

Covid-19, Stress, Self-Esteem, Values, and Psychological Well-being:
How to assess risks of becoming depressed, anxious, or suicide prone?

By

Dr. Simon L. Dolan and Dr. Salvador Garcia Sanchez¹



Original limited lithography by Salvador Dali handed to participants of the 2nd International Symposium on the Management of Stress, Monte Carlo 1979. Reproduced with permission from the private collection of Simon L. Dolan, co-author of this paper.

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A few years back, we published several books dealing with Stress, Self -Esteem, Health and Work (Dolan 2007; Dolan & Arsenault 1980 and 2010; Dolan, García & Diez-Piñol, 2015). The books have been written in different languages for people at work that suffered from stress, depression, burnout and other psychological ailments. Mind you, similar to the current situation with the COVID-19 pandemic who is infecting millions of people throughout the globe, there were no (or very few reliable and valid measures) to detect chronic stress and to trace its impact of the psychological and physical health of the workers. Back in the 1980s, 1990s, 2000s the focus of research was really to develop models and reliable measures that will enable the true understanding and predictions of what was described as the “hidden Pandemic”; it has no color neither odor, but caused suffering, ill health and even deaths. The **WHO** is repeatedly releasing reports showing that every 40 seconds there is someone in the world that commits suicide due to depression and anxiety resulting from stress (WHO report, Sept. 9, 2019). Obviously, the signs and symptoms of acute stress are by far easier to detect and perhaps intervene, but the signs and symptoms of chronic stress are more complicated and resemble the COVID-19 individuals who are positive but show no symptoms. Once the manifestations of symptoms show, the disease is at a advanced state and intervention becomes more complicated. The same is true to chronic stress, by the time clear symptoms show, (can happen years later) interventions might be too late or more difficult to administrate. Thus, this led to the developments of thousands of researchers publishing articles which were targeted at modeling and measuring chronic stress in view of intervening and preventing depression, anxiety or even suicides, not to mention real physical diseases on time. It also led to the emergence of new “buzzwords” and syndromes in this field of stress, like burnout, personality prone to stress people (Type A), and alike. Similarly, a host of concepts borrowed from positive psychology were introduced to deal with acute and/or chronic stress such as resilience, hardiness, and recently mindfulness.

We, the authors of this paper, also contributed to the filed by adding and insisting on two components that might explain whether or not individual have the psychological resources to mitigate or by contrast to exacerbate the effects of stress; namely we proposed over the years that in 99% of work related stress is generated because our way to understand what is happening ; we propose that stress should be understood from a perceptual and cognitive angle; stress to a large extend depends on the eye of the beholder. Our cognitive interpretation of the situation depends on two inter-related yet independent variables: 1) our assessment of our level of “Self Esteem” (which in many cases is implicit hence we are not always aware of it) , and 2) our values (or our form of living that is either congruent or incongruent with our values) (Bao et al 2013; Dolan 2016). We argue that the communities of professionals who wish to help stress victims need a clear model and a reliable measure measure(s) of assessment characterized by relative simplicity in order to quickly understand the situation and intervening. By analogy, this is very similar (albeit another hidden enemy) like the current situation of COVID-19. In our published books we present the full complexity of the

stress model, hence stress is a multifactorial and multidisciplinary field of investigation. Nonetheless, for practical purposes, we noticed based on over 15 years' experience in detecting core values, that using simple heuristic models and tools, that are research-based, but does not deal with the phenomenon in its full complexity, provide the best solution for those suffer from stress, depression and anxiety. In the remainder of this paper, we will share the principal components of the model, its simple respective tools, and we will argue that can be used by anyone, ranging from people who will use it to undertake self-assessment, to professional that can reach a more refined assessment.

