

# The Effect of Self Esteem and Anxiety on State of Depression of a Broken Home Adolescent

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## ***Abstract***

*Adolescence is a very good period to develop all the positive potential possessed, such as talents, abilities, interests, and life values. But on the other hand, many adolescents neglect their opportunities to do good things that teenagers do the opposite, In addition, adolescents with broken home family conditions often experience mental stress such as depression, anxiety disorders and low levels of self-esteem. In this study, researchers aimed to look at the influence of low self-esteem and anxiety on depression in broken home adolescents, taking 59 adolescent participants with broken home backgrounds.*

**Keywords : Self Esteem, Anxiety and Depression.**

Mental health is still one of the significant health problems in the world, including Indonesia. According to research conducted by Dr. Nova Riyanti Yusuf SpKJ, Board of Experts of Bakeswa (Badan Kesehatan Jiwa Indonesia / Indonesian Mental Health Agency) on approximately 941 school students in the Jakarta area showed that more than 30 percent experienced depression and 18.6 percent of them had suicidal thoughts. This is also supported by WHO (World Health Organization) in 2016 there were approximately 35 million people affected by depression. WHO states that depression will become the disease with the second largest global burden in the world after ischemic heart disease by 2020. The Indonesian Ministry of Health in 2017 stated that of the adult population in Indonesia which reached 150 million people, around 11.6 percent or 17.4 million people experienced mental emotional disorders or mental health disorders in the form of anxiety disorders and depression. This figure decreased by 6% in 2013. This means that there are 1,740,000 Indonesians who experience mental emotional disorders or mental health disorders in the form of anxiety and depression. Riskesdas data in 2013 showed that mental emotional disorders indicated by symptoms of depression and anxiety for those aged 15 years and above reached around 14 million people or 6% of the Indonesian population. People with anxiety disorders 10% - 15% are also experiencing major depression. Anxiety disorders generally occur in young adulthood but in recent years adolescents are more prone to anxiety disorders and depression. compared to previous generations, generation Z is burdened with higher social pressures and demands.

In the context of mental health, self-esteem plays an important role. Individuals who have high self-esteem view themselves positively. Individuals with high self-esteem are aware of their strengths and view them as more important than their weaknesses. In contrast, individuals with low self-esteem tend to view themselves negatively and focus on their weaknesses (Pelham & Swan, in Byron & Byrne, 1994). Syamsu Yusuf (2009: 43) suggests that anxiety is a neurotic helplessness, insecurity, immaturity, and inability to deal with problems. the demands of reality (the environment), the difficulties and pressures of everyday life. Meanwhile, depression is a disorder that is mainly characterized by sad and gloomy emotional conditions and is associated with cognitive, physical, and interpersonal symptoms (APA, 1994).

Today's teenagers are not only required to have good grades and brilliant achievements at school, but also to exist on social media. External factors such as bullying also play an important role in cases of depression and the emergence of anxiety disorders and feelings of inferiority in adolescents. Adolescence is a

transitional stage of life, namely the transition from childhood to adulthood. besides that adolescence is a period that is prone to negative influences such as brawls, drugs, and also adolescents experience emotional instability. The changes that occur in adolescents require adolescents to be able to control and direct their actions, attitudes or behaviors to achieve their goals.

achieving a goal that is able to provide commitment to being yourself and being accepted by the environment. Many things happen in adolescence, both positive and negative. According to Giyanti and Wardani (2016) adolescence is a very good period to develop all the positive potential possessed, such as talents, abilities, interests, and life values. But on the other hand, many teenagers ignore their opportunities to do good things, which in fact teenagers do the opposite, such as running away from home, skipping school, racing wildly, fighting, engaging in aggressive behavior physically and verbally, and also smoking, to using illegal substances (Ningrum, 2013).

Adolescents with broken home family conditions often experience mental stress such as depression, which causes children to usually have poor social behavior (Aziz, 2015). Santrock (2002) said that Broken home is defined as a family condition that is not harmonious and does not run like a family that is harmonious, peaceful, and prosperous because of frequent commotion and disputes that cause quarrels. Heryanto (2017) also said that Broken home can also be described as a family condition without divorce but one of the functions or both, husband (father) or wife (mother) are absent.

