

# **Unconditional Self-Acceptance, Functional and Dysfunctional Negative Emotions, and Self-Esteem as Predictors for Depression in Adolescents: a Brief Pilot Study Conducted in Romania**

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## **Abstract**

**Introduction:** *Depression has a high prevalence in adolescents, as they are passing important biological, cognitive and social changes, and are more vulnerable to negative emotions. Although the relationship between the unconditional self-acceptance, self-esteem, and depressive symptoms has been extensively studied over the past decades, there is not enough evidence about the exact way these variables can lead to depression in adolescents.*

**Objectives:** *The aim of this study was to examine the relationship between the unconditional self-acceptance, self-esteem, functional and dysfunctional negative emotions, as predictors for the level of depression in Romanian adolescents.*

**Methods:** *We ran the study on a sample of 300 Romanian adolescents, aged 14 to 17, in order to examine the predictors for the level of depression, taking into account the level of the subjects' unconditional self-acceptance, their self-esteem, and their functional and dysfunctional negative emotions. The measures were the Unconditional Self-Acceptance Questionnaire, the Rosenberg Self-esteem Scale, the Emotional Distress Profile, and Beck's Depression Inventory.*

**Results:** *The results show that the variance of the level of depression ( $F(1; 298) = 473, p = .0001$ ) is significantly explained by the level of unconditional self-acceptance ( $\Delta R^2 = .614, p = .0001$ ), by the level of self-esteem ( $\Delta R^2 = .615, p = .022$ ), and by the level of emotional distress ( $\Delta R^2 = .653, p = .0001$ ). **Limitations:** *Due to the lack of financial support, the sample was representative only for one region of Romania, the South Muntenia Region.**

**Conclusions:** *We identified significant correlations between unconditional self-acceptance, self-esteem, and functional and dysfunctional negative emotions and the level of adolescent's depression, and we also described the prediction equation for depression by considering these three variables.*

**Keywords:** *depression in adolescents, unconditional self-acceptance, self-esteem, functional emotions, dysfunctional emotions*

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## **1. Introduction**

In adolescence, the depressive symptoms and depression diagnosis prevalence is increasing and it is usually associated with self-harm, academic failure and poor mental health in adulthood (Kilford & all, 2015). In 2013, the National Institute of Mental Health in USA reported that 2.8% of children (8–11 YO) and 4.8% of adolescents (12–15 YO) are affected by depression (Keith, 2013). This means that as many as one in every 33 children and one in eight adolescents undergo depression. Unfortunately, an important number of children with mental health problems do not get the help they need. In USA, suicide is the third leading cause of death for 15–24 year-olds (NIMH, 2013).

The 2014 data published by the European Health for all Databases (HFA-DB) puts Romania on the second place in Europe when it comes to the incidence of mental disorders, with over 1400 cases diagnosed per 100.000 habitants (HFA-DB, 2014). Among this, depression is the most common diagnosis, about 6.66% of Romanian adults suffering from major depression.

There are no recent national studies about the occurrence of the depression diagnosis in the Romanian adolescent population, but the number of teenage patients referred to by the psychiatric clinics for suicide attempt has dramatically increased, media reporting about almost 200% in the past decade. In 2010, the NGO “Save the Children” conducted in Romania a complex study about the mental health services for children in our country. According to their data, at that moment, there were 880,709 children registered with a psychiatric disorder, out of which 154,124 were diagnosed with depression (Grădinaru & Stănculescu, 2010).

### ***Particularities of adolescent’s depression in Romania***

Adolescents with major depression display symptoms such as: low self-esteem, decreased energy, loss of interest in regular activities and/or in activities he/she once enjoyed, feelings of excessive guilt, persistent feelings of sadness, feelings of helplessness or hopelessness, feelings of being inadequate, changes in appetite or weight, difficult concentrating, sleep problems, irritability, aggression, hostility, frequent complaints of headache, fatigue, and stomach pains. If the depression is criticized, the adolescent may experience more serious and critical symptoms as feelings of wanting to die and suicidal thoughts or attempts, or other self-destructive behavior.

