

Predictors of Major Depressive Disorder: The Need for Social Approval and Self-Esteem

ABSTRACT

Objective: This study aimed to investigate self-esteem and the need for social approval as predictors of depression in patients with a diagnosis of major depressive disorder (MDD). It also aimed to compare depression, self-esteem, and the need for social approval in relation to some variables.

Methods: The Beck Depression Scale, Rosenberg Self-Esteem Scale, and the need for social approval scale (NSAS) were administered to 117 patients diagnosed with MDD and who applied to the Psychiatry Outpatient Clinic in Sabuncuoğlu Şerefeddin Training and Research Hospital of Amasya University, Turkey. In the analysis of the collected data, the t-test, one-way analysis of variance, Pearson's moment-product correlation coefficient, and multiple regression analysis were used.

Results: Self-esteem and NSAS subdimensions were found to explain 33% of the total variance in depression. Self-esteem was found to be the variable making the greatest contribution. Two of the subdimensions of the NSAS—sensitivity to others' judgments and leaving a positive impression—were found to have no contribution to the model. The mean score taken by the male participants from leaving a positive impression subdimension of the NSAS was found to be significantly higher than that taken by the female participants. The patients with depression who are single were found to have a significantly higher mean score from leaving a positive impression subdimension than the married patients. No significant difference was found between the variables depending on the age and education level variables.

Conclusion: As a result, it should be noted that while evaluating patients diagnosed with MDD, the need for social approval in male patients and patients who are single can be higher than leaving a positive impression and that culture may cause people to hide the symptoms of depression. Given that there are fewer male patients applying to psychiatry clinics than female patients, it would be appropriate to refer male patients to individual counseling activities to reduce their need for approval in relation to leaving a positive impression. It is also suggested that research on anxiety, obsessive-compulsive disorder, and somatization as well as to investigate the intermediate models that address various variables between depression and the need for social approval be conducted.

Keywords: Major depressive disorder, self-esteem, social desirability

Introduction

Major depressive disorder (MDD) has a high prevalence in society. It affects millions of people worldwide.¹ It is stated that the risk of experiencing MDD in one's lifetime is 15%.² When the existing research on the prevalence of mental disorders in Turkey and the world is examined, it is seen that mood disorders have the highest occurrence rate among individuals with mental disorders.^{3,4}

Depression is a situation that is different from emotional reactions given to difficulties encountered in life. When symptoms become intense and last longer, it can become a serious condition. School, work, and family life of an individual with depression can also be affected

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by this situation. Depression is seen as a serious condition that can lead to suicide.⁵ In depression, symptoms, such as negative thinking, self-criticism, loss of motivation, despair, constant sadness, decreased pleasure, and self-disgust, can be seen.^{6,7} Other symptoms that can be observed in depression include difficulty in making decisions, restlessness and inability to tolerate others, and difficulty in sleeping or sleeplessness.⁸

Social withdrawal is also commonly seen in some people with depression because they feel uncomfortable among others.^{6,9} Patients suffering from depression often feel misunderstood. Decreasing self-esteem is one of the symptoms that can be seen in depression.^{6,8,10} Self-esteem is the assessment of people about themselves. People with high self-esteem evaluate themselves favorably, whereas those with low self-esteem evaluate themselves unfavorably. High self-esteem may imply a balanced favor of one's value as a person and one's competencies, but it can also imply to exaggerated, conceit, grandiose, and unsubstantiated sense of arrogant superiority over others. In contrast, low self-esteem can be a well-founded understanding of one's inadequacies as a person and a pathological sense of distrust and inferiority.¹¹

One of the important variables related to depression is the need for social approval. The need for social approval seems to be important in explaining the effect of culture on depression. The need for social approval is a concept related to the importance attached to others' expectations and judgments and adaptation-oriented behaviors of the individual in social interactions.¹² The effect of culture on depression can be seen in Turkey.^{13,14} However, the research on the subject is limited. Kaya¹⁵ has pointed out that culture has important functions in all psychiatric fields. However, he has stated that the necessary attention was not shown. He stated the importance of conducting research on intercultural differences in depression. Yeşilbaş¹⁶ has also pointed out the scarcity of research on the effect of culture on depression.

