A CORRELATION ANALYSIS OF THE RELATIONSHIP BETWEEN DEPRESSION AND SELF-ESTEEM AMONG SCHOOL STUDENTS

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DECLARATION BY THE CANDIDATE

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Submitted in partial fulfilment of the requirements for the award of the Degree of Master of Arts in Psychology (Clinical and Counselling) with Research in Psychology, to MIER College of Education (Autonomous), is an authentic record of my own research work carried out under the supervision of Mrs. Ayushi Grover, Assistant Professor.

I further declare that the work embodied in the present dissertation:

a) Is my original work and has not been copied from any research journal, dissertation, thesis, or book; and

b) Has not been submitted by me for the award of any other Degree/Diploma/Certificate of any University or Institution.

c) All sources of information used in this study have been duly acknowledged.

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ABSTRACT

Depression and self-esteem are two of the most clinically and educationally significant psychological constructs in the study of adolescent mental health. The present study examined the relationship between depression and self-esteem among school students, with additional investigation of gender differences in these variables. Using a correlational research design, a sample of 150 students aged 13–18 years was recruited through simple random sampling. The Beck Depression Inventory-II (BDI-II; Beck et al., 1996) and the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) were administered as the primary assessment instruments. Pearson's product-moment correlation was employed to assess the strength and direction of the association between depression and self-esteem, while independent-samples t-tests were used to examine gender differences.

The findings revealed a statistically significant negative correlation between depression and self-esteem, $r(148) = -.19$, $p = .022$, indicating that students with lower self-esteem tended to report higher depressive symptomatology. No significant gender differences were observed in either variable. The findings are discussed in light of existing theoretical frameworks, including Beck's (1967) cognitive theory of depression, the vulnerability– scar model (Sowislo & Orth, 2013), hopelessness theory (Abramson et al., 1989), developmental self-concept theory (Harter, 2012), the diathesis–stress model (Monroe & Simons, 1991), and sociometer theory (Leary & Baumeister, 2000). The study contributes to the understanding of mental health dynamics in school-age populations and has implications for school-based screening, prevention, and intervention programmes.

Keywords: *depression, self-esteem, school students, adolescence, BDI-II, Rosenberg* Self-*Esteem Scale, correlational study*

CHAPTER I

INTRODUCTION

Depression is a mental health condition characterized by persistent feelings of sadness, emptiness, or loss of interest in activities, along with other emotional, cognitive, and physical symptoms that significantly interfere with daily functioning (American Psychiatric Association, 2022). Emotional symptoms include prolonged sadness, hopelessness, irritability, or emotional numbness. Cognitive symptoms involve negative thinking patterns, difficulty concentrating, memory problems, indecisiveness, and sometimes thoughts of death or suicide. Physical symptoms include changes in sleep (insomnia or oversleeping), appetite and weight changes, fatigue, low energy, and unexplained aches or pains. Behavioral changes may involve withdrawal from social activities, loss of interest in previously enjoyed hobbies, decreased productivity, and neglect of responsibilities.

According to the DSM-5 (American Psychiatric Association, 2022), Major Depressive Disorder is defined by the presence of five or more of the following symptoms during the same two-week period: depressed mood most of the day; markedly diminished interest or pleasure in activities (anhedonia); significant weight or appetite change; insomnia or hypersomnia; psychomotor agitation or retardation observable by others; fatigue or loss of energy; feelings of worthlessness or excessive guilt; diminished ability to concentrate or indecisiveness; and recurrent thoughts of death or suicidal ideation. At least one symptom must be either depressed mood or anhedonia, and symptoms must cause clinically significant distress or functional impairment. The DSM-5 employs the mnemonic "SIG E CAPS" (Sleep, Interest, Guilt, Energy, Concentration, Appetite, Psychomotor activity, Suicidal ideation) to aid recall of the nine symptom criteria.

Self-esteem is an individual's overall subjective evaluation of their own worth, value, and competence, reflecting how much a person appreciates, accepts, and likes themselves (Rosenberg, 1965). Global self-esteem refers to the overarching sense of self-worth, whereas domain-specific self-esteem involves evaluations in areas such as academic competence, physical appearance, social acceptance, athletic ability, or moral conduct (Harter, 2012). Self-esteem encompasses both cognitive elements

(thoughts and beliefs about oneself) and affective elements (emotional responses to oneself), ranging from very low to very high. Healthy self-esteem involves realistic self appraisal, self-acceptance, and resilience in the face of setbacks, while low self-esteem is characterized by negative self-perception, self-doubt, excessive self-criticism, and heightened sensitivity to failure or rejection (Mann et al., 2004). Unstable self-esteem — characterized by fluctuations in self-worth in response to daily events, feedback, or social comparisons — can increase vulnerability to emotional difficulties (Orth& Robins, 2022).