The most important explanatory models of the relationship between low self-esteem and depression are the vulnerability model and the scar model. The vulnerability model explains that low self-esteem acts as a risk factor for depression (Beck, 1967; Orth & Robins, 2013). In this model, low self-esteem is conceptualized as a personality factor for depression. The scar model differs from the vulnerability model, suggesting that low self-esteem is a consequence or result of depression. In these 2 models, Individuals who have experienced or are experiencing depression can leave a “scar” on the individual's self-concept which, if left untreated, will affect self-esteem. (Coyne, Gallo, Klinkman, & Calarco, 1998; Shahar & Davidson, 2003).

Several longitudinal studies have shown that low self-esteem is assumed to predict increases in anxiety and depression, whereas anxiety and depression do not predict decreases in self-esteem. (Bajaj, Robins, & Pande, 2016; Sowislo & Orth, 2013). The two main theories on the relationship of self-esteem, anxiety and

depression are the Tripartite Model (Clark, Watson, & Mineka, 1994) and the Cognitive Content Hypothesis (Beck, Steer, & Epstein, 1992). In the Tripartite Model, depression has a stronger relationship with self-esteem than anxiety. Depression and anxiety are characterized by negative affectivity, that is, a stable disposition to experience non-specific difficulties and unpleasant moods. Whereas depression is related to both positive and negative affect, anxiety is related to negative affect only. For this reason, the Tripartite Model suggests that low self-esteem is more relevant for depression than anxiety (Clark, Watson, & Mineka, 1994). Based on the explanation described above, the hypothesis that can be developed in this study is that the researcher wants to examine the effect of self-esteem and anxiety on the depression of broken home adolescents.

## RESEARCH METHODS

This study involved 59 adolescents who had a broken home background. As explained above, broken home conditions are and are further specified to be divorced parents. The age range of adolescents that researchers took ranged from 12-22 years according to Mappiare (in Ali and Asrori 2012).

The Rosenberg Self Esteem Scale designed to measure the construct of global self-esteem. The Rosenberg scale consists of ten items, all of which the author translated into Indonesian. The scale uses a Likert format with 4 categories scored from 1 to 4, the response categories are: strongly agree; agree; disagree and strongly disagree.

Depression. To measure depressive symptoms, the Beck Depression Inventory (BDI) consisting of 21 items was used. Each item consists of three levels of statements represented by numbers 1, 2, and 3. The score for each item is the highest statement number chosen (subjects may choose more than one statement).

Anxiety, to measure anxiety researchers used a HAM-A health survey questionnaire, which consists of 14 questions. This questionnaire is a measurement tool for anxiety symptoms, sometimes called the Hamilton Anxiety Rating Scale (HARS). This questionnaire produces 5 anxiety scales, ranging from 0 = none, clinically insignificant, 4 = very severe, which are then summed into an anxiety score value.

The data analysis technique used by researchers is multiple regression techniques, because there are three variables involved in this study, namely self-esteem (X1); Anxiety (X2) and Depression (Y) to find assumptions, reliability and multiple regression with the help of SPSS 24.

## RESULTS AND DISCUSSION

### 1. Multiple Regression Test Results Self-esteem and anxiety on Depression

R	RSquare	F	sig
.936	.877	195.283	.000

The results of this multiple regression analysis show that the F value is 195.283. The results of this multiple regression analysis show that the F value is 195.283 and the significance coefficient is 0.000 ( $p \leq 0.005$ ). Therefore, it is found that the Depression variable is influenced by the Self Esteem and Anxiety variables. Then, based on the results in table 1 above, the R Square value is 0.877 which shows that the effect of self-esteem and anxiety on depression is 87.7%, which means a very strong influence while the other 12.3% is influenced by other factors or variables.

### 2. Regression Test Results Self-esteem on Depression

R	Rsquare	F	sig
.773 <sup>a</sup>	.597	84.428	.000

The results of the regression analysis of the self-esteem variable or X1 show the sig.t value = 0.000 is smaller than the value of  $\alpha = 5\%$ . This shows that the self-esteem variable has an influence on depression, the results of this simple regression analysis show that the F value is 84.428 and this shows that there is an influence of the self-esteem variable on depression. Then, based on the results in table 2 above, the R Square value is 0.597 which indicates that the effect of self-esteem on depression is 59.7%, while other influences are influenced by other variables or factors.