There are many researchers investigating the need for approval in Western culture. Beck et al¹⁰ have addressed the role of dysfunctional beliefs in depression: Many people who believe that they need everyone's approval are very happy when they think that they have this approval. Others may feel good when they perform well, thinking that the value attached to them depends on their performance. Ellis and Harper¹⁷ have addressed the need for approval as one of the irrational beliefs, whereas Young et al¹⁸ have explained the scheme of seeking approval in schema therapy. As can be seen from these explanations, the need for social approval is considered a pathological concept in the Western literature. The expectations of the community are im-

portant for people in Turkey.¹⁹ Tanhan and Mukba²⁰ have stated that the need for approval is widely seen in the cultural structure in Turkey, and similarly, Karaşar¹² has stated that what other people think is considered to be important in the Turkish culture.

It can be said that self-esteem and the need for social approval can be an important infrastructure for the emergence of depression. Although there are many explanations and studies about the relationship between self-esteem and depression in the literature, the role of the need for social approval has never been investigated in the clinical sample to date. This study is important because it is the first study in the clinical sample that specifically addresses the need for social approval. On this subject, there are studies only on non-clinical samples.²¹⁻²⁵ This study is expected to bridge the gap in the national and international literature because it will be the first research on how the need for approval in Turkish culture affects depression. In the context of these explanations, answers to the following questions were sought in the research.

1. Do patients' self-esteem and need for social approval predict MDD?
2. Do patients with MDD differ in depression and does the need for social approval and self-esteem differ according to age, gender, educational background, and marital status?

Methods

Sample

A total of 142 patients aged 18-65 years diagnosed with MDD according to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition criteria, and applying to the Psychiatry Outpatient Clinic in Sabuncuoğlu Şerafeddin Training and Research Hospital of Amasya University, Turkey, were invited to participate in the study. Of these, 11 patients were excluded from the study because of the intellectual disability confirmed by the medical board report; 7 illiterate patients, 3 patients with alcohol and substance addiction, and 4 patients who did not want to participate in the study were excluded. As a result, 142 patients were within the scope of the study, but 25 patients were excluded from the study for the reasons mentioned earlier, and the study was conducted with 117 patients diagnosed with MDD. After the participants were informed by the researcher, they signed the informed consent form. The study was approved by the Amasya University Non-Interventional Research Ethics Committee (Approval Date: November 8, 2019; Approval Number: E.29793). The patients who agreed to participate in the study were included by the researcher after signing the informed consent form. A sociodemographic data form, the Beck Depression Scale, the need for social approval scale, and Rosenberg Self-Esteem Scale were administered to all the participants.

Data Collection Tools

Sociodemographic Data Form: In this form prepared for this study by the researchers, there are items to elicit the information about sex, age, education level, and marital status.

Need for Social Approval Scale: The scale was developed by Karaşar and Ögülmüş²¹ to measure the need for social approval. The scale is a 5-point Likert scale including 25 items and 3 subdimensions. These subdimensions include sensitivity to others' judgments, leaving positive impressions, and social withdrawal. By summing the scores

MAIN POINTS

- It was found that depression in patients diagnosed with MDD is significantly predicted by self-esteem and social withdrawal.
- When the mean scores taken from the subdimension of leaving a positive impression by the patients diagnosed with MDD were compared by sex, the mean score of the male patients was found to be significantly higher than that of the female patients.
- When the mean scores taken from the subdimension of leaving a positive impression by the patients diagnosed with MDD were compared by marital status, the mean score of the single patients was found to be significantly higher than that of the married patients.

taken from the subdimensions, a total score for the need for social approval is obtained.

