



## Depressive symptoms in university freshmen: Longitudinal relations with contingent self-esteem and level of self-esteem

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### ARTICLE INFO

#### Article history:

Available online 13 March 2013

#### Keywords:

Contingent self-esteem  
Self-esteem level  
Depression  
Longitudinal  
University freshmen

### ABSTRACT

The present study tested longitudinal relations between depressive symptoms and two aspects of self-esteem in university freshmen: (1) students' level of self-esteem, and (2) the degree to which students' self-esteem is dependent on meeting particular standards (i.e., contingent self-esteem). Using three-wave longitudinal data ( $N = 494$ ), possible vulnerability as well as scar effects were tested. Results showed that both aspects of self-esteem increased the vulnerability for depressive symptoms. However, contingent self-esteem only predicted higher subsequent levels of depressive symptoms when not controlling for self-esteem level. In contrast, level of self-esteem was a unique predictor for depressive symptoms.

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### 1. Introduction

Depression is a mental health problem causing significant disabilities in approximately 121 million individuals across the world (e.g., Sowislo & Orth, 2012; World Health Organization, 2012). In the present study, we focus more broadly on the presence of depressive symptoms, as research has shown that even subclinical forms of depression may be detrimental (e.g., Orth, Robins, & Roberts, 2008; Petersen et al., 1993). Various risk factors for the development of depressive symptoms have been identified (e.g., psychological, cognitive, biological, and environmental factors; Petersen et al., 1993). In the present paper we focus on psychological risk factors and on dynamics of self-esteem in particular. Among other frameworks, cognitive theories of depression (Beck, 1967) have identified low self-esteem as an important psychological risk factor for depressive symptoms (e.g., Baumeister, Campbell, Krueger, & Vohs, 2003; Orth, Robins, Trzesniewski, Maes, & Schmitt, 2009).

In addition, building on a heterogeneous view on self-esteem (Heppner & Kernis, 2011), researchers have argued that other self-esteem aspects, beyond level of self-esteem, need to be considered as psychological risk factors for depressive symptoms. In particular, the concept of contingent self-esteem is potentially important (Cambron, Acitelli, & Pettit, 2009). Contingent self-

esteem refers to the degree to which one's self-esteem depends on meeting particular standards and has been shown to predict depressive symptoms (Burwell & Shirk, 2006; Sargent, Crocker, & Luhtanen, 2006). Some scholars even assume that contingent self-esteem may predict depression more strongly than one's level of self-esteem (Burwell & Shirk, 2006, 2009; Crocker & Wolfe, 2001). Using three-wave longitudinal data, we aim to contribute to previous research by examining the unique and combined longitudinal relations between two aspects of self-esteem (i.e., self-esteem level and contingent self-esteem) and depressive symptoms.

With regard to the temporal order of self-esteem level and depressive symptoms, two main theoretical models have been proposed (Orth et al., 2008): the vulnerability model and the scar model. In the vulnerability model, low self-esteem predicts increases in depressive symptoms over time. In the scar model, depressive symptoms predict decreases in self-esteem over time. Importantly, these two models are not mutually exclusive: Level of self-esteem and depressive symptoms may influence each other through a transactional developmental process. In a recent meta-analysis of 77 studies focusing on the longitudinal relation between level of self-esteem and depressive symptoms, Sowislo and Orth (2012) found consistent support for the vulnerability model, and only weak support for the scar model. Specifically, they showed that the average effect of level of self-esteem on depressive symptoms was significantly stronger than the reverse effect.

Although it has been shown that high levels of self-esteem are generally protective against depressive symptoms and health problems more generally (e.g., Marsh & Craven, 2005), some studies counter intuitively showed that high levels of self-esteem can

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also relate to maladjustment, in particular anger and aggression (e.g., Baumeister et al., 2003). To explain these inconsistent findings, researchers have begun to examine other aspects within the broader self-esteem construct, viewing self-esteem as a heterogeneous construct (Bos, Huijding, Muris, Vogel, & Biesheuvel, 2010; Heppner & Kernis, 2011).

Among the multiple self-esteem aspects scholars have mentioned (e.g., contingent self-esteem, self-esteem instability, and implicit self-esteem), we focus on contingent self-esteem apart from focusing on level of self-esteem. Contingent self-esteem is assumed to play a particularly influential role in the development of depressive symptoms (Burwell & Shirk, 2009). Individuals low on contingent self-esteem exhibit a form of self-esteem that does not depend on being successful and is not threatened by failure (Kernis, 2003). Individuals high on contingent self-esteem, on the other hand, feel they have to fulfill certain criteria to be able to perceive themselves as good and worthy. Although this orientation may lead to self-esteem boosts when they reach these self-related standards, it may also result in sharp self-esteem drops when these standards are not reached, which may increase the risk for developing depressive symptoms (e.g., Crocker, Karpinski, Quinn, & Chase, 2003; Okada, 2010). Furthermore, because failure with regard to self-related goals is closely tied to one's worth as a person, it may not be easily dismissed (Crocker & Wolfe, 2001). This unrelenting focus on personal failure and inadequacy in individuals high on contingent self-esteem is expected to result in stress and ineffective coping strategies (e.g., internal attributions), which may also eventually lead to a state of depression (Crocker, 2002).