### 3. Regression Test Results Anxiety on Depression

R	Rsquare	F	Sig
.909	.826	266.20	.000

The results of the regression analysis of the Anxiety variable or X2 show a value of  $\text{sig.t} = 0.000$  is smaller than the value of  $\alpha = 5\%$ . This shows that the anxiety variable has an influence on depression, the results of this simple regression analysis show that the F value is 266,020 and this shows that there is an influence of the anxiety variable on depression. Then, based on the results in table 3 above, the R Square value is 0.826 which indicates that the effect of anxiety on depression is 82.6%, while other influences are influenced by other variables or factors.

Based on the results of the study, it is generally known that self-esteem and anxiety can be one of the factors that affect depression in broken home adolescents. However, the results obtained explain that anxiety has a greater or more dominant influence on the level of depression compared to self-esteem, both of which are proven to equally affect depression. This is also supported by Beck, 1967; Orth & Robins (2013) The vulnerability model explained that low self-esteem acts as a risk factor for depression.

The results of this simple regression analysis show that the effect of self-esteem on depression is 59.7%. The results in this study are supported by research that has been done previously by The results of this study are also in line with Coopersmith's (1967) explanation which says that people who have high Self Esteem generally believe in their own abilities, are realistic, optimistic and effective in dealing with their problems, so they rarely experience adjustment disorders, let alone psychological disorders such as depression. This is also supported by (MacKay & Fanning, 2000; Van Zyl, Cronje & Payze, 2006) which states that individuals with low self-esteem tend to feel dissatisfied with themselves and a sense of wanting to be someone else, more often experiencing negative emotions, difficult to accept failure and excessive disappointment when experiencing failure, viewing life and various events in life as negative, difficult to interact / relate closely with others, pessimistic, and not thinking constructively.

The results of simple regression analysis show that the effect of anxiety on depression is 82.6%. The results in this study are supported by research that has been done previously with longitudinal methods showing the results that low self-esteem is assumed to predict an increase in anxiety and depression, while anxiety and depression cannot predict the level of self-esteem decline by (Bajaj, Robins, & Pande, 2016; Sowislo & Orth, 2013). While the multiple regression results show that the effect of self-esteem and anxiety on depression is 87.7%, which means a strong influence, this is supported by Trzesniewski et al., (2006) found that adolescents with low self-esteem experience more depression and anxiety disorders as adults than adolescents with high self-esteem. Although research by (Clark, Watson, & Mineka,

1994) explains that self-esteem and anxiety have an influence on depression but for the partial influence of self-esteem variables that have a higher influence, but in this study found a stronger influence by anxiety on depression.

## **Conclusion and suggestions**

Based on the results of the research that has been conducted, self-esteem is proven to have an influence on depression, although not as great as the influence exerted by anxiety on depression in broken home adolescents. However, if self-esteem and anxiety have a strong influence on depression, the results of the influence given are also more significant. Therefore, it can be concluded that self-esteem and anxiety are one of the factors that will affect a person's tendency or level of depression.

There are several suggestions that can be put forward regarding the results of this study. First, for research subjects and other adolescents it is hoped that if they experience symptoms of anxiety or low self-esteem to immediately seek professional help to be able to get ways or therapies to reduce and overcome symptoms of anxiety and low self-esteem so as not to cause more serious problems such as depression and other things that are more dangerous and detrimental. Second, for further research, it is hoped that it can conduct and analyze more deeply about these variables and look for other factors that support variables against depression that have not been found by researchers.