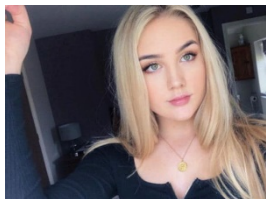
Brief background and conclusions about the importance of “self-Esteem” in the etiology of stress

There is ample research that deals with the importance of a person's image of self-value and self confidence in all aspects of human activity including work and non-work contexts. Studies all over the world have associated self-esteem with human health and psychological well-being. This effect may be interpreted through the scope of resources increase and active coping against life's problems. Moreover, there seems to be a strong antistressor impact on self-esteem regardless of the circumstances. High self-esteem is considered a fundamental aspect of personal well-being, happiness, and adjustment. Individuals with higher self-esteem are more satisfied with their lives, have fewer interpersonal problems, achieve at a higher and more consistent level, and are less susceptible to psychological problems as well as to a variety of physical illness than those with lower self-esteem.

Self-esteem refers to the positive or negative way people feel about themselves. self-esteem seems to be associated with stressors that have to do with emotion. Low self-esteem is sometimes also called low self-worth. It is perhaps, too early to speculate, but we argue that the people that suffer the most during the COVID-19 crisis, are those that have relatively low self-esteem. We predict that research in the future will reinforce this hypothesis. For the moment, we only have anecdotes and journalistic information that indirectly support this claim. Here is a typical example from India:

A string of suicides rocked India in different states in the past few days: a 61 years-old man ended his life by jumping off his second floor flat after penning a suicide note stating he was tired of the pandemic situation; a 31 years old man ended his life fearing he has contracted the Covid-19 infection; A 75 years old hanged himself and left a note that it was a coronavirus fear; a 30 years old asymptomatic man who was tested positive, committed suicide by slitting his throat while he was in isolation ward of a state run medical college

(Source: the Times of India, April 12,2020)



A “beautiful” teen who feared being isolated with coronavirus tragically died after attempting to take her own life. The young waitress, who had high-functioning autism, was said to have been unable to cope “with her world closing in, plans being cancelled

and being stuck inside” Emily was very concerned about coronavirus itself but more concerned about the mental health impact of isolation and the fear of the unknown,” Emily’s sister Annabel Owen, 21, said in a tribute, posted online.

(Source: news.com.au March 26, 2020)

Being cut off from friends and family, facing the monotony of the interior of our premises, mingled only with the prospect of losing our jobs in a looming economic crisis, and the fear of losing our own life and the life of those we love during the pandemic, can impact millions of us. Suicides hotlines in most European and north American continent sees a sharp rise. Again, we argue that substantially less people who has high self-esteem and who lives in congruence with their values, will be the one clogging on the hotlines or the one who commit suicide.

So, what more do we need to know about self-esteem? feelings of self-worth tend to drop under failure; people who fail are more concerned about self-protection in stressful situations, and they are more likely to have depressive attributions in response to negative events. They also tend to overgeneralize the negative consequences of a stressful situation and find it difficult to repair their negative moods. The effects of these maladaptive responses to stressful situations can be aggravated when stressors are perceived as threatening and uncontrollable, like the current pandemic situation. These can further impede an individual’s ability to cope successfully and, those perceptions only verify the initial negative biases. In line with our proposed cognitive model of stress, self-esteem is associated with adaptation to stressful situations by changing the impact of the appraisal during the adaptational process. Research has reported systematically that people with low self-esteem exaggerate the negative impacts on outcomes and those with high self-esteem, used more neutral appraisal to mitigate the negative outcomes. In other words, high self-esteem attenuated the detrimental effect of negative stressor appraisals on daily negative effect.

