Self-Esteem in Adolescent Girls' Depression

Leiyuan Fu^{1,a,*}

¹The Ohio State University, Columbus, OH, U.S. a. leiyuanfu@gmail.com *corresponding author

Keywords: self-esteem, depression, adolescent girls, self-criticism

Abstract: Depression is highly concerned among adolescents especially the adolescent girls since female are more prone to depression. However, how the depression happened on adolescent girls was unclear. From three aspects, this article reviewed the relationship between depression and self-esteem in girls' adolescent. The first aspect that could influence the self-esteem of adolescent girls was their body. When girls entered adolescent, they would care more about their body. Self-criticism was another element that could have a negative influence on adolescent girls' self-esteem. Microsystem, which meant the environment that had direct effect on adolescent girls, such as family and friends, could also affect their self-esteem. These findings suggest that the self-esteem plays the key role on depression in adolescent girls.

1. Introduction

Based on the World Health Organization, depression is expected to become the 2nd leading disease by 2020, which means depression is prevalence today. Depression is one of the most serious medical conditions. In the United States, 12.5% of people over the age of 12 have taken antidepressants in recent years (Pratt, L.A., Brody, D.J., and Gu, Q., 2017). Previous studies indicated that depression is a mood disorder which ranges from the normal and short-term depression of daily life to clinical syndrome, which was obviously different from normal situation (Bernard, 2018). The cognitive model of depression which was proposed by Aaron Beck pointed that depression is consistently linked with biased processing, including biased attention, biased memory, biased thoughts, rumination and dysfunctional attitudes. Depression symptoms consist of painful feelings, degradation of cognitive functions, motor inhibition, abulia, hypotonia, anguish and panic attacks, demotivation, isolation, apathy, hopelessness, difficulty to enjoy, and negative thoughts. Although these symptoms may bother people in any life stages, the depression disorder occurs more frequently in the female adolescence. Rates of school age children that ever-experiencing major depressive disorder range from 1.5 to 2.5 percent and for adolescents is 15 to 20 percent (Graber & Sontag, 2009). By about 15, the rate of depression in adolescent females is twice that of adolescent males. Why female adolescents suffered higher rates of depression symptoms than other life time? Many researches revealed that self-esteem may be a very important factor in the depression of adolescent girls. The definition of self-esteem is a general feeling of self-evaluation including, self-worth, self-acceptance, and selfrespect (Stanislava Popov, 2019). Furthermore, self-esteem is formed at the early stage of human development, which maintain constant for a long period, and is not affected by time change (J.D. Campbell, 1990). Nevertheless, whether there is a correlation between depression in adolescent girls

and self-esteem is on a debate. Some researchers believed that a correlation between self-esteem and depression was significant. Low self-esteem was implicated in anxiety, overweight and obesity, suicide, depression, and delinquency (Blanco & others, 2014; & Leitzel, 2013; Zeigler-Hill, 2013). Another recent study also found that decreasing and low self-esteem in adolescence was associated to adult depression two decades later (Steiger & others, 2014). This article aims to review the scientific evidence in recent years to declare the association between self-esteem and depression in girls' adolescence.

For understanding the mechanism of depression better, refining the theoretical model of depression development is necessary. Through the summarization of the self-esteem and the theoretical model of depression development, the reason why depression frequently happened in adolescent girls would be explained more clearly. In addition, this article also has the clinical meaning. After we have clarified the self-esteem and the theoretical model of depression development, more effective treatment program could be designed to prevent depression by targeting the change of theself-esteem factor.

The aim of this article is to review three aspects which can affect the relationship between self-esteem and depression: body, self-criticism and microsystem. The body includes body image and the body objectification. These two things play important role in self-esteem and can affect the self-esteem in adolescent girls. The self-criticism contains three models: the vulnerability model, the "scar" model, and the reciprocal-causality model. These three models can talk about how self-criticism is related to depression and self-esteem. The microsystem is basic level in the ecological system. The microsystem is the direct environment which is directly contacted with you in our lives. And in the microsystem, such as your family and friends can affect the self-esteems in adolescent girls and which may trigger the depression (Sündüs Sancakoglu and M. Kemal Sayar, 2013).

