

## A Study of Depression and Self Esteem Between Working and Non-Working Married Women



### Psychology

KEYWORDS : Depression, Self esteem

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### ABSTRACT

*This study explored depression and self esteem between working and non working married women. In this study 140 females 70 working and 70 non-working who fulfilled the inclusion and exclusion criteria were selected purposely for the study. After developing the good rapport with the females, their socio-demographic details were collected with their concerns. After that Beck depression inventory (BDI) and Rosenberg self-esteem scale were administered on them. Findings revealed that there is significant difference between working and non-working married women on depression and self esteem.*

### INTRODUCTION

Depression is an extremely common problem, and it can be extremely painful one, regardless of individual's age or life circumstances. Depression usually starts in early adulthood, with likely recurrences. It affects women more often than men, and unemployed people are also at high risk. An episode may be characterized by sadness, indifference or apathy, or irritability. It is usually associated with change in a number of neuro vegetative functions, (such as sleep patterns, appetite and weight, motor agitation or retardation, fatigue, impaired concentration and decision-making) as well as feelings of shame or guilt, and thoughts of death or dying. A small proportion of patients will experience psychotic symptoms. The duration of an untreated crisis ranges from nine months to several years. Approximately eight of ten people experiencing an initial depression. Episode of major depressive disorder will go on to have at least one additional episode during their lifetime. Approximately 10 to 15 per cent will have a subsequent manic episode, at which point the patient is then reclassified as having a bipolar disorder. The nature of depression is such that affected persons are unlikely to realize that they are depressed and are therefore unlikely to seek help for themselves. They are also less capable of appropriately taking their treatment as directed by health care professionals. In all chronic conditions the concurrence of depression highly affects the quality of care provided by patients themselves and received by others.

Major depressive disorder is defined as a period of depressed mood and/or loss of interest or pleasure in most activities, together with other symptoms which may include change in body weight, constant sleep problems, tiredness, inability to think clearly, agitation, greatly slowed behaviour, and thoughts of death and suicide. Other symptoms include excessive guilt or feelings of worthlessness.

### Definitions based on the ICD-10

Depressive episode:

In typical mild, moderate, or severe depressive episodes, the patient suffers from lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common. Sleep is usually disturbed and appetite diminished. Self-esteem and self confidence are almost always reduced and, even in the mild form, some ideas of guilt or worthlessness are often present. The lowered mood varies little from day to day, is unresponsive to circumstances and may be accompanied by so-called "somatic" symptoms, such as loss of interest and pleasurable feelings, waking in the morning several hours before the usual time, depression worst in the morning, marked psych-

omotor retardation, agitation, loss of appetite, weight loss, and loss of libido. Depending upon the number and severity of the symptoms, a depressive episode may be specified as mild, moderate or severe.

### Recurrent depressive disorder:

A disorder characterized by repeated episodes of depression as described for depressive episode (see above), without any history of independent episodes of mood elevation and increased energy (mania). There may, however, be brief episodes of mild mood elevation and over-activity (hypomania) immediately after a depressive episode, sometimes precipitated by antidepressant treatment. The more severe forms of recurrent depressive disorder have much in common with earlier concepts such as manic-depressive depression, melancholia, vital depression and endogenous depression. The first episode may occur at any age from childhood to old age, the onset may be either acute or insidious, and the duration varies from a few weeks to many months. The risk that a patient with recurrent depressive disorder will have an episode of mania never disappears completely, however many depressive episodes have been experienced. If such an episode does occur, the diagnosis should be changed to bipolar affective disorder.

Factors Predisposing towards Depression : Genetic make-up, or heredity is an important risk factor for major depression and bipolar disorders. Age is also a risk factor. For instance, women are particularly at risk during young adulthood, while for men the risk is highest in early middle age. Similarly gender also plays a great role in this differential risk addition. For example, women in comparison to men are more likely to report a depressive disorder. Other risk factors are experiencing negative life events and lack of social support.