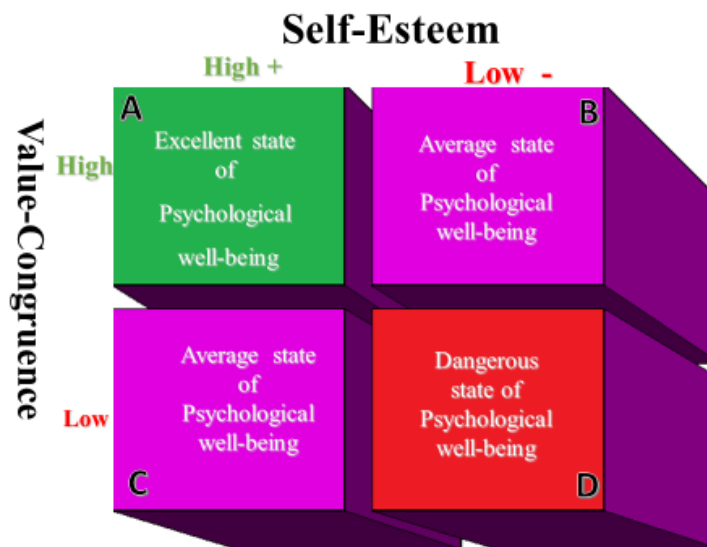
Brief background and conclusions about the importance of living in congruence or incongruence with your core values in the etiology of stress

Why Value incongruence? Our 35 years of accumulated research on values (García & Dolan 1997; Dolan, Garcia and Richley 2006, and Dolan 2011 and 2020, Garcia 2018) shows us very clearly that if we do not understand our core values, the ambiguity leads to stress and moreover, if we do not align our daily conduct to our core values, it leads to a state of incongruency and consequently leads to stress and a host of related psychological and physical ailments (Bao et al 2013, Dolan 2016). Again , while research on value congruence and stress is scant, the limited studies amongst clinicians working in intensive care units often exposed to numerous stressors (i.e., the risk of being infected by the Corona virus), shows that it affects their mental state and health; among them, those who understood clearly their values, report less symptoms of depression and had much more vigor to assume their responsibilities (eg. Lamiani, Dordoni and Argentero, 2017). In our own case, we have developed over the years a concept, a methodology and tools to measure values incongruence using a Triaxial Axes. Using

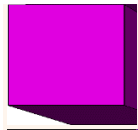
the latter, people can be helped in discovering what are their core values and how these are distributed along the axes. Our research shows that if you don't have a minimum of 1 values in each of the axis, the situation is not sustainable as incongruency frequently occurs. Moreover, if our daily conduct is not aligned with our core values, this incongruency leads to stress, depression, anxiety and other ailments (Dolan, 2020) . More information on the triaxial model and its relevance to the COVID/19 crisis, can be seen in a recent papers we have published in this Journal (Garti and Dolan , 2019; Dolan et al, 2020).

So, an interesting manner to assess a combined classification of Self-Esteem and values, can help map the probability of developing depression, anxiety and even suicides. Figure 1 proposes our classification:

Figure 1: A model of two-dimensional psychological state of well Being:
Application to the Covid-19 crisis and beyond



Quadrant A shows individuals who have relatively high level of self esteem and high level of congruency amongst their values. These people are in an excellent state of psychological well-being and the likelihood of people in this group to suffer from long episodes of depression, anxiety or even the likelihood that they will commit suicide is NUL (or very low). We think that these people are being characterized as what we label a “psychological resilience”.



Quadrants B and C shows people who have an average level of state of psychological well-being hence deficit in one dimension is compensated by surplus on the another dimension. The probability of people in this group to develop symptoms of depression and anxiety is mitigated by many other factors (i.e. the existence of support networks, the magnitude of the stressful event, etc.)



Quadrant D, shows people who are in the **danger zone**. We propose that people classified into this group might manifest symptoms of anxiety and depression that may lead to even suicides if there is no care or other type of assistance. A low self-esteem level coupled with high level of value incongruence is really a dangerous cocktail for psychic well-being, both in the work environment and in the personal sphere. Two problems that are often linked and that are also fed back. Its lethal combination causes psychological disorders of many sorts that can eventually be transferred to physical health problems, psychological problems and even to suicides.