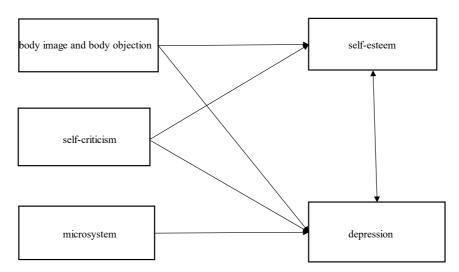


Figure 1. The relationship among body image, body objection, self-criticism, microsystem, self-esteem, and depression.

2. The Relationship among Body, Self-Esteem, and Depression

Body image is defined as the person's sense of their body function and physical appearance (Pedro Delgado-Floody et al., 2018). The psychosocial dysfunction may be resulted from negative body-image of self-evaluation. In Western cultures, body dissatisfaction frequently occurred in adolescents (Ricciardelli & McCabe, 2001). The association between body dissatisfaction and depressive mood in girls' adolescent has been mediated by distress, low self-esteem (Cash, 2002). Adolescent girls pay

more attention in their body image and therefore body dissatisfaction have a very negative impact on their self-esteem. According to some researches for adolescents (both boys and girls), body image was the strongest correlate of general self-esteem (e.g., DuBois et al., 2000), and when adolescent girls had a low self-esteem, it might cause the depression.

Besides the body image, body objection is another term, which is relavant to the self-esteem in adolescent girls. Since body image is a person's feelings about his or her appearance and his or her ability to accurately describe one's body, body objectification is a different thing. In the contrast, body objectification is the processing of imaging one's own body in another's eyes, that is our appearance in third-personal perspective. Indeed, there is a moderated association between body objection and negative body image through the previous research (Tolman & Porche, 2000). Based on through the previous research, we can find the relation between the body objection and the self-esteem. (McKinley, 1998; McKinley & Hyde, 1996). When the body objection in adolescent girls is negative, they may get a low self-esteem and depression.

3. The Involvement of Self-Criticism in Self-Esteem

There is a strong association between the low self-esteem and the self-criticism. Previous clinical studies have shown that the self-criticism may result in the low self-esteem. The longitudinal effect of self-criticism on depressive symptoms among early adolescent girls was consistent with previous research depicting self-criticism as a serious vulnerability factor. D.M. Dunkley and C.M. Grilo made a hypothesized structural model which shows the associations between self-esteem, depressive symptoms, self-criticism, and over-evaluation of shape and weight. For this model, self-criticism was relevant to the self-esteem which was relevant to the depression symptoms. There were three models in self-criticism (Golan Shahar et al., 2004), which was the possible relations between personality and depression: The Vulnerability Model, The "Scar" Model, and the Reciprocal-Causality Model.

Individuals which is constrained by their personality vulnerabilities, were more likely to experience depression in responding disruptive life experiences (Brown & Harris, 1978). This stress-diathesis model (Monroe & Simons, 1991) has dominated research on personality and depression in the last two and a half decades (see review by Coyne & Whiffen, 1995). In the Vulnerability Model, there was a hypothesis called "congruency hypothesis" (Zuroff & Mongrain, 1987). This hypothesis was formulated by the introduction of the construction of autonomy and sociotropy (Beck, 1983) and self-criticism and dependency (Blatt & Zuroff, 1992) as personality dimensions of vulnerability. This hypothesis states that only when a person, who has extrem tendencies of desociotropy or dependency, is under the situation that something he or she cares most, such as maintain protective and close interpersonal relations, are threatened by interpersonal stressful events, such as loss, abandonment, confrontations, and rejection, he or she are expected to experience depressive symptoms. Similarly, only when individuals, who have extreme autonomy or self-criticism, is under the situations that their priciple concerns, such as keeping diffreciation with power and achievement, are threatened by events wich is related to faliures, such as being lard-off or exam failure, they are expected to experience depressive symptoms.