The main causes of adolescent depression in Romania are: family stress, lack of communication

with the parents, physical and emotional abuse, trauma, the teenagers’ inability to cope with the dominant attitude of their parents, the parents’ constant pressure for high standard school performances, low economic status, etc. One specific national cause is the lack of parental presence, in the families where the child is raised by relatives (grandparents or others) when the parents are abroad, to work. In these cases, the adolescent sees his/her parents only a few times per year and this situation goes like this starting with early childhood. Another specific local phenomenon associated with adolescent depression is the running away behavior. Over the past few years, in Romania, there were an important number of mediatized cases of teenagers running away from home. Most of them were girls aged 13 to 16 and their running away destination was the orthodox monasteries. Usually, the teenager who is physically and/ or emotionally abused in the family, feels like he/she has no one to talk to and finds willingness in a confessional relationship. All these facts and observations emphasize the role of parent-child relationship in the young person’s development and, implicitly, in the onset of depression in adolescents.

### ***Adolescents’ vulnerability to depression***

The cognitive theories of depression postulate that depressive disorders in adolescence result from an interaction between the teenager’s individual vulnerability to depression and environmental stressors that activate the disorder (Abela & Hankin, 2008). Depressed and depression-vulnerable adolescents have the tendency to exhibit *attentional*, interpretation, inferential, and memory biases for salient stimuli (Hankin & all, 2009). Beck’s cognitive theory postulates that social and affective information is biased by the individual’s rigid negative schema and dysfunctional attitudes (Beck, 1987). The hopelessness theory talks about the individual’s negative cognitive style – the person has the tendency to make negative inferences about the causes of his life events and about his/ her implication in these events (Abramson, Metalsky, & Alloy, 1989). For example, the adolescent has the tendency to catastrophize and interprets his school achievements as “I am at the bottom of my class, so it is normal to have low grades. No matter how much I try to learn, I will never achieve more than a passing grade”; or he interprets his inability to socialize as “I am one of the freaks in my class, so no matter what I do, I will never get more popular.”

### ***Self-esteem and depression***

There are many studies that emphasize the relationship between low self-esteem and depression, but less scientific literature about the way different characteristics of self-esteem predict the level of depression. Sowislo and her colleagues focused in a recent study on the effects of three characteristics of self-esteem on depressive symptoms: its level, its instability (fluctuation across short periods of time) and its contingency (fluctuations in response to self-relevant events). Their findings show that the self-esteem level predicted subsequent depressive symptoms; there was no strong enough evidence for the effect of self-esteem instability, and no evidence for the effect of self-esteem contingency. Also, the three characteristics of self-esteem had no influence over the prediction of depressive symptoms (Sowislo & all, 2014). More recently, Hu and Ai used structural equation modeling to indicate self-esteem as a mediator between the parent-adolescent relationship and depression (Hu & Ai, 2016). Also, the self-esteem trait has an important role in the individual's emotional regulatory processes, mainly by affecting the selection and success of the regulatory responses (VanDellen & all, 2011).

### ***Unconditional self-acceptance and depression***

The concept of unconditional self-acceptance comes from Albert Ellis, who showed highly critical opinions regarding the term of self-esteem and replaced it with this notion as an alternative. Ellis was arguing that the concept of self-esteem is limitative, because it fails to take into account the fact that people are a process, and calls it "perhaps the greatest emotional sickness known to humans" (Ellis, 1996, p. 150). The concept is similar to Carl Rogers' unconditional positive regard (Rogers, 1996). In REBT, self-acceptance is defined as accepting oneself unconditionally regardless of whether the person behaves competently or correctly and whether other people are likely to express approval or respect (Davis, 2008). In a study from 2001, Chamberlain & Haaga found that unconditional self-acceptance correlates negatively with depressive symptoms in a particular mode, as people low in self-acceptance are not expected to be constantly depressed, but are instead prone to depression when negative life events occur (Chamberlain & Haaga, 2001).

### ***Emotional distress and depression***

Emotional regulation is the person's ability to tolerate, be aware of, put into words, and adapt emotions to regulate distress and to promote needs and goals

(Elliott & all, 2004). When we address the topic of emotional regulation, it is important to distinguish between emotions that are a sign of distress and emotions that are a sign of working through distress (Greenberg, 2008). This leads to the distinction between functional and dysfunctional negative emotions, but also to the distinction between adaptive versus dysfunctional emotion regulation. Depression can be seen as a maladaptive attempt of the individual to regulate negative emotional states. The person loses the capacity to access primary adaptive emotional responses to negative life situations, as empowering anger when their rights are violated, and develop instead dysfunctional emotions such as feeling helpless, insecure and furious at himself (Elliott & all, 2004).