### DSM-IV severities of depression

- subthreshold depressive symptoms: Fewer than 5 symptoms
- Mild depression: few, if any, symptoms in excess of the 5 required to make the diagnosis, and symptoms result in only minor functional impairment
- Moderate depression: symptoms or functional impairment are between 'mild' and 'severe'
- Severe depression: most symptoms, and the symptoms markedly interfere with functioning. Can occur with or without psychotic symptoms.

### Symptoms of clinical depression

The proposed DSM-5 diagnosis of major depressive disorder (MDD) requires five depressive symptoms to be present for at least 2 weeks. These symptoms must include either depressed

mood or loss of interest and pleasure. As shown in the proposed DSM-5 criteria, additional symptoms must be present, such as changes in sleep, appetite, concentration or decision making, feelings of worthlessness, suicidality, or psychomotor agitation or retardation.

Proposed DSM-5 Criteria for Major Depressive Disorder

Sad mood or loss of pleasure in usual activities.

At least five symptoms (counting sad mood and loss of pleasure):

- Sleeping too much or too little
- Psychomotor retardation or agitation
- Weight loss or change in appetite
- Loss of energy
- Feelings of worthlessness or excessive guilt
- Difficulty concentrating, thinking, or making decisions`
- Recurrent thoughts of death or suicide

Symptoms are present nearly every day, most of the day, for at least 2 weeks.

Diagnostic criteria for depression ICD-10 uses an agreed list of ten depressive symptoms

Key symptoms:

- persistent sadness or low mood;and/or
- loss of interests or pleasure
- fatigue or low energy
- at least one of these, most days, most of the time for at least 2 weeks
- if any of above present, ask about associated symptoms:
- disturbed sleep
- poor concentration or indecisiveness
- low self-confidence
- poor or increased appetite
- suicidal thoughts or acts
- agitation or slowing of movements
- guilt or self-blame

the 10 symptoms then define the degree of depression and management is based on the particular degree not depressed ( fewer than four symptoms)

mild depression ( four symptoms)

moderate depression ( five to six symptoms)

severe depression (seven or more symptoms, with or without psychotic symptoms)

symptoms should be present for a month or more and every symptom should be present for most of every day.

-Heino, Rimpelä, Marttunen, Rimpelä & Rantanen (1999) this study assess the relation between being bullied or being a bully at school, depression, and severe suicidal ideation. 16410 adolescents aged 14-16 were taken as sample. There was an increased prevalence of depression and severe suicidal ideation among both those who were bullied and those who were bullies. Depression was equally likely to occur among those who were bullied and those who were bullies.

Evans, Heron, Francomb, Oke & Golding (2001) this study follow mothers' mood through pregnancy and after childbirth and compare reported symptoms of depression at each stage. Pregnant women resident within Avon with an expected date of delivery between 1 April 1991 and 31 December 1992 was taken as the sample of this study. Symptoms of depression are not more common or severe after childbirth than during pregnancy. Symptoms of depression are not more common or severe after childbirth than during pregnancy.

**SELF-ESTEEM:**

Self-esteem is defined as once opinion of once self and once worth. In other words, once perception of his/her value as a person, particularly with regard to the work one do, once status, achievements, purpose in life, once perceived place in the social order, potential for success, strengths and weaknesses; how one relate to others and once ability to stand on own feet.

**How is self-esteem built & destroyed.**

<p><b>Built</b></p> <ul style="list-style-type: none"> <li>• Having a good role model.</li> <li>• Praise &amp; compliments.</li> <li>• Focusing on the positive.</li> <li>• Keeping criticism to a minimum.</li> <li>• Setting &amp; achieving goals.</li> <li>• Positive self talk.</li> <li>• Physical Activity.</li> <li>• Forgive one's self for past mistakes.</li> <li>• Practice your talents or skills.</li> <li>• Learn new things.</li> <li>• Plenty of rest and relaxation.</li> </ul>	<p><b>Destroyed</b></p> <ul style="list-style-type: none"> <li>• Comparing yourself to others.</li> <li>• Negative role models</li> <li>• Putting yourself down (negative self talk / criticism).</li> <li>• Put downs from others, especially significant others.</li> <li>• Underestimating your capabilities.</li> <li>• Having perfectionistic expectations of yourself.</li> <li>• Constant failure.</li> <li>• Relationship breakdowns.</li> <li>• Poor diet, lack of exercise, poor sleeping habits.</li> </ul>
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**The Effects of High Self-Esteem.**

