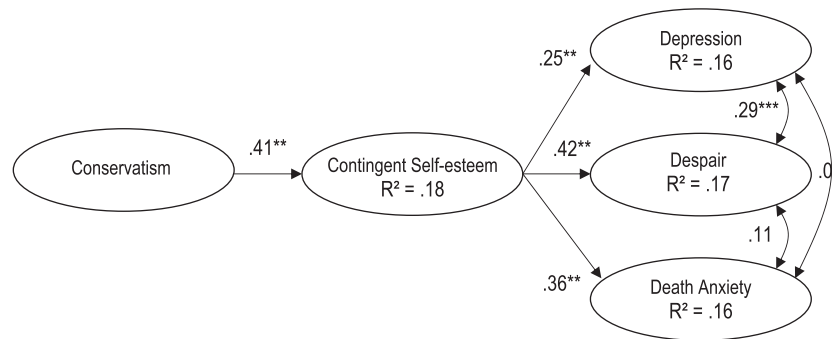


Fig. 1. Structural model of associations between conservatism, contingent self-esteem, and ill-being. For clarity reasons, gender and age effects are not shown. Coefficients are standardized path coefficients. * $p < .05$; ** $p < .01$.

3.3. Age as a moderator

To examine whether age would moderate associations between conservatism, self-esteem, and ill-being, a series of regression analyses were performed. In each analysis, a study variable was regressed on age, conservatism, and the interaction between age and conservatism. Scores for age and conservatism were standardized and the interaction term was computed by multiplying these standardized scores. None of the interaction terms reached significance (all $ps > .05$), indicating that associations of conservatism with self-esteem, contingent self-esteem, depressive symptoms, despair, ego-integrity, and death anxiety were not moderated by age.

4. Discussion

In recent studies, right-wing authoritarianism and conservatism have been portrayed as orientations that come at an unfortunate interpersonal cost (e.g., in terms of prejudice), yet contribute to individuals' personal well-being and self-esteem, particularly in late adulthood (Napier & Jost, 2008; Van Hiel & Brebels, 2011; Van Hiel & De Clercq, 2009). The findings of the current study bring nuance to the relatively rose-colored picture of conservatism and point to at least some degree of vulnerability in conservative individuals' functioning. First, it was found that conservatism is positively related to death anxiety among elderly. This finding is consistent with previous research showing that people scoring high on conservatism react more defensively to death salience than those low on conservatism (e.g., Greenberg et al., 1990). A benign interpretation of the latter finding is that conservative people are effective in protecting their self-esteem against thoughts of mortality. The positive association between death anxiety and conservatism observed in this study, however, suggests otherwise. In our view, this association may mean two different things: (a) Conservatives may be higher on death anxiety to begin with, such that they might feel more easily threatened by death-related thoughts and might engage in defensive actions more quickly than other people, and (b) conservatives' pursuit of self-esteem and the related use of defense mechanisms (such as outgroup derogation) may be ineffective because, even in old age, they still report elevated death anxiety levels. In both cases, conservative people may not deal with death-related thoughts in an open, integrated, and effective fashion. Second, it was found that, conservatism was positively associated with contingent self-esteem rather than level of self-esteem. This suggests that conservative people may engage in self-protective and defensive coping mechanisms (including outgroup derogation) as a way to cope with the feelings of insecurity engendered by contingent self-esteem (Kernis, 2003; Ryan & Deci, 2004). As a consequence of the contingent self-esteem associated with conservatism, conservatives might be vulnerable

to ill-being. In this study, we found indeed that conservatism was related to depressive feelings, despair, and death anxiety and that these relations were accounted for by differences in contingent self-esteem.

Do the present findings indicate that conservatism is always dysfunctional? We believe they do not. It is striking that the direct associations between conservatism (and orientations closely related to conservatism) and ill-being are small and vary between studies. For instance, the concurrent association between right-wing authoritarianism and depressive symptoms varied from positive (i.e., the current study), over non-significant (e.g., Duriez, Klimstra, Luyckx, Beyers, & Soenens, in press), to negative (e.g., Choma, Busseri, & Sadava, 2009; Van Hiel & De Clercq, 2009). Given these inconsistent findings, it seems likely that associations between orientations such as right-wing authoritarianism and conservatism and adjustment depend on other features of individuals' psychosocial functioning. In this respect, the motivational dynamics behind conservatism may play an important role. On the basis of Self-Determination Theory (Deci & Ryan, 2000), it can be expected that individuals may adopt conservative beliefs for either controlled or autonomous motives. When regulated by controlled motives, people may adopt conservative beliefs to meet other people's demanding expectations (i.e., external regulation), to avoid feeling guilty, or to bolster their self-esteem (i.e., introjection). The dynamics of contingent self-esteem described in this study are consistent with such a controlled regulation of conservatism. However, although people may, on average, adopt conservative beliefs for controlled reasons, there might still be room to regulate conservatism on the basis of autonomous reasons as well. That is, people may adopt conservative beliefs because they wholeheartedly endorse those beliefs (i.e., identification) and brought them in line with deeply held preferences and interests (i.e., integration). We hypothesize that conservatism may only give rise to defensive mechanisms and ill-being when driven by controlled motives. When driven by more autonomous motives, conservatism may not yield such maladaptive outcomes and may even contribute to well-being. Some indirect evidence for this reasoning was obtained in a study by Smits, Soenens, Vansteenkiste, Luyckx, and Goossens (2010) who found that a normative identity style, which is similar to conservatism because it also entails the adoption of socially approved expectations, can be driven by either autonomous or controlled motives, and that a normative identity style was only related to low well-being when undergirded by controlled motives.

4.1. Limitations and future directions

The present study has a number of limitations. First, the sample was quite homogeneous in terms of ethnicity, socio-economic status, and educational level. It has been suggested that the association

between conservatism and well-being may differ depending on factors such as cultural background, socio-economic status, and nation-level differences in economic inequality (e.g., Napier & Jost, 2008; Rankin, Jost, & Wakslak, 2009). Accordingly, more research is needed to examine the generalizability of the tested model. Second, the cross-sectional design precludes drawing conclusions about causality. Experimental and longitudinal research is needed to, for instance, examine the direction of effects involved in the association between conservatism and contingent self-esteem. The adoption of conservative beliefs may increase the likelihood that people hinge their self-esteem on social approval. At the same time, people high on contingent self-esteem may adopt conservative beliefs to protect their vulnerable self-esteem. To date, the only relevant longitudinal findings on this topic were provided by Duriez et al. (in press). Particularly, Duriez et al. (in press) showed that, irrespective of participants' age, right-wing authoritarianism (a correlate of conservatism) predicted over-time increases in depression, whereas depression predicted neither over-time increases nor over-time decreases in right-wing authoritarianism. Longitudinal research is also needed to further examine age differences in the relation between conservatism and well-being (e.g., Cornelis et al., 2009). Possibly, as people grow older, they may not only become more conservative, but their motives for conservatism may also become more autonomous in nature. Thus, with increasing age people may not only increase in conservatism per se but may primarily increase in an autonomously regulated type of conservatism that contributes to rather than detracts from well-being. An important direction for future research, then, is to develop and validate an explicit measure of autonomous and controlled motives for conservatism. Longitudinal research using such a measure and relating it to secure and relatively less secure types of self-worth might yield new insights in the complex developmental dynamics involved in the relationship between conservatism and personal adjustment.

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