Coyne and colleagues (Coyne & Calarco, 1995; Coyne, Gallo, Klinkman, & Calarco, 1998; Coyne & Whiffen, 1995) argued that dependency/sociotropy and self- criticism/autonomy served as outcomes, rather than vulnerability factors, of depression. Coyne and colleagues puted more forth on the argument which was linked to the scar hypothesis (Rhode, Lewinsohn, & Seeley, 1990), because the personality changes of depression was similar to the way a scar which evolved around a wound. Some researchers found that depression can cause the changing of the personality such as a decrease of participants' interpersonal skills, changes in patients' neuroticism and extraversion and lowered

the likelihood of women's developing secure attachments during young adulthood (Rhode et al. 1990; Santor, Bagby, and Joffe, 1997; Burge, and Hammen, 1997).

In the Reciprocal-Causality Model, the thing that should be noted is that the vulnerability and "scar" models were not mutually exclusive, because personality and depressive symptoms might be reciprocally related (Zuroff, Igreja, and Mongrain, 1900). Researchers followed 46 undergraduate females over a 12-month period. Serveying of dependency, self-criticism, and depressive symptoms were administered at baseline and 12 months later. After the study, they concluded found a significant interaction between depressed affect and self-criticism. This model may best interpret the association between the self-criticism, the self-esteem and the depression (figure 1).

4. The Relation among Microsystem, Self-Esteem, and Depression

The Ecological Systems theory proposed that there were many types of environmental systems and these systems can influence human development. The microsystem is basic level in this system. The examples of microsystem are your family, neighbours, classmates, teachers, which are directed environment in our daily lives. All of these environments that can influence us directly are involved in the microsystem. And the elements, which are included in the microsystem can affect adolescent girls' self-esteem and which is related to the depression.

Family is the most important element in the microsystem and can easily affect adolescent girls. The education level and the income level of parents can influence the self-esteem in adolescent girls directly. Sündüs Sancakoglu and M. Kemal Sayar researched the relationship among the education level of parents, self-esteem and the depression. The research showed that the low education level of parents was related to higher rates of depression and trait anxiety. Hammen and Rudolph found that limited family income level and low parental education level are two of the factors that affect depression.

The peer relationship was another element in the microsystem, and which can affect the self-esteem in adolescent girls. One of the methods that adolescent girls use to maintain and keep their important relationship was to decrease or silence their own desires and needs. Gilligan described this pattern as "loss of voice" (Brown & Gilligan, 1992; Gilligan, 1982), while Harter and his collegue describe this pattern as "false-self behavior" (Harter, Waters, & Whitesell, 1997), and Jack and Dill descirbed it as "silencing the self" (Jack & Dill, 1992). The influnce of this behavior was that the adolescent girls would remove their true self. Many researchers have conducted research, and the results show that the difficulty in maintaining one's true self or maintaining authentic in relationships is related to despair, low self-esteem, inferiority, and depression mood (Harter et al., 1997; Harter, Waters, Pettitt et al., 1997; Jack & Dill, 1992; Smolak & Munsterieger, 2002; Thompson, 1995). Also, being like or dislike (rejected) in peer relationships could also have impact on self-esteem in adolescent girls. The adolescent girls who were rejected by their peers tend to have a lower self-esteem and (O'Brien & Bierman, 1988), and might contribute to the development of depressive problems (Monroe & Hadjiyannakis, 2002).

Romantic relationship is also an element in microsystem that can affect the self-esteem with the depression. Adolescent single girls with past dating experiences have lower self-esteem than their peers who have dated or never dated. Among adolescents who have dating experience, their psychosocial well-being and academic can be undermined if they have ever experienced over-dating, sexual activities, early dating, and breakup experiences. (Xuan Lia, Ching-Yu Soar Huangb, April Chiung-Tao Shenc, 2018). These researchers found that the adolescents who currently dating with someone else or the adolescents who never dated before have less depression symptom than their conterparts who are single and also have past dating experience.