The normal way to assess self-esteem is to combine a valid paper and pencil tool with other methods which may include projective tests and observations. Actually, there are tens of various validated assessments available, many which were developed for applications with children or adolescence, but others were developed for psychiatric wards and for adults in work settings. Nonetheless, most of them are not applicable to the context that we are living today during the COVID-19 confinement. In this period, we need to use a quick and virtual method(s) in order to virtually detect people who are in the danger zone with the view of reducing the probability of state depression or anxiety and mitigating the likelihood of suicide. Thus, we are aware of the tradeoff between scientific validity and practicality. Additionally, after long weeks of confinement, people that are being approached, albeit the paradox that it is for their own good, have no patience, and indeed they even become irritated with lengthy assessments. In this vein, we are proposing a “quick and dirty” assessment that can be used by almost any professional, and if risk has been detected, a health professional can be signaled for providing help. We have developed the tool based on Rosenberg scale that is often used by social workers. While the original tool is by itself short, it uses a 4 points rating scale, and we argue that these can be reduced to simply “yes” or “no” reply. Table 1 provides the list of questions:

Table 1: A quick assessment of Self-Esteem

For each of the questions describing your feelings, emotions, and actions, simply mark the yes or no option. Sometimes, answering it will not be easy, but still select if it is more a yes or more a no.

Question	Yes (or strongly agree)	No (or strongly disagree)
1. I feel that I am a person of worth. I am as good as anybody else		
2. I feel that there are a lot of good things about me		
3. I feel that I fail a lot		
4. I can do things as well as most other people		
5. I do not have much to be proud of		
6. I wish I had more respect for myself		
7. I feel useless at times		
8. Sometimes I think I am no good at all		
9. I like myself		
10. I am happy with myself		

Reverse the score for questions 3, 5, 6, 7,8 (if you answered yes – place an X in the No column, and if you marked No – place an X in the Yes column).

The scale ranges from 1 to 10. If you have accumulated a total of 6 and more no, it suggests low self-esteem. In order to calculate the quadrants proposed in Figure 1, we use a median split where 50%

above and below can be placed on the figure. (Modified from Rosenberg 1965):
<http://www.socialworkerstoolbox.com/rosenberg-self-esteem-scale/>. used with permission.

Similarly, the assessment of value congruence (and/or incongruence) is also fairly lengthy. In the field of values, there are also tens different manners to define values, to measure values and to connect them with real life conduct. In the past 35 years or so we have studied values, and the evolution of the research helped to frame a concept (Dolan et al, 2006, Garcia and Dolan 1997), a methodology (Dolan, 2011) and tools (Dolan, 2020). These were the fundamental principles for the development of the coaching by values community which until today teaches and certifies people in understanding and detecting what is important to them and helping them align their conducts with their values. In order to do that, we are applying methods that are fun and easy to use, based on gamification techniques and principles (Garti & Dolan, 2014). We also use a card game/tool called: the “Value of Values™” (see: www.learning-about-values.com or www.coachingxvalores.com). While we are trying to adapt these tools to the virtual reality in the COVID-19 context, we also developed a simple assessment based on 10 questions, that can be used in a cruder manner (see table 2). Imagine, that the assessment is being conducted by a virtual coach, a therapist, a psychologist, or other health professional in a form of an interview. It is the interviewer that keeps the assessment template at hand, and marks the answer in the corresponding columns. Based on this interview, diagnosis can be rendered in a few minutes. We argue that the beauty of the assessment is in its simplicity.

Table 2: A quick assessment of core values and conduct congruence

For each of the questions describing your knowledge of yourself and your, simply mark the yes or no option. Sometimes, answering it will not be easy, but still select if it is more a yes or more a no.

Question	Yes	No
1. From the hundreds of values that are important to you, can you identify clearly your 5 core values?		
2. Are you able to clearly place 5 core values in a hierarchy from the most important to the relatively least important		
3. Do you feel ambiguous about your core values?		
4. When there is a conflict between some of your core values, are you able to solve it quickly?		

5. All in all, do you feel that your daily conduct and behaviour (work and home) is aligned with your values?		
6. Do your core values serves you the same way at home and at work?		
7. Is your behaviour during crisis (like the Corona pandemic) is guided by your core value		
8. Do you keep on changing your core values to satisfy your surrounding (your partner , family and relatives)?		
9. Do you keep on changing your core values to satisfy your bosses and colleagues in work settings)?		
10. Would you agree that your core values and corresponding conduct are really meaningful and give essence to your life?		