Mental health concerns among school-going children and adolescents have emerged as a critical public health priority, with depression and low self-esteem representing two of the most prevalent psychological challenges facing young people today (World Health Organization, 2021). The school years constitute a formative period characterized by rapid physical, cognitive, emotional, and social development, during which students face numerous academic, interpersonal, and identity-related challenges that significantly impact their psychological well-being (Steinberg, 2020). Understanding the relationship between depression and self-esteem during this developmental phase is therefore essential for developing effective prevention and intervention strategies.

Epidemiological studies have consistently demonstrated alarming prevalence rates of depression among school-aged populations, with recent meta-analyses suggesting that approximately 13–20% of children and adolescents experience a depressive episode before reaching adulthood (Shorey et al., 2022). The COVID-19 pandemic further exacerbated this crisis, with reported increases in depressive symptoms among students worldwide due to prolonged school closures, social isolation, disrupted routines, and heightened family stress (Panchal et al., 2023).

The consequences of untreated depression during the school years can have profound, long-lasting effects on multiple domains of functioning. Academically, depressed students often experience difficulties with concentration, memory, motivation, and cognitive processing, leading to declining grades, increased absenteeism, and higher dropout rates (Quiroga et al., 2013). Socially, depression can result in withdrawal from peer relationships and increased vulnerability to bullying and victimisation (Hawker &Boulton, 2000). Furthermore, depression during childhood and

adolescence is associated with increased risk for substance abuse, risky behaviors physical health problems, and recurrent depressive episodes in adulthood, highlighting the critical importance of early identification and intervention (Clayborne et al., 2019).

The development of self-esteem during the school years is influenced by multiple interacting factors at individual, familial, peer, and societal levels (Harter, 2012). During childhood, self-esteem is heavily influenced by feedback from parents, teachers, and other significant adults, as well as by experiences of success and mastery. As children transition into adolescence, peer relationships and social comparisons become increasingly important sources of self-esteem, while the development of abstract thinking enables more complex self-evaluations (Steinberg, 2020). Cultural factors, including societal beauty standards, achievement expectations, and social media influences, also play increasingly significant roles in shaping adolescent self-esteem (Twenge& Campbell, 2018).

Empirical research has consistently documented significant negative correlations between self-esteem and depression across diverse cultural contexts, demonstrating that higher self-esteem is associated with lower depressive symptoms, while low self-esteem is one of the strongest and most consistent predictors of depression (Sowislo&Orth, 2013). Gender differences have also been documented, with adolescent girls typically reporting lower self-esteem and higher rates of depression compared to adolescent boys, particularly after puberty (Salk et al., 2017). Several explanatory factors include hormonal changes, differential socialization practices, greater emphasis on physical appearance, and differences in coping strategies and rumination tendencies (NolenHoeksema&Girgus, 1994).

Academic performance, school experiences, family factors, and peer relationships all represent important contextual influences on both depression and self-esteem (Baumrind, 1991; Hawker &Boulton, 2000; Quiroga et al., 2013; Tsaousis, 2016). Warm, supportive parenting is consistently associated with higher self-esteem and lower depression, while peer acceptance and friendship quality serve protective functions, and peer rejection and bullying victimisation represent significant risk factors. Understanding these contextual influences is essential for developing school-based prevention and intervention strategies.

1.1 Theoretical Framework: Beck’s Cognitive Theory of Depression

The primary theoretical anchor for the present study is Beck's (1967) cognitive theory of depression, which offers the most comprehensive and empirically well-validated explanation of the mechanisms linking low self-esteem to depressive symptomatology. Beck proposed that individuals who are vulnerable to depression possess stable, maladaptive cognitive structures known as negative self-schemas — deeply ingrained belief systems that filter incoming information in a negatively biased manner. These schemas predispose individuals to interpret experiences in terms of personal inadequacy, failure, and worthlessness, thereby sustaining chronically low self-esteem. When activated by stressful life events, these schemas initiate the cognitive triad — persistent negative views of the self, the world, and the future — which lies at the core of the depressive experience (Beck, 2008). Within this framework, low self-esteem is simultaneously a cognitive vulnerability factor for depression and a core symptomatic feature of the depressive state (Beck &Bredemeier, 2016). Cognitive biases such as selective attention to negative self-relevant stimuli, the negative interpretation of ambiguous feedback, and the preferential recall of failure experiences maintain both depressive symptoms and negative self-views in a self reinforcing cycle. Importantly, Beck's model is inherently bidirectional: while negative self-schemas cause low self-esteem and depression, the experience of depression further deepens negative self-evaluations, consolidating maladaptive cognitive patterns over time. This bidirectional dynamic is of particular relevance during the school years, when academic evaluations, peer comparisons, and social feedback continuously activate and reinforce self-relevant cognitive schemas (Steinberg, 2020).