People with high self-esteem possess the following characteristics:

- They like to meet new people.
- They don't worry about how others will judge them.
- They have the courage to express themselves.
- Their lives are enriched with each new encounter.
- They are nicer to be around.
- Their ideas are met with interest because others want to hear what they have to say.
- They make good leaders!
- They appreciate life and are willing to try new things - they are magnets to positive opportunities!
- Have less mental health problems

People with high self-esteem have an "I think I can" attitude!

**The Effects of Low Self-Esteem.**

People with low self-esteem possess the following characteristics:

- They don't believe in themselves.
- They see themselves failing before they begin.
- They have a hard time forgiving their mistakes and make themselves pay the price forever.
- They believe they can never be as good as they should be or as others
- They are afraid to show their creativity because they will be ridiculed.
- They are dissatisfied with their lives.
- They spend most of their time alone.
- They complain and criticize.
- They worry about everything and do nothing.
- Have more incidences of mental health issues like depression, stress and anxiety.
- People with low self-esteem have an "I can't do it" attitude.
- How to raise self-esteem.

Feelings of low self-esteem often build up over a lifetime, and letting go of ingrained feelings and behaviors is not an easy task. It may take time, hard work, and it may require professional counseling. But there are some simple, positive thinking techniques that can be used to help improve self-esteem. These are called affirmations. Using affirmations to stop negative self-talk is a simple, positive way to help increase self-esteem. Affirmations are encouraging messages we can give ourselves every day until they become part of our feelings and beliefs. Affirmations work best when a person is relaxed. But since people are often upset when they are giving themselves negative self-messages,

they may need to counter negative messages with positive ones. For example, replace the message "I made a stupid mistake, and I am no good at this job," with "Yes, I made a mistake but I have learned from it, and now I can a better job." Begin each day by looking in the mirror and giving yourself a positive message. The following affirmations can help you to work toward a positive self-image:

- I respect myself and others
- I am lovable and likable
- I am confident, and it shows
- I care about myself
- I am creating loving, healthy relationships
- I am a good friend to myself and others
- I accept myself just as I am
- I look great
- Life is good, and I like being a part of it

Russello (2009) This study explored the effects of media exposure on men and women's body satisfaction, self-esteem, level of internalization of sociocultural ideals, and level of social comparison. Male and female undergraduates (N = 32) were exposed to television advertisements either with muscular men and thin women (sociocultural ideal group) or without those types of men and women (neutral advertisement group). Men were more satisfied with their bodies than women, and they internalized ideals less. Self-esteem and social comparison levels were similar for both men and women.

Cascardi & O'Leary (1992) this study shows the Depressive symptomatology, self-esteem, and self-blame in battered women. The result shows that the Eighty-nine percent of the women experienced severe acts of physical abuse and 31% of the women required surgery or suffered concussions as a result of their injuries. Fifty-two percent of the women scored above 20 on the Beck Depression Inventory. As the number, form, and consequences of physically aggressive acts increased and/or worsened, the women's depressive symptoms increased and self-esteem decreased. However, only 12% of the women in this sample blamed themselves for causing their partner's violence. Further, neither self-blame nor partner blame was associated with length of abuse or the frequency and severity of physical aggression. However, self-blame was marginally associated with depressive symptomatology.

Clay, Vignoles & Dittmar (2005) this study explore the body image and self-esteem among adolescent girls in context with the influence of the social factor such as unrealistic media image of the female body. The sample was 136 UK girls of the age 11-16 were taken. The experimental exposure was either to ultra-thin or average-size magazine models lowered body satisfaction and, consequently, self-esteem. Self-esteem was also lower among older than among younger girls.