The scale ranges from 1 to 10. If you have accumulated a total of 6 and more “no”, it suggests a relatively high level of value-incongruence. In order to calculate the quadrants proposed in Figure 1, we use again a median split where 50% above and below can be placed on the figure. (Modified from concepts developed by Dolan, Garcia and Richley (2006; Dolan, 2011 and 2020).

Conclusions:

In hospitals around the world, doctors, nurses and other healthcare workers are fighting an enemy that has already killed more than hundreds of thousands of people, including close to 60,000 in the United States alone. And as with any war, the fight against COVID-19 will result not just in direct casualties, but also take a terrible toll on the psychological state of many of those who survive.

It will be years before the mental health toll of the COVID-19 pandemic is fully understood, but some early data already paints a bleak picture. A study published March 23 in the **Journal of the American Medical Association (JAMA)** by Jianbo et al (2020) found that, among 1,257 healthcare workers working with COVID-19 patients in China, 50.4% reported symptoms of depression, 44.6% symptoms of anxiety, 34% insomnia, and 71.5% reported distress. Nurses and other frontline workers were among those with the most severe symptoms. Obviously, the COVID-19 represent a real and severe stress as they wonder about the adequacy of their protective gear, they were afraid of spreading the disease to their families and had to deliver service in an area that is still a puzzle and unknown not for the way it spreads but also the

choice of effective remedies and treatment. So, we do have early data on the symptoms of ailments, but we do not have data on the one that are resilient and can mitigate the negative psychological well-being. We claim that the one who have the least severe symptoms are the one that have high value of dedication to the profession, to the gift of providing care and similar social-ethical values. Their values and their conduct are very coherent. We also argue that most likely, at the same time, these people benefit from a high level of self-esteem. At this point, it is only a hypothesis, but with time we will find out if these assertions are true.

And, as to the general population, a recent paper by Pfefferbaum and North (2020) published in the *New England Journal of Medicine*, conclude that Millions of people are being impacted by the psychological fallout from the COVID-19 pandemic and its economic aftermath, and large numbers may experience emotional distress and be at increased risk of developing psychiatric/psychological disorders such as depression and anxiety. They have previously studied survivors of disasters including the 9/11 terrorist attacks and Hurricane Katrina, and call to monitor the psychosocial needs of their patients as well as themselves and fellow health care workers during this time. A recent review of the effects on quarantined people and health care providers in earlier disease outbreaks found stress, depression, insomnia, fear, anger, and boredom, among other problems. Interestingly enough, the co-author of the study. Dr. North also points out that a great number of people do not develop psychiatric ailments as they seem to be resilient (see: <https://www.news-medical.net/news/20200415/Depression-anxiety-may-be-side-effects-of-COVID-19-pandemic.aspx>). We argue, of course, that the different proportions of resiliency lies with people who have relatively high level of self esteem and high level of value congruence.

Helping people that are in the danger zone of being depressed and anxious or have high probability to commit suicide is very important. What needs to be done by coaches, therapists, psychologists and other health professionals is to be able to diagnose on time, and assess rapidly the emotional state of a person via virtual tools or face to face with a focus on combined levels of self-esteem and value incongruency. In order to do so, we need to deploy “quick and dirty” measures. During the COVID-19 confinement, emphasis should be placed on boosting self-Esteem and ensuring that people (be they health care workers or those confined at home) are consciousness of their core values (what is really important to them and that the latter are aligned with their realistic goals and objectives), as well as ensuring that self-esteem remains high. How to do that, might be a matter of another long paper, but in order to end the paper with a positive and optimistic note, we offer a list of selected tips that can be deployed and served instrumentally to those in need. It is not a panacea, but it offers self-help to many that are confined at home, and of course to health professionals who can expand their menu of remedies in concrete suggestions. Remember, priorities should be given to diagnose and provide help to those classified in **Quadrant D** (figure 1), but others can benefit from these tips as well.