When children enter the teenage years, they experience important biological, cognitive and social changes, which makes them more vulnerable to negative emotions, increasing the level of negative affect. They are more sensitive to situations and challenges, and have difficulties in controlling emotional arousal and reactivity, this increasing the risk for internalizing symptoms (Eastabrook, 2014). Studies show that children and adolescents who cannot identify, describe and express their emotions clearly have a higher risk to develop depressive symptoms. Adolescents who hide their own emotions or have a lower capacity to differentiate between their discrete emotions, have a higher probability of developing worrying and ruminative thoughts (Rieffe and De Rooij, 2012).

## **2. The current study**

The aim of this study was to examine the relationship between the unconditional self-acceptance, self-esteem, functional and dysfunctional negative emotions as predictors for the level of depression in Romanian adolescents.

Hypothesis 1: There are statistically significant correlations between the level of depression in adolescents and their unconditional self-acceptance, self-esteem and functional and dysfunctional emotions.

Hypothesis 2: The unconditional self-acceptance, self-esteem, functional and dysfunctional negative emotions are predictors for the level of depression in adolescents.

## **3. Methods**

### ***Participants***

The current study uses data involving a community sample of 300 Romanian adolescents, ages 14 to 17. All subjects were high school students

at the time of the study, recruited from 5 high schools in the Argeş County, Romania. The sample distribution by age and gender is presented in Table 1. All adolescents were asked if they had a current or past diagnosis of depression, anxiety or other mood disorder and if they are taking any medication for this kind of condition, and the ones who gave positive answers to any of these questions were excluded from the study. All the participants provided informed consent forms signed by their parents.

### **Procedures**

All participants filled in four questionnaires: Unconditional Self-Acceptance Questionnaire (USAQ, Chamberlaine & Haaga, 2001), Rosenberg Self-Esteem Scale (Rosenberg, 1965), Emotional Distress Profile (Oprîş and Macavei, 2005) and Beck's Depression Inventory (Beck, Rush, Shaw, & Emery, 1979).

The variables taken into account in this study were: unconditional acceptance of oneself, self-esteem, functional negative emotions – sadness, lowness, dysfunctional negative emotions – sadness, lowness, functional negative emotions – fear, dysfunctional negative emotions – fear, and the level of depression.

### **Measures**

#### *Unconditional self-acceptance*

The unconditional self-acceptance was measured with the *Unconditional Self-Acceptance Questionnaire* (USAQ, Chamberlaine & Haaga, 2001). The questionnaire measures unconditional acceptance of oneself as a protective factor that prevents the onset of certain forms of psychopathology in contact with negative life situations, starting from Albert Ellis theory on unconditional self-acceptance. As said, the person is accepting him/herself fully and unconditionally, regardless of whether they behave intelligently, correctly, or competent and whether people approve of, respect him/her or love him/her. Studies show that, if the individual uses this way of evaluating him/herself in the everyday life, this way of thinking can be a protective factor during the life stress events (Chamberlain and Haaga, 2001). The construction of the questionnaire is based on the concept of self-esteem, which describes judgments of value that each individual has about himself/ herself, as a component of the person's cognitive schema. We used the Romanian version of the scale, for which we calculated the internal consistency in order to determine whether the way in which items are

organized on the scoring sheet may have some impact on the score itself, which depends on the number of used items and on the number of subjects. The Cronbach's alpha was .817 in the current study, indicating a high items' reliability.

#### *Self-esteem*

The adolescent's self-esteem was measured with the *Rosenberg Self-esteem Scale* (Rosenberg, 1965). The scale is a widely used self-report instrument to evaluate the individual's self-esteem. We used the Romanian version of the scale, for which we calculated the internal consistency in order to determine whether the way in which items are organized on the scoring sheet may have some impact on the score itself, which depends on the number of used items and on the number of subjects. The Cronbach's alpha was .919 in the current study, indicating a very high items' reliability.