Strange, Neuenschwander & Dauer (2002) The goal of this study was to explore the relationship between age and self-esteem in female children and adolescents. Females in grades 2-12 in the Camden-Frontier School District were examined regarding their self-esteem. The junior high and high school participants completed the Rosenberg Self-esteem Scale to assess levels of self-esteem. The elementary school participants completed a version of the same scale that was slightly modified for age. The age related changes in self-esteem were determined using an ANOVA. It was predicted that self-esteem would begin at high levels in early childhood, drop around junior high, and increase again in high school, resulting in a curvilinear relationship.

Zeab & Ali (2015) study focused on the difference of self-esteem of working and non-working women of Pakistan. It was hypothesized that "the working-women will score higher on the variable

of Self-esteem as compare to non-working women. The sample of 250 (125 working, 125 non working) women were taken by purposive sampling technique. The target group's age range was between 28 years to 45 years. Rosenberg self-esteem Scale (RSES, 1965) was administered. It was concluded that non-working women are likely to have higher self-esteem than working-women in Pakistan.

## METHODOLOGY

### AIM:-

To investigate depression and self-esteem among working and non-working married women.

### OBJECTIVES:-

1. To see the depression among working and non-working married women.
2. To see the self-esteem among working and non-working married women.

### HYPOTHESES:-

1. There will be significant difference in depression between working and non-working married women.
2. There will be significant difference in self-esteem between working and non-working married women.

### SAMPLE:-

A sample of 140 (70 working and 70 non-working) were purposely selected for the present study fulfilling the inclusion and exclusion criteria.

### INCLUSION CRITERIA:

1. Age criteria above 18 years to 60 years.
2. Women who were co-operative for the study.
3. Females were taken.

### EXCLUSION CRITERIA:

1. Males were excluded.
2. Females having other psychiatric co-morbidity.

### TOOL-USED:-

1. Socio-demographic data sheet.
2. Beck depression inventory (BDI).
3. Rosenberg self-esteem scale.

### Beck depression inventory (BDI):

The Beck Depression Inventory is a widely utilized 21-item self-report scale in both clinical and research studies. The Beck Depression Inventory-II is a depression rating scale that can be used in individuals that are ages 13 years and older, and rates symptoms of depression in terms of severity on a scale from 0 to 3 based on the 21 specific items. Patients that endorse multiple items on the questionnaire (i.e. sadness, pessimism, past failure, loss of pleasure, guilt feelings, punishment fears, self-dislike, and so forth) typically have higher scores with a maximum score of 63 compared to others. The sum of the BDI generally represents the severity of the depression with the test being scored differently for the general population compared to those individuals with an established clinical diagnosis of depression. For the general population, a score of 21 or greater is associated with depression but for individuals who have been clinically diagnosed, scores from 0 to 9 represent minimal depressive symptoms, scores of 10 to 16 indicate mild depression, scores of 17 to 29 indicate moderate depression, and scores of 30 to 63 indicate severe depression. Reliability of BDI is 0.89, test-re-test reliability is 0.93

### Rosenberg self-esteem scale:

The Rosenberg Self-Esteem Scale, a widely used self-report instrument for evaluating individual self-esteem, was investigated using item response theory. A 10-item scale that measures global

self-worth by measuring both positive and negative feelings about the self. The scale is believed to be uni-dimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree. Reliability is 0.77 and test-re-test reliability is 0.63.

**PROCEDURE:-**

In this study 140 females 70 working and 70 non-working who fulfilled the inclusion and exclusion criteria were selected purposely for the study. After developing the good rapport with the females, their socio-demographic details were collected with their concerns. After that beck depression inventory (BDI) and Rosenberg self-esteem scale were administered on them.

**STATISTICAL ANALYSIS:-**

Data collected was analysed in terms of mean and standard deviations, comparisons were made between the group using t-test for statistical analysis using statistical package for social science (SPSS) version 16.

**RESULTS:-**

**Table 1 showing the mean and standard deviation of self-esteem among working married women and non-working married women.**

Grouping	N	Mean	Standard Deviation
Working married women	70	19.2857	5.02787
Non-working married women	70	14.7143	5.67001

**Table 2 showing mean and standard deviation and t-score of working married women and non-working married women.**

Grouping	N	Mean	Standard Deviation	T-test
Working married women	70	19.2857	5.02787	5.047
Non-working married women	70	14.7143	5.67001	5.047

The result shows mean and standard deviation between the self-esteem level of working and non-working married women.