## References

- American Psychiatric Association. 1994. Diagnostic and statistical manual of mental disorders. 4th ed. Washington, D.C.: American Psychiatric Association.
- Aziz, M. (2015). Perilaku sosial anak remaja korban broken home dalam berbagai perspektif. *Jurnal AlIjtimaiyyah*, 1(1), 30-50.
- Bajaj, B., Robins, R. W., & Pande, N. (2016) Mediating role of self- esteem on the relationship between mindfulness, anxiety, and depression. *Personality and Individual Differences*, 96, 127-131.
- Beck, A. T. (1967). *Depression: Clinical, Experimental, and Theoretical Aspects*. New York, NY: Harper & Row.
- Beck, A. T., Steer, R. A., & Epstein, N. (1992). Self-concept dimensions of clinically depressed and anxious outpatients. *Journal of Clinical Psychology*, 48, 423-432.
- Byron, R.A. & Byrne, D. 1991. *Social Psychology, Understanding Human Interaction*, Sixth Edition. Needham Heights: Allyn & Bacon
- Clark, L. A., Watson, D., & Mineka, S. (1994). Temperament, personality, and the mood and anxiety disorders. *Journal of Abnormal Psychology*, 103-116.
- Coopersmith, Stanley. (1967). *The antecedents of self-esteem*. San Fransisco: H. Freeman and Company.
- 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.
- Detikhealth. (2018, 11 Oktober). Riset: 30 Persen Remaja DKI Pernah Depresi, Sebagian Sampai Ingin Bunuh Diri. Diakses pada tanggal 26 juli 2019. Dari [https://health.detik.com/berita-detikhealth/d-4251448/riset-](https://health.detik.com/berita-detikhealth/d-4251448/riset-30-)



persen-remaja-dki-pernah-depresi-sebagian-sampai- ingin-bunuh-diri.

Giyati & Wardani, I. R. K. (2016). Ciri-ciri kepribadian dan kepatutan sosial sebagai prediktor subjective wellbeing (kesejahteraan subyektif) pada remaja akhir. *Analitika*, 8(1), 10-24.

Heryanto. (2016). Pembinaan Keluarga *Broken Home*. *Jurnal Edueksos*. Vol 5, No 1. 37-54

Jpnn.com.(2018, 10 Oktober). DokterNova Riyanti: Remaja Milenial Rentan Bunuh Diri. Diakses pada tanggal 26 juli 2019. Dari <https://www.jpnn.com/news/dokter-nova-riyanti-remaja-milenial-rentan-bunuh-diri>.

Kompas.com.(2019, 26 Februari). Depresi dan Kecemasan, Masalah Remaja Masa Kini. Diakses pada tanggal 26 Juli 2019, dari <https://lifestyle.kompas.com/read/2019/02/26/063100620/depresi-dan-kecemasan-masalah-remaja-masa-kini>.

kumparan. (2019, 2 Februari). Bakeswa: 16 persen remaja di Jakarta Sempat berniat bunuh diri. Diakses pada tanggal 26 <https://kumparan.com/@milenial/bakeswa-16-persen-remaja-di-jakarta-semat-berniat-bunuh-diri-1550808844979425605>.

Manna, G., Falgares, G., Ingoglia, S., Como, M.R., Santis, S.D. (2016). The Relationship between Self-Esteem, Depression and Anxiety: Comparing Vulnerability and Scar Model in the Italian Context. *Journal of Clinical Psychology*, Vol. 4 No.3, 1-16

McKay, M., & Fanning, P. (2000). *Selfesteem*. Third Edition. Canada : New Harbinger Publications, Inc.

Ningrum, P. R. (2013). Perceraian orang tua dan penyesuaian diri remaja. *EJournal Psikologi*. 1(1), 69-79.

Orth, U., & Robins, R. W. (2013). Understanding the link between low selfesteem and depression. *Current Directions in Psychological Science*, 22, 455-460.

Santrock, W. *Life Span Development*. Jakarta: Erlangga, 2002.

Shahar, G., & Davidson, L. (2003). Depressive symptoms erode self-esteem in severe mental illness: A three-wave, cross-lagged study. *Journal of Consulting and Clinical Psychology*, 71, 890-900.

Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin*, 139, 213-240.

Syamsu Yusuf. (2009). *Mental Hygiene: Terapi Psikopiritual untuk Hidup Sehat Berkualitas*. Bandung: Maestro.

Trzesniewski, K. H., Donnellan, M. B., & Robins, R. W. (2003). Stability of self-esteem across the lifespan. *Journal of Personality and Social Psychology*, 84, 205-220.

Van Zyl, J. D., Cronje, E. M., & Payze, C. (2006). Low self-esteem of psychotherapy patients: A qualitative inquiry. *The Qualitative Report*, 11(1), 182-208