Beck's cognitive model is directly applicable to the school context. Students who develop negative self-schemas through repeated experiences of academic failure, social rejection, or parental criticism are more likely to interpret subsequent challenges — examination performance, peer evaluation, social inclusion — through a lens of personal deficiency and incompetence. Over time, this cognitive vulnerability lowers self-esteem and increases susceptibility to depressive episodes. The model's predictions align with the present study's central hypothesis: that lower self-esteem will be significantly and negatively correlated with higher depression

scores among school students. Beck's framework also informs the selection of the Beck Depression InventoryII (BDI-II) as the primary assessment instrument, which was specifically designed to operationalize the cognitive, affective, and somatic dimensions of the depressive experience as conceptualized within this theoretical tradition (Beck et al., 1996).

1.1 1. Vulnerability–Scar Model

Sowislo and Orth (2013) integrated two competing accounts of the self-esteem–depression relationship into a bidirectional framework. The vulnerability model posits that low self-esteem precedes and predicts depression by rendering individuals more susceptible to the adverse effects of stressors, while the scar model proposes that repeated or prolonged depressive episodes erode self-esteem over time, leaving persistent negative self-evaluations even after symptom remission. Evidence strongly supports both pathways, particularly during the school years when developmental stressors are frequent and self-concept is still consolidating (Orth et al., 2008).

1.2.2 Hopelessness Theory

Abramson et al. (1989) proposed that negative causal attributions — specifically, attributing negative outcomes to stable, global, internal factors — generate feelings of hopelessness and helplessness that diminish self-worth and precipitate depression. In the school context, academic failures, peer rejection, and repeated criticism can trigger such attributional patterns, linking perceived uncontrollability to both self-esteem deficits and depressive symptoms.

1.2.3 Developmental self-concept Theory

Harter (2012) demonstrated that self-esteem becomes increasingly differentiated across domains — academic competence, social acceptance, physical appearance, and athletic ability — during middle childhood and adolescence. As abstract thinking develops, adolescents become more capable of internalizing negative social feedback and more susceptible to social comparison processes, heightening vulnerability to self-esteem declines and, consequently, to depression.

1.2.4 Diathesis–Stress Model

Monroe and Simons (1991) proposed that psychological vulnerabilities (diatheses) interact with environmental stressors to trigger disorder onset. Low self-esteem constitutes a cognitive affective diathesis that, when combined with school-related stressors such as academic pressure, peer rejection, or family adversity, substantially elevates the risk of developing depressive symptoms. This model accounts for individual differences in vulnerability and explains why not all students exposed to stressors develop depression.

1.2.5 Sociometer Theory

Leary and Baumeister (2000) reconceptualized self-esteem as a psychological monitor of social inclusion and acceptance. According to this theory, self-esteem rises when individuals feel socially included and valued, and declines in response to social rejection or exclusion. In school environments, experiences of peer rejection, bullying victimisation, or social marginalization directly lower the self-esteem "sociometer," which in turn increases risk for depressive symptoms (Tsaousis, 2016 .This perspective is particularly relevant during adolescence when peer acceptance becomes a primary determinant of psychological well-being.

1.3 Self-Esteem and Depression

1.3.1 Self-Esteem

Self-esteem is a foundational psychological construct that reflects an individual's overall sense of personal worth and value. Rosenberg (1965) defined self-esteem as a favorable or unfavorable attitude toward the self, encompassing both the cognitive appraisal of one's abilities and the affective evaluation of one's overall worth as a person. This global self-evaluation is distinct from domain-specific competence beliefs, which pertain to particular areas such as academic ability, athletic performance, or social relationships. True self-esteem, in Rosenberg's conceptualization, reflects a deep, stable sense of self-acceptance rather than superiority or arrogance.