5. Limitations and Future Direction

Some researchers think the level of self-esteem effect on depression indirectly, such as Adela Yarcheski and Noreen E. Mahon, who did a research about the causal model of the state anxiety, perceived stress, self-esteem, gender and depression. Through their study the data they collected, both gender and self-esteem effect on depression indirectly. However, the final samples of European American were 72% and the African American, Latino, Indian, or Asian American were 28%. As the culture difference may influence the results of the research, the data they get may not be accurate.

In this paper we have discussed the elements which can cause a low self-esteem and how low self-esteem is related to the depression in adolescent girls. The future research could focus on how to use self-esteem to treat depression from the clinical perspective. From the book Abnormal Psychology, which is written by Jill M. Hooley, James N. Butcher, Matthew K. Nock and Susan Mineka, the cognitive-behavioral perspective of abnormal behavior usually focuses on how thought and information processing can become distorted and lead to maladaptive emotions and behaviors. And the treatment for change the distorted thoughts and behavior was called Cognitive-Behavior Therapy (CBT). The CBT is a psychotherapy that focuses on modifying dysfunctional emotions, behaviors, and thoughts by finding out the irrational and negative beliefs and then interrogating them. As low self-esteem can cause a distorted thought about one's self, the future research can study how to focus on how to use CBT to treat depression of the adolescent girls by increasing their self-esteem with the three elements that are discussed in the paper. For instance, when the adolescent girls have a negative body image about themselves, we can use CBT to change their body image and modify their distorted thought about themselves.

The future research can also focus on how to prevent depression by preventing adolescent girls from low self-esteem. Because adolescent girls may spend more time at school than at home, the school education takes an important role in this prevention. In the future we can study how to increase the self-esteem of adolescent girls through school education and As we discussed before, the peer relation is important in the microsystem and a negative peer relation can cause a low self-esteem in adolescent girls, thus, schools can increase the self-esteem of adolescent girls by teaching students how to maintain good relationships with peers and how to become friends with peers. Moreover, a good school education can also give a better environment and atmosphere in the school. A good atmosphere and environment can give positive impact on students such as give them more chances to make friends and remove the negative things such as reduce the school bullying. These things can prevent students from a low self-esteem and the depression.

References

- [1] Pratt, L.A., Brody, D.J., and Gu, Q. (2017). Antidepressant use among persons aged 12 and over: United States, 2011-2014. In NCHS Data Brief, no. 283 (National Center for Health Statistics), pp. 1–8.
- [2] Popov, S. (2019). When is Unconditional Self-Acceptance a Better Predictor of Mental Health than Self-Esteem?. Journal of Rational-Emotive & Cognitive-Behavior Therapy, 37(3), 251-261.
- [3] Bernard, J. E. R. (2018). Depression: A review of its definition. MOJ Addict. Med. Ther, 5, 6-7. Sontag, L.M., Graber, J., Brooks-Gunn, J., & Warren, M.P. (2008). Coping with social stress: Implications for psychopathology in young adolescent girls. Journal of Abnormal Child Psychology, 36, 1159–1174.
- [4] Campbell, J.D.: 1990, 'Self-esteem and clarity of the self-concept', Journal of Personality and Social Psychology 59, pp. 538–549.
- [5] Dunning, D., A. Leuenberger and D.A. Sherman: 1995, 'A new look at motivated inference: Are self-serving theories of success a product of motivational forces?', Journal of Personality and Social Psychology 69, pp. 58–68.
- [6] Taylor, S.E. and J.D. Brown: 1988, 'Illusion and well-being: A social psychological perspective on mental health', Psychological Bulletin 103, pp. 193–210
- [7] Markus, H.R. and S. Kitayama: 1991, 'Culture and the self: Implications for cognition, emotion, and motivation', Psychological Review 98, pp. 224–253.