#### *Functional and dysfunctional negative emotions*

Functional and dysfunctional negative emotions were measured with the *Emotional Distress Profile* (Oprîş and Macavei, 2005). This is a 26-item scale that allows calculating both an overall score of distress and it separates scores for "functional fear/dysfunctional fear", "sadness/ functional depression" and "sadness/ dysfunctional depression". The Romanian scale was designed starting from the items of the *Profile of Mood Disorders, Short Version* (DiLorenzo, Bovbjerg, Montgomery, 1999). There were words added to these items to describe identified emotions as they appear in a Romanian dictionary of synonyms. We calculated the internal consistency in order to determine whether the way in which items are organized on the scoring sheet may have some impact on the score itself, which depends on the number of used items and on the number of subjects. The Cronbach's alpha was .793 in the current study, indicating a high items' reliability.

#### *Depression*

The level of depression was measured with the *Beck's Depression Inventory* (Beck, Rush, Shaw, and Emery, 1979). We used the Romanian version of the scale, for which we calculated the internal consistency in order to determine whether the way in which items are organized on the scoring sheet may have some impact on the score itself, which depends on the number of used items and on the number of subjects. The Cronbach's alpha was .916 in the current study, indicating a high items' reliability.

#### **4. Results**

##### *Descriptive analysis*

Mean scores and standard deviations for each measure are presented in Table 2. Analysis was conducted to determine the distribution of scores in the study sample, for each variable of the present study.

The scores on *unconditional self-acceptance* indicate a medium to high level of self-acceptance among the adolescents in the study, with a mean of 75.99 and a median of 70.50, suggesting that most of the adolescents in the study sample have a positive opinion about themselves. The SD is 26.92, which indicates a high variability of the scores.

The scores on *self-esteem* indicate a medium level of self-esteem among the adolescents in the study, with a mean of 27.94 and a median of 27.50. The SD is 8.06, which indicates a slight variability of the scores.

The scores on *emotional distress* indicate that the adolescents in the study sample have a medium to high level of emotional distress, but with a high variability of the scores. For the functional negative emotions – sadness, lowness, the mean is 26.81 and SD is 13.15, for the dysfunctional negative emotions – sadness, lowness, the mean is 26.20 and SD is 13.34, for the functional negative emotions – fear, the mean is 21.13 and SD is 10.95, and for the dysfunctional negative emotions – fear, the mean is 43.78 and SD is 22.67. The results show that the adolescents participants in the study have a medium to high level of dysfunctional negative emotions, especially fear.

The scores on *depression* indicate that the adolescents in the study sample have a medium level of depression, with a mean of 19.26. The SD of 12.89 shows that the scores have a high variability, an important number of subjects obtaining clinically significant high scores on depression.

##### *Correlational analysis*

Table 3 presents the correlations between variables. The first hypothesis was supported by significant correlation that indicates small to moderate effect sizes.

A high level of depression was associated with a low level of unconditional self-acceptance ( $r = -.783$ ;  $p = .0001$ ), low self-esteem ( $r = -.624$ ;  $p = .0001$ ), high functional negative emotions – sadness, lowness ( $r = .234$ ;  $p = .0001$ ), high dysfunctional negative emotions – sadness, lowness ( $r = .332$ ;  $p = .0001$ ), and low dysfunctional negative emotions – fear ( $r = -.187$ ;  $p = .0001$ ). There was no significant correlation between the level of depression and the functional fear. This

means that the adolescents participants in the present study who have a high level of depression manifest high functional and dysfunctional sadness and lowness, but a low level of dysfunctional fear.

##### *Multiple linear regression for the prediction of depression*

We used the multiple linear regression model in order to explore the relationship between three explanatory variables (unconditional self-acceptance, self-esteem, and the four dimensions of the emotional distress) and the criterion variable represented by the level of depression. Our goal was to find out if the unconditional self-acceptance, self-esteem, and emotional distress significantly predict depression in adolescents. Table 4 presents the results of the linear regression model.

The results show that the variance of the level of depression ( $F(1; 298) = 473$ ,  $p = .0001$ ) is significantly explained by the level of unconditional self-acceptance ( $\Delta R^2 = .614$ ,  $p = .0001$ ), by the level of self-esteem ( $\Delta R^2 = .615$ ,  $p = .022$ ), and by the level of emotional distress ( $\Delta R^2 = .653$ ,  $p = .0001$ ).