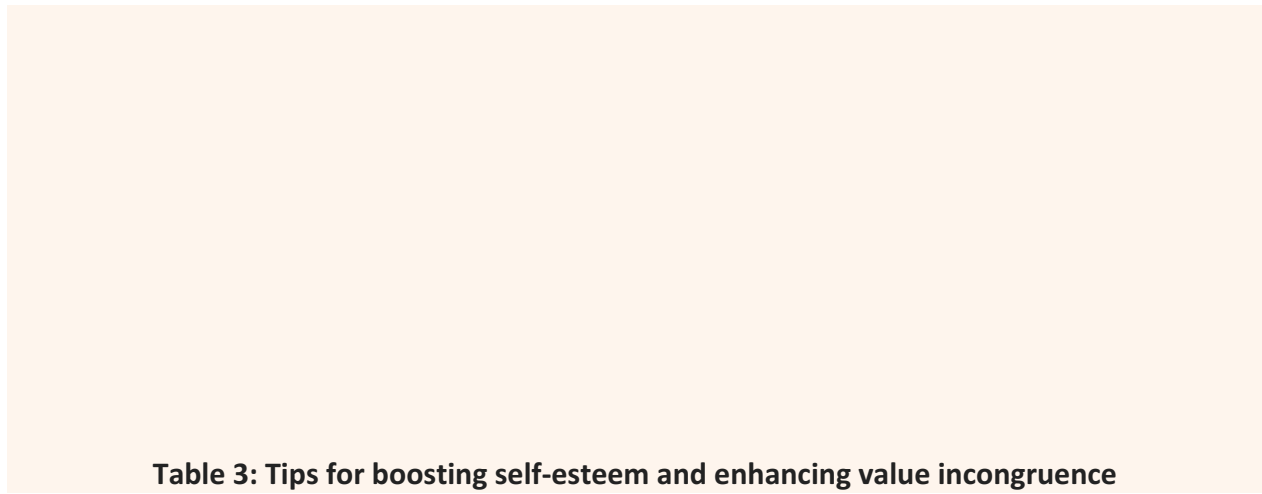


Table 3: Tips for boosting self-esteem and enhancing value incongruence

Tips for boosting your self Esteem	Tips for enhancing value congruence
Stop being overly critical of yourself	Identify 5 of your core values, place them in a Hierarchy, and ask yourself if you conduct your daily life in correspondence to this hierarchy
Don't compare yourself to others	Ensure that you have realistic goals and objectives, and that the values selected above, are aligned with these goals and objectives
Surround yourself with positive people	Understand that values are dynamic, they may change in different contexts; don't be disturbed by it, undertake the diagnosis for here and now
Stop giving so much importance to others' opinions	Make sure that the 5 values proposed above are very clear to you; define them clearly. Ensure that in case of conflict, you behave according to the hierarchy that you have identified
Don't berate yourself for making mistakes	Revise periodically your values and check the congruence in terms of time and efforts that correspond to the one that are top in your hierarchy
Stop repetitive negative thoughts.	Be openminded and not obsessive with your values, and allow some changes as contexts might change
Practice positive affirmations daily	

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About the authors



Dr. Simon L- Dolan (Ph.D) is a prolific author with over 75 books and 250 articles published in professional and scientific journals. He is currently the president of the not for the profit Global Future of Work Foundation (www.globalfutureofwork.com), and former Future of Work Chair professor at ESADE Business School. He is also the founder of the concept, methodology and tools of the Coaching and Leading by Values” (www.coachingxvalores.com and www.leadershipbyvalues.com). More on his activities at: www.simondolan.com



Dr. Salvador García (M.D.) is a Medical Doctor and a Social Humanist Psychologist. For years, he has been developing his vision of biopsychosocial health based on values. He is a professor of human resource Development and Entrepreneurship and Social Innovation at the University of Barcelona (UB). He has extensive experience in business humanization consulting. He studies and promotes the Triaxial Values Intelligence: which includes the components of ethical, pragmatic and emotional-generative axes. He is also a strong believer in the role of love, trust, and coherence that underpins the triaxial model of values. .