- [8] Diener, E. and M. Diener: 1995, 'Cross-cultural correlates of life satisfaction and self-esteem', Journal of Personality and Social Psychology 68, pp. 653–663.
- [9] Epstein, S.: 1973, 'The self-concept revisited or a theory of a theory', American Psychologist 5, pp. 404–416.
- [10] Blanco, C., & others (2014). Risk factors for anxiety disorders: Common and specific effects in a national sample. Depression and Anxiety, 31, 756–764.
- [11] O'Brien, E.J., Bartoletti, M., & Leitzel, J.D. (2013). Self-esteem, psychopathology, and psychotherapy. In M.H. Kernis (Ed.), Self-esteem issues and answers. New York: Psychology Press.
- [12] Zeigler-Hill, V. (2013). The current state of research concerning self-esteem. In V. Zeigler-Hill (Ed.), Self- esteem. New York: Psychology Press.
- [13] Steiger, A.E., Allemand, M., Robins, R.W., & Fend, H.A. (2014). Low and decreasing self-esteem during adolescence predict adult depression two decades later. Journal of Personality and Social Psychology, 106, 325–338.
- [14] Delgado-Floody, P., Caamaño-Navarrete, F., Jerez-Mayorga, D., Guzmán-Guzmán, I. P., Cofré-Lizama, A., & Martínez-Salazar, C. (2018). Body image dissatisfaction and its association with antropometrics parameters, weight status and self-esteem in Chilean schoolchildren. Archivos Latinoamericanos de Nutricion, 68(4).
- [15] Ricciardelli, L. A., & McCabe, M. P. (2001). Dietary restraint and negative affect as mediators of body dissatisfaction and bulimic behavior in adolescent girls and boys. Behaviour Research & Therapy, 39, 1317–1328
- [16] Cash, T. F. (2002). Cognitive behavioral perspectives on body image. In T. F. Cash & T. Pruzinski (Eds.), Body image: A handbook of theory, research and clinical practice (pp. 38–46). New York: Guilford.
- [17] Tolman, D. L., & Porche, M. V. (2000). The Adolescent Femininity Ideology Scale: Development and validation of a new mea- sure for girls. Psychology of Women Quarterly, 24, 365–376
- [18] McKinley, N. M. (1998). Gender differences in undergraduates' body esteem: The mediating effect of objectified boy con-sciousness and actual/ideal weight discrepancy. Sex Roles, 19, 113–123.
- [19] McKinley, N. M., & Hyde, J. S. (1996). The Objectified Body Con-sciousness Scale: Development and validation. Psychology of Women Quarterly, 20, 181–215.
- [20] Brown, G. W., & Harris, T. (1978). Social origins of depression: A study of psychiatric disorders in women. London: Tavistock.
- [21] Monroe, S. M., & Simons, A. D. (1991). Diathesis-stress theories in the context of life stress research: Implication for the depressive disorders. Psychological Bulletin, 110, 406–425.
- [22] Coyne, J. C., & Whiffen, V. E. (1995). Issues in personality as diathesis for depression: The case of sociotropy-dependency and autonomy-self-criticism. Psychological Bulletin, 118, 358–378.
- [23] Zuroff, D. C., & Mongrain, M., (1987). Dependency and self-criticism: Vulnerability factors for depressive affective states. Journal of Abnormal Psychology, 96, 14–22.
- [24] Beck, A. T. (1983). Cognitive therapy for depression: New perspectives. In P. J. Clayton & J. E. Barett (Eds.), Treatment of depression: Old controversies and new approaches (pp. 265–290). New York: Raven.
- [25] Blatt, S. J., & Zuroff, D. C. (1992). Interpersonal relatedness and self-definition: Two prototypes for depression. Clinical Psychology Review, 12, 527–562.
- [26] Coyne, J. Č., & Calarco, M. (1995). The experience of depression: Results from focus groups. Psychiatry, 58, 149–163
- [27] Coyne, J. C., Gallo, S. M., Klinkman, M. S., & Calarco, M. M. (1998). Effects of recent and past major depression and distress on self-concept and coping. Journal of Abnormal Psychology, 107, 86–96.
- [28] Coyne, J. C., & Whiffen, V. E. (1995). Issues in personality as diathesis for depression: The case of sociotropy-dependency and autonomy-self-criticism. Psychological Bulletin, 118, 358–378.
- [29] Rhode, P., Lewinsohn, P. M., & Seeley, J. R. (1990). Are people changed by the experience of having an episode of depression? A further test of the "scar" hypothesis. Journal of Abnormal Psychology, 99, 264–271.
- [30] Santor, D. A., Bagby, R. M., & Joffe, R. T. (1997). Evaluating stability and change in personality and depression. Journal of Personality and Social Psychology, 73
- [31] Davila, J., Burge, D., & Hammen, C. (1997). Why does attachment style change? Journal of Personality and Social Psychology, 73, 826–838.
- [32] Zuroff, D. C., Igreja, I., & Mongrain, M. (1990). Dysfunctional attitudes, dependency, and self-criticism as predictors of depressive mood states: A 12-month longitudinal study. Cognitive Therapy and Research, 14, 315–326
- [33] Brown, L. M., & Gilligan, C. (1992). Meeting at the crossroads: Women's psychology and girls' development. Cambridge, MA: Harvard University Press.
- [34] Gilligan, C. (1982). A different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.
- [35] Harter, S., Waters, P. L., & Whitesell, N. R. (1997). Lack of voice as a manifestation of false self-behavior among adolescents: The school setting as a stage upon which the drama of authenticity is enacted. Educational Psychologist, 32, 153–173.