In table 5 we present the significant differences between the three prediction models of the level of depression. The results show that there are significant differences between:

- a. Prediction model 2 ( $F(2; 297) = 237.69$  and  $p = .0001$ ) and 1 ( $F(1; 298) = 473.77$  and  $p = .0001$ ), stating the inferiority of the model that predicts the level of depression depending on the level of unconditional self-acceptance;
- b. Prediction model 3 ( $F(6; 293) = 91.98$  and  $p = .0001$ ) and 2 ( $F(2; 297) = 237.69$  and  $p = .0001$ ), stating the inferiority of the model that predicts the level of depression depending on the level of unconditional self-acceptance and on the self-image.

The comparison between the three prediction models shows the superiority of the prediction model 3 ( $F(6; 293) = 91.98$  and  $p = .0001$ ), which predicts the level of depression depending on the level of unconditional self-acceptance, on the self-image and on the degree of emotional distress.

In Table 6 we present the standardized and non-standardized coefficients for the prediction of depression level. By analyzing the final prediction model, we can see that all the predictors taken into account in the current study are significant: unconditional self-acceptance ( $\beta = -.306$ ,  $p = .0001$ ), self-esteem ( $\beta = -.149$ ,  $p = .008$ ), functional negative

emotions – sadness, lowness ( $\beta = .030, p = .040$ ), dysfunctional negative emotions – sadness, lowness ( $\beta = .185, p = .0001$ ), functional negative emotions – fear ( $\beta = -.341, p = .043$ ), dysfunctional negative emotions – fear ( $\beta = -.077, p = .0001$ ).

Therefore, the data can support the idea that depression occurs when the level of unconditional self-acceptance and self-esteem gets low, when the level of functional and dysfunctional negative emotions of sadness and lowness increases, and when the level of functional and dysfunctional negative emotions of fear decreases.

The prediction equation in standard scores is:

$$Y_{\text{level of depression}} = (-0,638) \text{ unconditional self-acceptance} + (-0,093) \text{ self-esteem} + 0,031 \text{ functional negative emotions – sadness, lowness} + 0,192 \text{ dysfunctional negative emotions – sadness, lowness} + (-0,029) \text{ functional negative emotions – fear} + (-0,135) \text{ dysfunctional negative emotions – fear.}$$

## 5. Discussion

In this study, we used a representative sample of 300 Romanian adolescents, aged 14 to 17, in order to examine the predictors for the level of depression, taking into account the level of the subjects' unconditional self-acceptance, their self-esteem, and their functional and dysfunctional negative emotions. We identified significant correlations between the three variables considered and the level of depression in adolescents, and we also described the prediction equation of the depression. Our findings add to the current evidence about the way in which, in the case of children and adolescents, symptoms of depression correlate with the variables analyzed here, and they can also play an important role in predicting depression during adolescent years.

The correlational study found that a high level of depression is associated with a low level of unconditional self-acceptance, low self-esteem, high functional and dysfunctional sadness and lowness, but a low level of dysfunctional fear. These findings are in consensus with the scientific evidence in the field. The negative correlation between unconditional self-acceptance and depression is highly emphasized on in REBT studies (Chamberlain & Haaga, 2001), and a low self-esteem level predicts the high level of depressive symptoms (Sowislo & all, 2014). The role of functional or dysfunctional emotions in depression, mediated by the individual's unconditional self-acceptance, is illustrated by Ellis, who talks about the role of unconditional self-acceptance when the person goes through a situation of failure or rejection. If the person unconditionally accepts himself/herself, he/she may have healthy adaptive emotions of frustration and regret, but if he/she doesn't unconditionally accepts himself, he/she will rather develop dysfunctional emotions of failure or complete incompetence (Ellis, 2003).

The prediction equation of depression taking into account the three variables, unconditional self-acceptance, self-esteem, and functional and dysfunctional negative emotions, has important implications in practice, both in designing prevention programs for depression in adolescents, and in designing evidence-based psychotherapy programs for intervention.

