

## PROSPECTIVE ANALYSES OF CHANGES IN NEGATIVE SELF APPRAISALS AND DEPRESSION IN MEDICAL EXAMINER PERSONNEL

Elizabeth Brondolo, Ph.D., St. John's University, Elena M. Brondolo, SUNY New Paltz, Madeline Libretti, St. John's University, Douglas Delahanty, Ph.D. Kent State University

Although cross-sectional studies confirm a relationship between work-related stressors, negative cognitions, and depressive symptoms (Blackmore et al., 2007), there are more limited data available investigating the stability of these symptoms or identifying predictors of changes in depressive symptoms.

The aim of this study is to examine the stability of depressive symptoms and to determine if changes in self-appraisals predict changes in depressive symptoms in employees of medical examiner offices. Medical examiner offices are responsible for the determination of the cause and manner of death and the identification of victims. We specifically examined cognitions about stigmatization and ostracism. Traditionally in many cultures, a lower social status or even untouchable status is assigned to those whose occupational responsibilities include handling the dead (Thompson, 1991).

We examined the stability of depressive symptoms over an 18-24 month period. At Time 1 participants were enrolled in a nationwide study of work stress and health in medical examiners. About 18-24 months later, a subset of Time 1 ( $n = 73$ , (36 women)) participants were included in a second study which was a trial of a web-based intervention to prevent PTSD. Negative appraisals, in particular feelings of being stigmatized and ostracized because of the work experiences, were assessed with three items: "*I sometimes worry that I have been damaged somehow by this job*", "*I sometimes think I am different from other people, because of this job.*"; "*I sometimes worry that other people avoid me, because of what I do at work.*".

Depressive symptoms ( $r = .78$ ,  $p < .0001$ ,  $n = 73$ ) were relatively stable over time. From Time 1 to Time 2, 33 individuals had a decrease in depressive symptoms of one point or more, 9 had no change, and 31 had an increase in depressive symptoms of one point or more. Stigmatization appraisals were associated with depressive symptoms both at Time 1 ( $r = 0.54$ ,  $p < .0001$ ) and at Time 2 ( $r = 0.60$ ,  $p < .001$ ). Mixed models repeated measures analyses revealed that changes in stigmatization appraisals were significantly associated with changes in depressive symptoms ( $p < .02$ ). The data highlight the importance of considering the context in which employees are exposed to secondary trauma. Working with death may elicit concerns about stigmatization and ostracism which are potentially depressogenic.

CORRESPONDING AUTHOR: Elizabeth Brondolo, Ph.D., Dept. of Psychology, St. John's University, 8000 Utopia Parkway, Jamaica, NY 11439, USA [brondole@stjohns.edu](mailto:brondole@stjohns.edu)

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