Effects of difference in self-esteem between spouses on depressive symptom: Result from a data nationally representative of South Korean

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ABSTRACT

Although there are many studies on self-esteem, no study has analyzed the relationship between depressive symptom and difference in self-esteem between spouses. We aimed to determine how differences in self-esteem between spouses are associated with depressive symptoms. We used data collected from 2011 to 2013 by the Korean Welfare Panel Study. The initial 2011 baseline data included 3257 married couples over 25 years of age. We used linear mixed-effects models, accounting for the longitudinal nature of the data, to analyze the associations between the self-esteem of spouses and CESD-11 scores. About 20% of the respondents had different self-esteem with their intimate partners. Individuals with spouses having lower self-esteem than self significantly higher depression scores. Individuals with spouses having higher self-esteem than self had significantly lower depression scores regardless of sex. Our findings show how different self-esteem with their intimate partners could be associated with depressive symptoms and imply that one's self-esteem could affect the mental health of one's partner. Therefore, we should give more attention to self-esteem, which can affect families and society.

Introduction

Depression is a noteworthy contributor to the global burden of disease and affects people all over the world. The World Health Organization estimated that depression affects approximately 350 million people (Organization, 2012). Depression has become a major public health problem in South Korea (Cho et al., 2007). In addition, suicide, one possible consequence of a depressive disorder, is now the fourth leading cause of death in Korea (Jeon, 2011). Hence, when considering the significant impact that depression can have on individuals and society, it is important to comprehensively analyze the factors related to depression so that depression can be effectively managed.

According to previous studies, depression is associated with spousal factors such as verbal, physical, or sexual violence committed by an intimate partner and partner satisfaction (Fincham et al., 1997; Kim et al., 2015). In addition, among married individuals, depression is associated with factors such as sex, age, income, education level, job status, perceived health status, and alcohol consumption (Cho et al., 1998; Lorant et al., 2003; Mirowsky and Ross, 1992; Mokrue and Acri,

2015; Roy, 1978; Saunders et al., 1991; Weissman et al., 1993). Self-esteem is strongly related to depression, resulting in adverse effects on individuals as well as the children and others with whom the individuals interact, meaning that one instance of depression could cause another instance of depression (Campbell, 2002; Kim and Lee, 2013; Sowislo and Orth, 2013).

A psychologist defines self-esteem as "the evaluation which the individual makes and customarily maintains with regard to himself" (Coopersmith, 1967). Self-esteem expresses approval or disapproval and indicates the extent to which an individual believes himself or herself to be capable, significant, successful, and worthy (Battle, 1972). Rogers suggested that "positive self-esteem could become the core of healthy personality" (Rogers, 2012), and previous studies found that high self-esteem is related to better mental health or, conversely, that low self-esteem is related to worse mental health (Avison and McAlpine, 1992; Brage and Meredith, 1994; Brown and Mankowski, 1993). Furthermore, according to Rosenberg, self-esteem affects feelings towards oneself and others and thus affects the selection of behavior (Rosenberg, 1965b). Therefore, it could be inferred that one's self-esteem affects others.

Previous studies found that self-esteem is different according to sex in adolescents; presumably due to the socialization process, the social atmosphere of sex roles, or the parents' childrearing; and self-esteem during adolescence could affect an individual throughout his or her life (Harper and Marshall, 1991; Jaquish and Savin-Williams, 1981; Milevsky et al., 2007; Orth et al., 2008; Rieger et al., 2015). Accordingly, differences in self-esteem between intimate partners are natural and could affect the mental health of all those involved. There is no previous study, however, of the mental-health effects of differences in self-esteem between intimate partners. Additionally, equalized household income is also a known risk factor for depression in individuals and individuals with lower household income are known to experience higher levels of depression (Lorant et al., 2007). Hence differences in self-esteem between intimate partners can be differently associated with depressive symptoms based on equalized household income. Therefore, we aimed to (i) identify the relationship between depressive symptoms and the difference in self-esteem between intimate partners by sex and (ii) explore how the effect of the difference in related to household income.

