

The Review of Depression and Self-Esteem

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ABSTRACT

Despite the extensive literature on depression and self-esteem, the underlying relationship between them remains unclear. The purpose of the present study is to systematically summarize the models, effects, and relationship between depression and self-esteem. The results showed that there was the most support for the vulnerability model, which proposed that self-esteem had a large effect on depression, and less support for the scar model which assumed that depression affected self-esteem and minimal support for the common factor model. Meanwhile, despite the existence of the scar model, no studies have concluded that depression affects self-esteem. These findings are remarkable for furthering the understanding of the effects of depression on self-esteem and their implications for treatment.

Keywords: *Depression, Self-Esteem, Vulnerability model, Scar Model, Common Factor Model.*

1. INTRODUCTION

Depression has become an increasingly serious and common disease in people's lives. At the same time, it is also the performance of psychological adjustment dysfunction [1]. The World Health Organization reported that compared with many traditional diseases, depression has become the most concerning disease in the world. Depression is defined as a kind of mood disorder with significant and lasting depression, retardation of thinking, impairment of cognitive function, decreased will activity and physical symptoms as the main clinical characteristics. For individuals, depression has brought serious physical and psychological damage to patients, severely reduced the quality of life, brought great economic and psychological pressure to families, and caused increasingly serious negative impacts on society [1]. Severe depressive disorder has widespread effects and is associated with high recurrent. It is often related to the impairment of function in the areas of interpersonal and health and is associated with higher rates of suicidal behavior [2]. The incidence of depression is related to factors such as age, race, gender, marriage, economic status, social environment, life events, education level, and stress [1]. Until now, the etiology of depression is not clear, the pathogenesis is complex, but plenty of research suggests that self-esteem may affect depression. The vulnerability model of depression suggests that depression is partly influenced by self-esteem and many studies have also confirmed this model.

The precise concept of self-esteem first appeared in the late 19th century proposed by James [3], the founder of functionalist psychology. James combines complex concepts into a simple formula: self-esteem is equal to successes divided by pretensions, that is, self-esteem depends on the ratio of achievement to the desire for achievement. As an objective evaluation index of individual ability, achievement represents the individual's real self, while the desire for achievement is the embodiment of the individual's intrinsic motivation and represents the ideal self. The separation of the actual self and the ideal self-results in the loss of the sense of individual competence, which in turn leads to the lack of self-esteem experience. Therefore, in James' definition, competence is the decisive factor of the level of self-esteem. However, associating behavioral outcomes with self-esteem haphazardly also casts James' point into great question. Rosenberg proposes that self-esteem is a different attitude toward a specific thing called self, and high self-esteem means that individuals consider they are good enough [4]. Based on the perspective of social psychology, Rosenberg assumed that self-esteem, as an attitude, should follow social rules of judgment and norms of behavior, acceptance, and recognition under certain social standards are also the source of self-esteem experience. Thus, in Rosenberg's view, the main component of self-esteem is worthiness. As a single factor concept of self-esteem, this viewpoint also provides convenient conditions for measurement. Rosenberg compiled the Rosenberg Self-esteem Scale, the wide assessment tool to measure self-esteem in the

world. From a phenomenological perspective, Mruk constructed a competence value model of self-esteem, arguing that only self-esteem with both competence and sense of value is truly high self-esteem, while high self-esteem in a single dimension will form defensive self-esteem [5]. This conceptual form has been supported by numerous empirical studies and its model has provided a model for subsequent thinking and exploration of self-esteem type studies [6].

At present, there are many related studies on depression and self-esteem, but the conceptual explanations of depression and self-esteem are relatively messy, and the explanation of depression and self-esteem is not systematic and clear enough. Therefore, this review aims to provide a systematic understanding of the relationship between depression and self-esteem. Specifically, the present review summarizes theoretical and empirical studies related to depression and self-esteem. It can inspire the prevention and treatment of depression.

2. THEORETICAL MODELS

2.1. The Vulnerability Model

In the vulnerability model, low self-esteem makes individuals more prone to depression. Low self-esteem also predicts future depression, with underlying mechanisms acting through interpersonal and intrapersonal. The first pathway of interpersonal is that individuals with low self-esteem tend to seek excessive support from friends leads to an increased risk of depression when rejected by friends [7]. The second pathway of interpersonal is that people with low self-esteem tend to seek to validate negative self-concepts, and for this purpose, they seek negative feedback from those around them, when close friends reject feedback, it may destroy the relationship, which leads to a lack of social support and ultimately to depression [8,9]. The third pathway of interpersonal is that low self-esteem can lead to social impairment and thus less social support, which is associated with depression. Specifically, people with low self-esteem behave more negatively than normal when rejected by intimacy, in which case they tend to be more negative towards family and friends, and intimacy is destroyed so that attachment and satisfaction are not available [10]. The last pathway of interpersonal is that low self-esteem individuals have little difficulty engaging in prosocial behaviors and instead engage in the antisocial behavior involved in the aggression, which can lead to their exclusion and alienation from people [11]. The underlying intrapersonal pathway by which self-focus maybe for low self-esteem to lead to depression [12]. Individuals with low self-esteem ignore the positive aspects of themselves and choose to focus more on the negative aspects of themselves, creating a vicious circle that leads to increased depression [12]. In addition to

vulnerability effects that may work through psychological pathways, biological factors may also play a role, specifically, the underlying biological mechanism of self-esteem, and its relationship with psychological adjustment may also be an influencing factor. In general, seeking inappropriate reassurance needs and demands from intimate relationships and seeking out negative feedback in intimate relationships are associated with low self-esteem and depression.