Beck Depression Inventory (BDI): BDI was developed by Beck et al²⁶ to measure the symptoms of depression and was adapted to Turkish by Hisli.^{27,28} The scale consists of 21 items. The scale items are scored between 0 and 3, and the highest score to be taken from the scale is 63. In the reliability studies, item analysis and split-half analysis were used, and the related values were found to be 0.80 and 0.74, respectively.²⁸

Rosenberg Self-Esteem Scale (RSES): The RSES was developed by Rosenberg²⁹ and adapted to Turkish by Çuhadaroglu.³⁰ The scale includes 63 items and has 12 subdimensions. In this study, only 10 items measuring self-esteem were used. Higher scores taken from the scale indicate increasing self-esteem.³⁰

Statistical Analysis

In the analysis of the collected data, the IBM Statistical Package for the Social Sciences for Windows 20.0 program package (IBM Corp.; Armonk, NY, USA) was used. To investigate whether the MDD, the need for social approval, and self-esteem scores vary significantly depending on sex and marital status, the *t*-test was used. One-way analysis of variance was employed to determine whether these variables vary significantly depending on education level and age, and the Pearson's moment-product correlation coefficient was used to investigate the relationships between the variables. To investigate the effect of the need for social approval and self-esteem on the MDD, multiple regression analysis was used. Before the analyses, whether the data exhibited a normal distribution was tested by calculating the skewness and Kurtosis values. The skewness and Kurtosis coefficients were found to be 0.89 and 0.18 for MDD, respectively; -0.96 and 0.25 for sensitivity to others' judgments, respectively; -0.50 and 0.27 for social withdrawal, respectively; -0.66 and -0.43 for leaving a positive impression, respectively; and -0.17 and -0.20 for self-esteem, respectively; all these values showed that the data exhibited a normal distribution. In this study, the significance level was set to be $P < 0.05$.

Results

A total of 117 patients diagnosed with MDD participated in this study on a voluntary basis. Of these participating patients, 71 (60.7%) were females and 46 (39.3%) were males. The average age of the study group was 38.56 (SD = 11.41) years. The average of the scale scores of the research group was examined to be as follows: 28.84 (SD = 8.34) for depression, 13.43 (SD = 5.56) for self-esteem, 29.92 (SD = 6.49) for leaving a positive impression, 33.23 (SD = 7.67) for sensitivity to the judgment of others, and 23.55 (SD = 5.75) for social withdrawal. The descriptive statistics related to the demographics of the study group are given in Table 1.

Correlation coefficients between BDI and the subdimensions of the need for social approval and self-esteem and descriptive statistics are given in Table 2.

It was found that depression in patients diagnosed with MDD is significantly predicted by self-esteem ($\beta = -0.48$, $P = 0.00$) and social withdrawal ($\beta = 0.29$, $P = 0.02$). Self-esteem and NSAS subdimensions explain 33% of the total variance in depression ($R = 0.57$, $R^2 = 0.33$, $P = 0.00$). These findings are shown in Table 3.

Table 1. Sociodemographic Features of the Study Group

Variable	n (%)
Sex	Female 71 (60.7)
	Male 46 (39.3)
Marital status	Single 36 (30.8)
	Married 81 (69.2)
Age	18-40 68 (58.1)
	41-63 49 (41.9)
Education level	Primary-middle school 55 (47)
	High school 30 (25.6)
	University 32 (27.4)

Table 2. Correlation Coefficients between BDI and the Subdimensions of the Need for Social Approval and Self-Esteem and Descriptive Statistics

	BDI	SOJ	SW	LPI	RSES	Mean (SD)
BDI	1					28.84 (8.34)
SOJ	-0.01	-				33.23 (7.67)
SW	0.23 ^a	0.72 ^b	-			23.55 (5.75)
LPI	0.01	0.76 ^b	0.69 ^b	-		29.92 (6.49)
RSES	-0.54 ^b	0.05	-0.22 ^a	-0.05	-	13.43 (5.56)

Abbreviations: BDI, Beck Depression Inventory; SOJ, sensitivity to others' judgments; SW, social withdrawal; LPI, leaving a positive impression; RSES, Rosenberg Self-esteem Scale; SD, standard deviation.

^a $P < 0.05$.

^b $P < 0.01$.