In line with these theoretical propositions, several studies have indeed shown that contingent self-esteem is positively related to depressive symptoms (e.g., Bos et al., 2010; Burwell & Shirk, 2006; Soenens & Duriez, 2012). However, only one of these studies (Burwell & Shirk, 2006) employed a longitudinal design. Specifically, contingent self-esteem was found to positively predict early adolescents' levels of depressive symptoms 6–8 months later, whereas depressive symptoms did not predict subsequent levels of contingent self-esteem. However, the study by Burwell and Shirk (2006) only consisted of two data waves, preventing them from checking the replicability of their longitudinal associations. Moreover, these researchers did not examine the unique cross-lagged effect of contingent self-esteem above and beyond self-esteem level, nor did they create latent factors to control for possible measurement error.

In the present study, we aimed to contribute to the literature by examining the longitudinal relations between contingent self-esteem and depressive symptoms, using a three-wave dataset and controlling for measurement error. We also included level of self-esteem to test for unique predictive effects. We studied our hypotheses in a sample of university freshmen because the transition to higher education requires individuals to adjust to many new demands in various life domains (Gall, Evans, & Bellerose, 2000). Such a challenge may result in particularly heightened levels of depressive symptoms and more visible negative effects of contingent self-esteem (Dyson & Renk, 2006).

In line with previous research regarding the longitudinal link between level of self-esteem and depressive symptoms (Sowislo & Orth, 2012), we expected to find strong support for the vulnerability model and weaker support for the scar model. In particular, we expected the effect of self-esteem level on depressive symptoms to be stronger than the effect of depressive symptoms on self-esteem level. Regarding contingent self-esteem, in line with the findings of Burwell and Shirk (2006) for early adolescents, we hypothesized a unidirectional effect of contingent self-esteem on depression.

However, the main goal of the present study was to investigate the *unique longitudinal effects* of contingent self-esteem and level of

self-esteem on depressive symptoms, which should provide important new information on the possible psychological risk factors of depressive symptoms. Previous research has shown that, although level of self-esteem and contingent self-esteem are clearly distinct constructs (e.g., Burwell & Shirk, 2006; Heppner & Kernis, 2011; Kernis, 2003; Sargent et al., 2006), they show a moderate, negative association (e.g., Bos et al., 2010; Crocker & Luhtanen, 2003; Kernis, Lakey, & Heppner, 2008). This association indicates that individuals with lower self-esteem levels are generally more prone to higher contingent self-esteem. Accordingly, any effect of contingent self-esteem could be carried by its association with low levels of self-esteem or vice versa. Therefore, we examined whether contingent self-esteem plays a role in the prediction of depressive symptoms in addition to level of self-esteem. It seems important to examine the unique predictive role of contingent self-esteem because some empirical findings suggest that contingent self-esteem may not have a unique effect. For instance, in a cross-sectional study with early adolescents, Bos et al. (2010) found that contingent self-esteem did not relate to depression when self-esteem level was taken into account. They did find a significant interaction between both aspects of self-esteem on depression, suggesting that low levels of self-esteem combined with high contingent self-esteem were associated with particularly high levels of depression. Because the study by Bos et al. (2010) was among the first to document such an interaction between level of self-esteem and contingent self-esteem in the prediction of depression, we decided to further explore this interaction.

## 2. Method

### 2.1. Participants and procedure

All freshman psychology students at a large university in the Dutch-speaking part of Belgium were invited to participate in three collective measurement waves ( $N = 530$ ) with a 3-month interval between each wave. Prior to Time 1, participants signed a standard consent form in which they were informed that they could refuse or discontinue participation at any time. A total of 500 students agreed to participate and thereby earned course credit. As we explicitly intended to focus on emerging adult freshmen, students older than 30 ( $n = 5$ ) and one student with no indication of age were excluded from the current analyses. Of the final sample of 494 students, 455 students participated at Time 1, 447 students participated at Time 2, and 418 students participated at Time 3. 383 students participated in all waves, 60 students participated in two measurement waves, and 51 students participated in only one wave. The mean age in the final sample at Time 1 was 18.41 years ( $SD = 1.43$ ; range 17–29). Most participants (84%) were female. In the final sample, 11.16% of the data were missing. Participants with and without complete data were compared using Little's (1988) Missing Completely At Random (MCAR) test. This resulted in a normed chi square (i.e.,  $\chi^2/df$ ) of 1.49, indicating good fit between sample scores with and without data imputation (Bollen, 1989). Hence, analyses were performed for the whole sample using the Full Information Maximum Likelihood (FIML) procedure (Schafer & Graham, 2002).

### 2.2. Measures

#### 2.2.1. Level of self-esteem

Level of self-esteem was measured with a Dutch version of the 10-item Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965; Van der Linden, Dijkman, & Roeders, 1983; e.g., "On the whole, I am satisfied with myself"). Items were answered on a 5-point Likert scale ranging from 1 (*completely disagree*) to 5 (*completely agree*). After

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