The development of self-esteem across childhood and adolescence follows a complex, nonlinear trajectory shaped by an interplay of biological maturation, cognitive development, and socioenvironmental experiences. During early childhood, self-evaluations are largely concrete, situation-specific, and positively biased, as young children have limited capacity for social comparison or abstract self-reflection (Harter, 2012). As children enter middle childhood, selfappraisals become more differentiated, realistic, and susceptible to external feedback from parents, teachers, and peers. The transition into adolescence marks a particularly pivotal period: the emergence of formal operational thinking enables adolescents to construct integrated, abstract self-representations across multiple domains, while simultaneously rendering them more vulnerable to internalizing negative social comparisons and evaluative feedback (Steinberg, 2020).

Research has identified several key determinants of adolescent self-esteem. At the individual level, temperamental characteristics such as emotional reactivity, cognitive appraisal styles, and attributional tendencies significantly moderate self-esteem development. Students who habitually attribute failures to stable, global, internal factors are more likely to develop chronic low self-esteem (Abramson et al., 1989). At the familial level, parenting practices exert powerful influences: authoritative parenting characterized by warmth, responsiveness, and appropriate autonomy support consistently predicts higher self-esteem, whereas harsh, controlling, or emotionally invalidating parenting is associated with self-esteem deficits (Baumrind, 1991; Birkeland et al., 2012). At the peer level, acceptance, friendship quality, and belonging are essential contributors to positive self-regard, while peer rejection, exclusion, and bullying victimization are among the most potent undermining forces (La Greca& Harrison, 2005; Tsaousis, 2016).

Contemporary concerns regarding the impact of digital media on adolescent self-esteem have garnered increasing empirical attention. The pervasive use of social networking platforms exposes adolescents to continuous, often idealized social comparisons, appearance-related feedback, and public evaluative judgements that can substantially erode self-esteem, particularly among girls (Twenge& Campbell, 2018; Twenge et al., 2018). Paxton et al. (2006) demonstrated that body dissatisfaction, fuelled by media exposure and peer appearance conversations, predicted longitudinal

declines in self-esteem among adolescent girls. These findings underscore the importance of considering broader socio-cultural contexts when investigating self-esteem dynamics in school-aged populations.

Self-esteem is not only a psychological outcome but also functions as a critical protective resource. Higher self-esteem is associated with greater resilience in the face of stressors, more adaptive coping strategies, better academic motivation and persistence, stronger social competencies, and superior overall psychological adjustment (Mann et al., 2004). Conversely, chronically low self-esteem is implicated in a wide range of adverse outcomes, including academic disengagement, social withdrawal, anxiety, depression, and in severe cases, self harm and suicidal ideation (Wang et al., 2024). The protective and risk-amplifying functions of self-esteem thus position it as a central target for school-based mental health promotion initiatives.

1.3.2 Depression

Depression is among the most prevalent and impairing mental health conditions affecting adolescents worldwide. As a clinical syndrome, depression encompasses a heterogeneous

constellation of affective, cognitive, somatic, and behavioral symptoms that collectively disrupt daily functioning and diminish quality of life. Beyond the formal diagnostic criteria delineated in the DSM-5 (American Psychiatric Association, 2022), the broader construct of depressive symptomatology — encompassing subclinical levels of sadness, anhedonia, negative selfevaluation, and motivational deficits — is highly prevalent among school aged populations and represents a significant burden in its own right (Avenevoli et al., 2015).

Adolescence constitutes a period of heightened vulnerability to the onset of depression for multiple, interacting reasons. Neurobiologically, the adolescent brain undergoes substantial structural and functional remodeling, particularly in prefrontal cortical regions responsible for emotion regulation, executive functioning, and self-referential processing (Somerville, 2013). The limbic system, including the amygdala, becomes highly reactive during this period, amplifying emotional responses to social and evaluative stimuli while prefrontal regulatory capacities remain incompletely developed. This neurobiological imbalance creates a developmental window of

heightened emotional sensitivity and susceptibility to stress induced dysregulation that can precipitate depressive episodes in vulnerable individuals (Kerestes et al., 2014).

Psychosocially, adolescents face a unique confluence of developmental challenges that collectively elevate depression risk. The normative tasks of identity formation, individuation from parents, and the increasing primacy of peer relationships create novel stressors for which adolescents may have limited coping resources. Academic pressures intensify substantially during the secondary school years, with examinations, competitive grading, and future orientation demands placing significant psychological load on students. For those with preexisting cognitive vulnerabilities, such as negative self-schemas or maladaptive attributional styles, these stressors can activate depressive episodes through mechanisms detailed in

Beck's cognitive theory and the diathesis–stress model (Monroe & Simons, 1991).

