

THE ASSOCIATION BETWEEN SELF-ESTEEM, SOCIAL SUPPORT, LONELINESS, AND DEPRESSIVE SYMPTOMOLOGY AMONG COLLEGE STUDENTS

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Depression is an increasing problem among college students. McCarthy and Salotti (2006) have observed that the number of college students seeking counseling with diagnosed depressive symptoms has doubled between 1988 and 2001. Freshmen entering their first year of college who are also transitioning into adulthood may be more vulnerable to depression (Dyson & Renk, 2006). The unfamiliar and new environment on campus can be very stressful to students. Feelings of loneliness, low levels of self-esteem and low levels of social support among students are likely contributors to their depressive symptoms. Many students have reported experiencing loneliness (Wiseman, Guttfeund & Lurie, 1995) and loneliness among students has been linked to rates of dropping out of college, suicide and suicide ideation, and alcoholism (Cutrona, 1982; Medora & Woodward, 1986). Having access to social support can mediate the negative effects of perceived stress (Friedlander, Reid, Shupak & Cribbie, 2007). However, low levels of social support are highly correlated with depression in both males and females (Ensel, 1986). Both the onset and outcome of depression have been associated with low levels of social support (Billings & Moos, 1984). The clinical literature has suggested that self-esteem plays a primary role in the etiology, maintenance, and recovery from depressive symptoms in individuals (Beck, 1967; Bibring, 1953; Blass & Shichman, 1983). The college experience, with its many challenges to the value system and decision making capabilities of the student, can erode their self-esteem, perhaps leading to depressive symptoms. There is, therefore, a need for studies that attempt to identify factors (e.g. self-esteem, social support and loneliness) associated with and test models explicating depression in college students.

This cross-sectional, correlational study examined the associations of loneliness, self-esteem, and social support with depression in college students. Undergraduate students from a state university in Texas were recruited and offered extra credit for their participation. Data was collected with a computer survey protocol that included the following measures: Rosenberg Self-Esteem Scale (RSES; Rosenberg, Schooler, & Schoenback, 1965; $\alpha = .78$), UCLA Social Support Instrument (UCLA-SSI; Dunkel-Schetter, Feinstein, & Call, 1986; $\alpha = .84$), UCLA Loneliness Scale (UCLA-LS; Russell, 1996; α ranging from .89 to .94), and the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977; $\alpha = .85$). Higher scores on the RSES indicate stronger feelings of self-acceptance, self-respect and positive self-evaluation. Higher scores on the UCLA-SSI indicate higher levels of social support in the areas of information and advice, aid or assistance, emotional support, and support for the stress in relationships. Higher scores on UCLA-LS indicate greater degree of loneliness experienced, and higher scores

of CES-D reflects more depressive symptoms. In our study we obtained the following alpha scores: RSES $\alpha = .67$, UCLA-SSI $\alpha = .85$, UCLA-LS $\alpha = .92$, CES-D $\alpha = .86$.

We hypothesized that high levels of depression would be associated with 1) low levels of self-esteem; 2) low levels of social support; and 3) high levels of loneliness. Lastly we created a model that we hypothesized would demonstrate that low self-esteem, low levels of social support and high levels of loneliness collectively would account for a significant proportion of variance in depression.

Our sample consisted of 317 undergraduates, 76% of which were female and was ethnically diverse (19.6% were African American, 58.4% were European American, 9.5% were Latino/a, 7.3% were Asian American, and 5.3% belonged to other ethnic backgrounds. The students' ages ranged from 18 to 56 ($M=21.09$, $SD=4.95$)

Pearson's product moment correlation coefficients of all model variables were analyzed to determine significant relationships. Our independent variables of interest, self-esteem ($r = -.475$, $p < .000$), loneliness ($r = .602$, $p < .000$), social support in the form of aid or assistance ($r = -.159$, $p < .004$), emotional support ($r = -.176$, $p < .002$) and social support for stress in relationships ($r = .254$, $p < .000$) were significantly associated with depression. One subscale of social support, information and advice, was not associated with depression.

We then conducted a hierarchical linear regression analysis using two blocks to test our model. In the first block we entered demographic information, which included gender, age and race-ethnicity. In block two we entered simultaneously the UCLA-SSI, UCLA-LS, R-SES, and CES-D. Our hierarchical regression analysis was able to account for 44% of the variance in depression among college students (adjusted $r^2 = .44$, $F(6, 310) = 42.15$, $p < .0001$). Both self-esteem ($\beta = -.27$, $t = -5.67$, $p < .000$) and social support in the form of aid or assistance ($\beta = -.16$, $t = -2.98$, $p < .003$) were negatively associated with depression, however loneliness ($\beta = .45$, $t = 9.20$, $p < .000$) and social support for stress in relationships ($\beta = .107$, $t = -2.98$, $p < .018$) were both positively associated with depression.

The majority of our findings are supportive of our hypotheses, however social support was more complex than anticipated such that it was both positively and negatively associated with depression, depending on the type of social support.

Although the correlational design of our study limits causal inferences from being made, the use of self-report data may contribute to response bias, and generalizability is limited by our sample's composition of self-selected respondents, our findings are important because they suggest that self-esteem and loneliness are important factors to examine when working clinically with college age clients. Additionally our discovery that social support is associated differentially (based on the type of support) with depression suggests a productive line of future research to identify how different dimensions of social support contribute to depression in this population. Our findings suggest that counselors and health professionals can develop clinical interventions and treatment programs better tailored for depressed students if self-esteem, loneliness and social

support are addressed. Programs can also be designed to better educate students, parents, and faculty members about contributing factors to depression, how to identify them, and how to properly approach these issues. Improving student self-esteem, enhancing their social support, and decreasing their loneliness may lead to better treatment programs for depression on campus.