2.2. The Scar Model

The scar model point to that person with depression can have low self-esteem outcomes. This is the exact opposite of the vulnerability model. Specifically, depression is thought to consistently impair self-esteem, the negative effects persisted after the depression ended, that is, depressing experiences can leave scars on the self-concept of an individual, and self-esteem gradually develops over time eroded [13,14]. A study found depression has a traumatic effect on self-esteem through interpersonal and introspective psychological pathways, even if the effect is small but significant [15]. Social intimacy and social networking are important components of self-esteem, and depression can hinder this interpersonal pathway. Another interpersonal pathway is that others may change their perceptions of people with depression, these manifestations may be last for a long time and the individual is valued less by others than before, or the person is not valued as much as before, also treated in a way that degrades the person's self-esteem, even after the depression has resolved [7]. One possible intrinsic pathway is that depressive experiences may affect self-esteem through continuous changes in the way individuals process self-relevant information. In other words, depression with chronic negative emotions may lead individuals to selectively notice, encode, and retrieve information from themselves. Negative information results in more negative self-evaluation.

2.3. The Common Factor Model

Researchers argued that depression and self-esteem are inherently one construct but two extremes of a continuum [16]. This view holds that depression and self-esteem are attributed to broader constructs of negative emotions. At the same time, a large proportion of variance is shared between the two models. Watson [16] suggested that the traits of depression and self-esteem not be distinguished into two constructs.

Second, self-esteem was more stable (i.e., rank-order stability) relative to depression, as a result of different underlying causal dynamics, self-esteem is basically stable across lifetimes [17].

Finally, new evidence has emerged from the study using genetic information research designs that show distinct influences on depression and self-esteem by

genetic factors, suggesting that the influence on self-esteem is different from the influence on depression by genetic factors [17].

3. EMPIRICAL EVIDENCE

3.1. Self-esteem affects depression

The expected effect of self-esteem on depression has been explored in many studies. In a study of adults, self-esteem was a significant predictor of depression within 9 months. Subsequent studies which controlled for everyday stressors and reduced more uncontrollable factors still showed similar results to previous studies [17]. In another study based on adult data, the researchers found self-esteem can predict depression over two years, and a subsequent study in participants with daily life stressors found that unanimous conclusion [18]. In an analysis of data from adults with a previous major mental disorder, daily anxiety links to self-esteem before depression, and depression was significantly predicted over the next year or so. [19].

There are also many studies revealing the impact of self-esteem on depression in adolescents. In a study of 852 secondary school students in Malaysia, it was found that self-esteem was significantly negatively correlated with depressive symptoms in adolescents, and higher self-esteem was related to lower symptoms [20]. In another study of 182 Italian adolescents, analysis of data obtained through self-report and anonymous questionnaires found that self-esteem was the most powerful predictor in adolescent depression [21]. In an analysis of data from 467 middle school students in Chile, the correlation coefficient between adolescent self-esteem and depression was high and significant [22].

A sample of many college students has also been used for related research, investigating their responses to stressful academic events. Students were assessed before and after midterm grades were known, and among low-achieving students, low self-esteem predicted depressive symptoms over time [23]. Yüçens et al found that college students' high academic stress and low self-esteem due to Internet addiction predict depressive symptoms [24]. Other research on college students confirms that self-esteem predicts depression when dealing with other types of events or everyday worries [25,26]. The above studies show that self-esteem has a significant predictive effect on depression.

Unstable self-esteem may predict future depression. A strong positive correlation was found between unstable self-esteem and initial symptoms of depression, suggesting that unstable self-Esteem is often linked to major depression [27].

3.2. Reciprocal effects

Only a few studies have analyzed the reciprocal prospective relationship between depression and self-esteem. In a data of 260 adults with serious mental disorders, researchers took latent variable models and cross-lagged regression models, the effect of depression on self-esteem was found to be significant in the time interval (from baseline to 4 months) but not in the other time interval (from 4 months to 9 months) [14]. Therefore, the findings support the scar hypothesis instead the vulnerability hypothesis.

In another study, Ormel et al. collected data from a large number of Dutch people, adopting annual assessments of self-esteem and major depressive episodes (MDE) to analyze three years of data [28]. They found that low self-esteem predicts MDE in the next two years, that is, people with low self-esteem in the first year may be more likely to have MDE in the following two years and self-esteem has an equally significant effect on depression in people with MDE relapse. In contrast, Ormel et al found no evidence of a prospective effect of depression on self-esteem; that is, those who experienced MDE in the second year (rather than the first or third year) people are not very likely that self-esteem has dropped in these three years [28]. Thus, the results of the two studies were inconsistent.

3.3. Depression affects Self-esteem

Surprisingly, apart from the studies that tested the interaction mentioned above, no studies have found any effect of depression on later self-esteem levels after controlling for prior levels of self-esteem. This may be caused by the complicated effect of depression on self-esteem, and the current evidence is not enough to conclude about the effect of depression on self-esteem. Specifically, even though clinical depression patients are often accompanied by low self-esteem, this does not mean that depression necessarily affects self-esteem, and other unknown factors may also be involved (such as biological factors). It is expected that future research on depression and self-esteem can develop in this direction to explore the impact of depression on self-esteem.

4. CONCLUSION

Depression is a global health problem that has increasingly affected people's daily lives. In the vulnerability model, low self-esteem makes individuals more prone to depression, in contrast to the vulnerability model, the scar model point to people with depression can have low self-esteem outcomes, and the common factor model argues that depression and self-esteem are same construct, but are two extremes of a continuum. The expected effect of self-esteem on depression has been explored in many studies, but no research on the effect of depression on self-esteem. Furthermore, it indicates that

the deep effects of depression on self-esteem can be a new direction of future research in this field.

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