Table 3. Multiple Regression Analysis Related to the Prediction of Major Depressive Disorder

Model	B	s.e.	β	t	P	Paired r	Partial r
Constant	37.53	3.70	-	10.13	0.00		
RSES	-0.73	0.12	-0.48	5.88	0.00	-0.54	-0.48
SW	0.42	0.18	0.29	2.30	0.02	0.23	0.21
SOJ	-0.08	0.14	-0.07	0.56	0.57	-0.01	-0.05
LPI	-0.20	0.16	-0.15	1.24	0.21	0.01	-0.11

$R = 0.57$ $R^2 = 0.33$

$F = 14.10$ $P = 0.00$

Abbreviations: s.e., standard error; RSES, Rosenberg Self-esteem Scale; SOJ, sensitivity to others' judgments; SW, social withdrawal; LPI, leaving a positive impression.

Table 4. Sex-based Comparison of the Scores Taken from BDI, RSES, and the Subdimensions of the Need for Social Approval

	Sex	n	Mean (SD)	t	P
BDI	Female	71	29.07 (9.36)	0.37	0.70
	Male	46	28.47 (6.55)		
RSES	Female	71	13.71 (5.60)	0.67	0.50
	Male	46	13.00 (5.54)		
SOJ	Female	71	32.90 (7.91)	0.57	0.56
	Male	46	33.73 (7.34)		
LPI	Female	71	28.86 (6.64)	2.22	0.02 ^a
	Male	46	31.55 (5.95)		
SW	Female	71	22.92 (6.20)	1.46	0.14
	Male	46	24.52 (4.89)		

Abbreviations: BDI, Beck Depression Inventory; RSES, Rosenberg Self-Esteem Scale; SD, standard deviation; SOJ, sensitivity to others' judgments; SW, social withdrawal; LPI, leaving a positive impression.

^a $P < 0.05$.

Table 5. Marital Status-Based Comparison of the Scores Taken from BDI, RSES, and the Subdimensions of the Need for Social Approval

	Marital status	n	Mean (SD)	t	P
BDI	Single	36	27.86 (9.35)	0.84	0.39
	Married	81	29.27 (7.87)		
RSES	Single	36	11.97 (5.30)	1.91	0.05
	Married	81	14.08 (5.58)		
SOJ	Single	36	34.58 (6.31)	1.27	0.20
	Married	81	32.63 (8.16)		
LPI	Single	36	31.97 (6.27)	2.31	0.02 ^a
	Married	81	29.01 (6.41)		
SW	Single	36	24.41 (5.15)	1.08	0.28
	Married	81	23.17 (5.99)		

Abbreviations: BDI, Beck Depression Inventory; RSES, Rosenberg Self-Esteem Scale; SD, standard deviation; SOJ, sensitivity to others' judgments; SW, social withdrawal; LPI, leaving a positive impression.

^a $P < 0.05$.

When the mean scores taken from the subdimension of leaving a positive impression by the patients diagnosed with MDD were compared by sex, the mean score of the male patients was found to be significantly higher than that of the female patients ($t_{(115)} = 2.22$, $P = 0.02$). These findings are shown in Table 4.

When the mean scores taken from the subdimension of leaving a positive impression by the patients diagnosed with MDD were compared by marital status, the mean score of the single patients was found to be significantly higher than that of the married patients ($t_{(115)} = 2.31$, $P = 0.02$) (Table 5).

Other findings of this research are that the scores taken from BDI, self-esteem, leaving positive impression, social withdrawal, and sensitivity to others' judgments were found not to be varying significantly depending on age ($t_{(115)} = 0.44$, $P = 0.65$; $t_{(115)} = 0.66$, $P = 0.50$; $t_{(115)} = 0.46$, $P = 0.64$; $t_{(115)} = 0.21$, $P = 0.82$; and $t_{(115)} = 0.30$, $P = 0.76$, respectively) and education level ($F_{(2,114)} = 0.10$, $P = 0.89$; $F_{(2,114)} = 0.34$, $P = 0.71$; $F_{(2,114)} = 0.34$, $P = 0.70$; $F_{(2,114)} = 0.22$, $P = 0.79$; and $F_{(2,114)} = 0.24$, $P = 0.78$, respectively).