- [36] Jack, D. C., & Dill, D. (1992). The silencing the self scale: Schemas of intimacy associated with depression in women. Psychol- ogy of Women Quarterly, 16, 97–106.
- [37] Harter, S., Waters, P. L., Pettitt, L., Whitesell, N. R., Kofkin, J., & Jordan, J. (1997). Autonomy and connectedness as di-mensions of adult relationship styles. Journal of Social and Personal Relationships, 14, 147–164.
- [38] Smolak, L., & Munstertieger, B. F. (2002). The relationship of gender and voice to depression and eating disorders. Psy-chology of Women Quarterly, 26, 234–241.
- [39] Thompson, J. M. (1995). Silencing the self: Depressive symptoma-tology and close relationships. Psychology of Women Quar-terly, 19, 337–353.
- [40] Monroe, S. M., & Hadjiyannakis, K. (2002). The social environment and depression: focusing on severe life stress. In H. I. Gotlib & C. L. Hammen (Eds.), Handbook of depression (pp. 314–340). New York: Guilford.
- [41] Bernard, J. E. R. (2018). Depression: A review of its definition. MOJ Addict. Med. Ther, 5, 6-7.
- [42] Yarcheski, A., & Mahon, N. E. (2000). A causal model of depression in early adolescents. Western journal of nursing research, 22(8), 879-894.
- [43] Dunkley, D. M., & Grilo, C. M. (2007). Self-criticism, low self-esteem, depressive symptoms, and over-evaluation of shape and weight in binge eating disorder patients. Behaviour research and therapy, 45(1), 139-149.
- [44] Shahar, G., Blatt, S. J., Zuroff, D. C., Kuperminc, G. P., & Leadbeater, B. J. (2004). Reciprocal relations between depressive symptoms and self-criticism (but not dependency) among early adolescent girls (but not boys). Cognitive therapy and research, 28(1), 85-103.
- [45] Hammen C, Rudolph KD (2003) Childhood Mood Disorders.EJ Mash, RA Barkley, eds. Child Psychopathology, 2nd Ed. New York: Guilford Press.
- [46] Xuan Li, Ching-Yu Soar Huang, April Chiung-Tao Shen. (2019). Romantic involvement and adolescents' academic and psychosocial functioning in Chinese societies. Children and Youth Services Review 96, 108–117
- [47] Sancakoğlu, Sündüs, and M. Sancakoğlu, S., & Sayar, M. K. (2012, December). Relation between socioeconomic status and depression, anxiety, and self-esteem in early adolescents. In Yeni Symposium (Vol. 50, No. 4).
- [48] DuBois, D. L., Tevendale, H. D., Burk-Braxton, C., Swenson, L. P., & Hardesty, J. L. (2000). Self-system influences during early adolescence: Investigation of an integrative model. The Journal of Early Adolescence, 20(1), 12-43.
- [49] Hooley, J. M., Butcher, J. N., Nock, M., & Mineka, S. (2017). Abnormal psychology. Edinburgh: Pearson