**Table 3 showing mean and standard deviation of depression among working married women and non-working married women.**

Grouping	N	Mean	Standard deviation
Working married women	70	14.6143	8.86009
Non-working married women	70	18.6000	8.12297

**Table 4 showing mean and standard deviation and t-score of depression among working married women and non-working married women.**

Grouping	N	Mean	Standard deviation	T-test
Working married women	70	14.6143	8.86009	-2.774
Non-working married women	70	18.6000	8.12297	-2.774

The result shows a standard deviation of mean and standard deviation between the the depression level of working and non-working married women.

**DISCUSSION**

The study was conducted to investigate the difference between depression and self-esteem among working and non-working married women. Two objective were taken for the study i.e. to see the depression among working and non-working married women and to see the self-esteem among working and non-working married women. The sample of 140 (70 non-working married

women and 70 working married women) were taken who fulfil the inclusion and exclusion criteria that are inclusion criteria: Age criteria above 18 years to 60 years. Women who were co-operative for the study. Females were taken. Exclusion criteria: Males were excluded. Females having other psychiatric comorbidity. Tool used were Socio-demographic data sheet, Beck depression inventory (BDI) and Rosenberg self-esteem scale. The mean of self-esteem was found to be 14.7143 for working married women and 19.2857 for non-working married women, standard deviation for self-esteem was 5.02787 for working married women and 5.67001 for non-working married women the t-test for self-esteem were found to be 5.047 for working married women and 5.047 for non-working married women. The mean of depression was found to be 14.6143 for working married women and 18.6000 for non-working married women, standard deviation for depression was 8.86009 for working married women and 8.12297 for non-working married women the t-test for depression were found to be -2.774 for working married women and -2.774 for non-working married women. The result showed significant difference between the depression and self-esteem among working and non-working married women at the level of .001. The results revealed that the working married women possess higher Self-esteem than the non-working married women. The hypothesis is being met that The working- married women will score higher on the variable of self-esteem as compare to the non-working- married women. The working-women scored higher than the non-working-women on the variable of self-esteem. Concentrating on working-women, if picks up the relevant material from Farida and Mumtaz (2010) that employed females feel themselves as competent and ready to face the challenges in modern day society being more cultured and confident due to their financial and professional position. The scores reflect better psychological health of the working-women,

Alfred Adler's (1964; 1971) theory of inferiority complex, support the phenomena that a woman, having innate sense of inferiority, utilizes the potential motivational energy to overcome the inferiority feelings. She strives to rise, to gain respect and fame. Since, working-women got higher scores than non-working women on the variable of self-esteem, it may be considered as a good sign leading to the theory that working-women are well aware of the psychological needs and manage them well. They, for this reason, have stronger inferiority feelings, furthermore, they have stronger desire to be respected and to be loved (Maslow, 1954). These needs, perhaps, substantially motivate the women to work and gratify the inner feelings rather than the physical comfort. This research was undertaken to investigate the self esteem and depression among working and non-working married women. The results indicate that working married women are better adjusted in their married life than non working married women. Along with this they also do not feel depression and stress in their married life as compared to working married women. Findings support our hypotheses that non working married women have to face more depression as compared to the working married women. It means that both have equal levels of depression in their life. It can be assumed that if working married woman feels depression in her married life because of her over burden of office work, then it is right to say that non-working married women may also face depression because of any family member's misbehavior or tension at home.

**CONCLUSION**

According to the result's higher self -esteem figures, the employed women are felt to be confident, organized and practical. Employed women's better mental health condition than none employed one, points out the urge to providing the emotional security to the working women. The lowered scores on the variable of self-esteem of house wives showed the instable mental health than working women.

**LIMITATIONS**

- The study was conducted among working and non working women who are present in the community at the time of data collection.
- The study was conducted among working and non working women who are willing to participate.
- The sample size was less.

**FUTURE DIRECTIONS:**

- Sample size can be increased.
- Sample can be taken from different places.

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