Methods

Study sample

We used a stratified multistage probability design to analyze data from the Korean Welfare Panel Study (KOWEPS) conducted by the Korean Institute of Social and Health Affairs in conjunction with the Social Welfare Research Institute of Seoul National University. Briefly, the KOWEPS is a comprehensive dataset that provides information about families and individuals 15 or more years of age regarding social-service needs, heath-care utilization patterns, sources of income, economic and demographic background, and subjective emotional and behavioral health status.

The initial 2011 baseline data included 3257 paired couples from 3105 households. The number of the paired couples included was 4100 from 3936 households in 2012 and 3932 from 3755 households in 2013. Specifically, the term "paired couples" refers married people (Figs. 1 and 2).

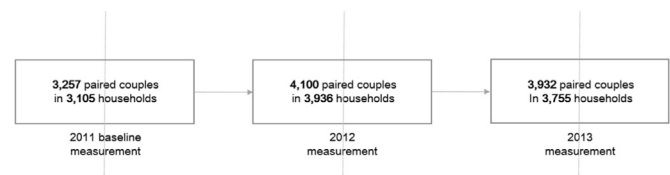
Fig. 1. Flowchart of data selection.

Fig. 2. The number of participants by years.

Study variables

Depressive symptoms

The Center for Epidemiologic Studies Depression Scale (CESD-11) was used to measure the level of depression experienced by each participant. The CESD-11 was originally designed to measure depressive symptoms in the general population (Radloff, 1977) and has been widely used in community and clinical studies (Shafer, 2006). For each year of the study period, the respondents reported symptoms experienced over the previous week using a four-point scale (0:≤1 days/week; 1:2–3 days/week; 2:4–5 days/week; 3:≥6 days/week) in response to 11 questions. The questions were the following; 1. My appetite was poor, 2. I have been well relatively, 3. I have felt depressed, 4. I have felt that everything is hard, 5. I have slept fitfully, 6. I have felt lonely, 7. I have had no dissatisfaction, 8. I have felt that people treated me cold, 9. I have been sad, 10. I have felt that people dislike me, and 11. I could not get "going". We combined the scores into a total score, which we multiplied by 20/11. The final scores ranged from 0 to 60, with higher scores indicating increased depressive symptoms. The Cronbach's alpha calculated for the study sample ranged from 0.85 to 0.87.

Differences in self-esteem between spouses

In the KOWEPS, the Rosenberg Self-Esteem Scale (RSES) was used to assess the participants' self-esteem using 10 questions, with higher scores reflecting higher self-esteem (Rosenberg, 1965a). The first five questions were: "I feel that I am a person of worth, at least on an equal plane with others; I feel that I have a number of good qualities; I am able to do things as well as most other people; I take a positive attitude toward myself; on the whole, I am satisfied with myself." Those five questions used the following scale: 0=strongly disagree, 1=disagree, 2=agree, and 3=strongly agree. The next five questions were: "all in all, I am inclined to feel that I am a failure; I feel I do not have much to be proud of; I wish I could have more respect for myself; I certainly feel useless at times; at times I think I am no good at all." Those five questions used the following scale: 3=strongly disagree, 2=disagree, 1=agree, and 0=strongly agree. We summed the scores over the 10 questions and then categorized the total score as low (0–15), middle (16–25), or high (26–30); scores of 16–25 are average among people around the world (Garofalo et al., 2006). In order to make the interesting variable "differences in self-esteem between spouses", we then combined the individuals' self-esteem categories and their spouse's self-esteem using marital-status identifiers and household identifiers for matching. For each matched individual, we determined whether the spouse's self-esteem was higher than, lower than, or the same as that of oneself.

Covariates

We categorized the participants as either having children (Yes, if they had a child or children of either sex) or being childless (No). We categorized the job status of each respondent and respondent's partner as: regular, precarious, part time, or no job. We created three categories for education level: less than high school, high school graduate, and college graduate (including graduate school). We created two categories to reflect alcohol consumption: Yes (including less than once per month) and No. We categorized satisfaction with health and spouse, respectively, as: high, middle, or low. We adopted an adjusted binary scale for incidents of physical or verbal violence (No=never;