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**Table 1**

The sample distribution by age and gender

Age	Gender		Total
	Male	Female	
14	37	37	74
15	37	37	74
16	37	37	74
17	39	39	78
Total	150	150	300

**Table 2**  
Means and standard deviations

	Unconditional self-acceptance	Self-esteem	Functional negative emotions – sadness, lowness	Dysfunctional negative emotions – sadness, lowness	Functional negative emotions – fear	Dysfunctional negative emotions – fear	Depression
Mean	75.99	27.94	26.81	26.20	21.13	43.78	19.26
Median	70.50	27.50	23.00	22.00	19.00	54.00	19.00
Mod	96 <sup>a</sup>	40	24	21	19	65	2
Standard Deviation	26.925	8.062	13.152	13.346	10.955	22.673	12.890
Variance	724.976	65.000	172.975	178.127	120.002	514.077	166.141
Skewness	.065	-.321	2.658	2.658	3.403	-.070	.317
Kurtosis	-1.565	-.331	6.102	6.085	12.593	-1.671	-.333
Minim	33	10	12	10	10	10	1
Maxim	121	40	83	83	83	83	55

**Table 3**  
Pearson correlation coefficients among study variables

Variables	Depression
Unconditional self-acceptance	r = -.783 <sup>**</sup>
Self-esteem	r = -.624 <sup>**</sup>
Functional negative emotions – sadness, lowness	r = .234 <sup>**</sup>
Dysfunctional negative emotions – sadness, lowness	r = .332 <sup>**</sup>
Functional negative emotions – fear	r = -.037 <sup>+</sup>
Dysfunctional negative emotions – fear	r = -.187 <sup>**</sup>

Note: <sup>\*\*</sup>  $p < .01$ , <sup>+</sup>  $p = .552$

**Table 4**  
Multiple linear regression for the prediction of depression

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.783 <sup>a</sup>	.614	.612	8.026	.614	473.077	1	298	.000
2	.785 <sup>b</sup>	.615	.613	8.020	.002	1.508	1	297	.022
3	.808 <sup>c</sup>	.653	.646	7.668	.038	7.971	4	293	.000

a. predictors: (constant), unconditional self-acceptance

b. predictors: (constant), unconditional self-acceptance, self-esteem

c. predictors: (constant), unconditional self-acceptance, self-esteem, the four dimensions of the emotional distress (functional negative emotions – sadness, lowness, dysfunctional negative emotions – sadness, lowness, functional negative emotions – fear, dysfunctional negative emotions – fear)

d. criterion: depression

**Table 5**  
Significant differences between the prediction models of the level of depression

	Model	Sum of Squares Mean	df	Mean	Levene Test (F)	p
1	Regression	30477.718	1	30477.718	473.077	.000 <sup>a</sup>
	Residuum	19198.479	298	64.424		
2	Regression	30574.720	2	15287.360	237.696	.000 <sup>b</sup>
	Residuum	19101.477	297	64.315		
3	Regression	32449.390	6	5408.232	91.985	.000 <sup>c</sup>
	Residuum	17226.806	293	58.795		

*a. predictors: (constant), unconditional self-acceptance*

*b. predictors: (constant), unconditional self-acceptance, self-esteem*

*c. predictors: (constant), unconditional self-acceptance, self-esteem, the four dimensions of the emotional distress (functional negative emotions – sadness, lowness, dysfunctional negative emotions – sadness, lowness, functional negative emotions – fear, dysfunctional negative emotions – fear)*

*d. criterion: depression*

**Table 6**  
Standardized and non-standardized coefficients for the prediction of depression level

	Model	B	SE B	$\beta$	t	p
1	(Constant)	47.756	1.390		34.368	.000
	Unconditional self-acceptance	-.375	.017	-.783	-21.750	.000
2	(Constant)	48.913	1.678		29.150	.000
	Unconditional self-acceptance	-.350	.027	-.732	-13.210	.000
	Self-esteem	-.109	.089	-.068	-1.228	.022
3	(Constant)	46.623	2.351		19.828	.000
	Unconditional self-acceptance	-.306	.027	-.638	-11.444	.000
	Self-esteem	-.149	.086	-.093	-1.739	.008
	Functional negative emotions – sadness, lowness	.030	.035	.031	.850	.040
	Dysfunctional negative emotions – sadness, lowness	.185	.038	.192	-4.828	.000
	Functional negative emotions – fear	-.034	.043	-.029	.791	.043
	Dysfunctional negative emotions – fear	-.077	.023	-.135	3.390	.001

*a Criterion: depression*



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