Discussion

In this study, it was aimed to determine whether self-esteem and the need for social approval predict depression. It was found that self-esteem and social withdrawal significantly predicted depression in patients diagnosed with MDD; yet, sensitivity to others' judgments and leaving a positive impression were found not to be predicting depression. Self-esteem and NSAS subdimensions were found to explain 33% of the total variance in depression. Social withdrawal can contribute to an individual's depression and increased symptoms of depression by leading to increased ruminative tendencies of the individual. Therefore, it can be argued that as social withdrawal increases, depression increases. Because some people who are depressed do not feel comfortable when with others, social withdrawal is commonly seen in these people.⁶ Social withdrawal is one of the main features of depression.⁹ The need for social approval does not vary significantly in terms of leaving a positive impression, and sensitivity to others' judgments may be explained by the fact that patients with depression tend to hide their symptoms. In studies conducted in non-clinical samples, the need for social approval and depression were found to be related.^{22, 25}

Self-esteem was found to be the strongest predictor of depression in this study. There are many studies in the literature showing that depression and self-esteem are related.³¹⁻³⁵ This finding suggests that an individual's negative perception of himself/herself and his/her weak beliefs in his/her own qualifications may be a strong factor in the occurrence of depression. Silverstone and Salsali³⁶ have found that all patients with psychiatric conditions had low self-esteem. They found that MDD was one of the diseases with the lowest self-esteem. Rizwan and Ahmad³⁷ have found that self-esteem scores were lower in the clinical sample with MDD than in the control group.

The mean score of the patients with MDD who are single taken from the subdimension of leaving a positive impression was found to be significantly higher than that of the married patients. This finding can indicate that how they are evaluated by others is of greater importance for single people. According to the results, single people needing more approval and appreciation than married individuals may explain this. In the literature, there is only one study investigating the need for social approval in relation to marital status. In this study, Değirmenci³⁸ has found that the social withdrawal mean score of the married individuals is higher than that of the single people.

When the scores taken from BDI were compared on the basis of sex, no significant difference was found between the male and female participants. This finding of the study concurs with the findings of some other studies in the literature.^{22, 25, 39} Women are believed to have higher rates of depression than men.⁴⁰ There are studies showing higher rates of depression among women.^{4, 33, 41-44} Contrary to these studies, the finding of this study can be explained by the similarity of depression symptoms between men and women. Moreover, this finding may indicate that different conditions (socioeconomic level, loneliness, social support, and so on) that increase the symptoms of depression in men should be investigated.

When the mean scores taken from the subdimension of leaving a positive impression by the patients diagnosed with MDD were compared by sex, the mean score of the male patients was found to be significantly higher than that of the female patients. This finding can be explained by sex roles. Because men are not supported to express their emotions from early ages onward and they are encouraged to seem to be strong, they might have presented themselves more positively while receiving psychiatric help. In non-clinical studies examining the need for social approval by sex, no significant difference has been reported.^{23-25, 38, 45, 46}

There are some limitations that need to be taken into consideration while evaluating the results of this study. First, the small size of the study group is the most important limitation of the study. Second, the scales administered are self-reported. The strength of the research is that it is the first study to investigate the psychological effects of the need for social approval in the Turkish culture in the clinical sample.

In conclusion, the study found that self-esteem is the strongest predictor of depression. Patients can be directed to seek psychological help to increase their self-esteem. Different studies can be conducted showing the relationship between the need for social approval and various psychiatric disorders. As a result, it should be noted that while evaluating patients diagnosed with MDD, the need for social approval of male patients and patients who are single can be higher than leaving a positive impression and that culture may cause people to hide the symptoms of depression.

Ethics Committee Approval: Ethics committee approval was received for this study from the Non-Interventional Research Ethics Committee of Amasya University (Approval Date: November 8, 2019; Approval Number: E.29793).

Informed Consent: Informed consent was obtained from the patients who participated in this study.

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