Epidemiologically, depression disproportionately affects adolescent females, with gender disparities in prevalence emerging clearly after puberty and persisting into adulthood (Salk et al., 2017). Nolen-Hoeksema and Girgus (1994) attributed this disparity to several interacting factors: greater biological sensitivity to hormonal fluctuations associated with puberty in females; socialization practices that encourage more relational, interdependent self-construals that increase vulnerability to interpersonal stressors; and higher rates of ruminative coping styles that amplify and prolong negative emotional states. Rumination — defined as repetitive, passive focus on distressing emotions and their causes — has been consistently identified as a critical mechanism through which adolescent girls are rendered more vulnerable to prolonged depressive episodes compared to their male counterparts (Jose & Brown, 2008; Nolen-Hoeksema et al., 2008).

The consequences of untreated adolescent depression extend well beyond subjective distress to encompass significant impairments across academic, social, and family domains. Longitudinal research demonstrates that adolescent depression predicts reduced academic attainment, increased school dropout, impaired social functioning, elevated rates of substance abuse, and heightened risk for recurrent depressive episodes in adulthood (Clayborne et al., 2019; Quiroga et al., 2013). These findings

underscore the critical importance of early identification, school-based screening, and timely intervention to interrupt the trajectory from adolescent depressive symptoms to chronic adult psychopathology.

1.4 Summary:

Research consistently demonstrates a significant negative relationship between depression and self-esteem, with individuals who have lower self-esteem reporting higher levels of depressive symptoms. Evidence from longitudinal and meta-analytic studies suggests that this relationship is bidirectional: low self-esteem increases vulnerability to depression, while depressive experiences further diminish self-worth (Orth et al., 2008; Sowislo&Orth, 2013).

The vulnerability model proposes that negative self-evaluations make individuals more susceptible to stress and emotional difficulties, increasing the likelihood of depression. Conversely, the scar model suggests that depression leaves lasting negative effects on self-esteem by strengthening feelings of inadequacy and worthlessness. Psychological processes such as rumination, self-criticism, and negative cognitive patterns further contribute to this cycle.

Among school students, factors such as academic pressure, peer rejection, bullying, and social comparison can negatively affect both self-esteem and mental health. The school environment therefore plays an important role in shaping students' psychological wellbeing. Supportive teacher-student relationships, positive school climate, and access to counselling services can help reduce the risk of depression and promote healthy selfesteem.

The present study aims to examine the relationship between depression and self-esteem among school students. Understanding this association may help educators, counsellors, and mental health professionals develop effective school-based prevention and intervention programmes that enhance self-esteem and reduce depressive symptoms, thereby promoting overall psychological well-being.

CHAPTER II

REVIEW OF LITERATURE

The present review of literature synthesises 30 empirical studies and theoretical works directly relevant to the relationship between depression and self-esteem among school-going adolescents. The studies are organized into two major sections: (a) studies on depression, and (b) studies on self-esteem. This review provides the scholarly foundation for the correlational investigation examining the relationship between these two critical psychological constructs in the present study.

DEPRESSION

Lewinsohn et al. (1994) conducted a large-scale epidemiological longitudinal study as part of the Oregon Adolescent Depression Project to examine the prevalence and correlates of depression among adolescents. The study employed structured diagnostic interviews using the K-SADS with a sample of 1,710 adolescents aged 14–18 years drawn from Oregon, USA. Statistical analyses included Kaplan–Meier survival analysis, chi-square tests, and logistic regression to estimate lifetime prevalence rates and identify significant psychosocial predictors. The findings indicated that the lifetime prevalence of Major Depressive Disorder (MDD) was approximately 20.4%. Female adolescents displayed significantly higher rates than males. Depressive episodes were associated with substantial impairment across academic, social, and family domains. The study established adolescence as a critical developmental window for depression onset. A notable limitation was the absence of self-esteem measurement, leaving cognitive vulnerability mechanisms underlying adolescent depression largely unexplored.

Hankin et al. (1998) investigated developmental changes in depression from preadolescence into young adulthood using a prospective longitudinal cohort design. Structured clinical interviews were administered at multiple time points to 963 participants from the Dunedin Multidisciplinary Health and Development Study in New Zealand, followed from ages 11 to 21. Survival analysis, hazard ratio computations, and chi-square tests for gender-by-age interaction effects were employed to examine developmental and gender patterns. Results demonstrated that

depression rates rose markedly between ages 15 and 18, and a pronounced gender divergence emerged post-puberty with girls exhibiting a 2:1 ratio over boys in depressive episodes. Cognitive vulnerability factors, including negative attributional styles and heightened interpersonal sensitivity, were identified as significant contributors to depression onset. The study did not directly measure self-esteem, representing a notable gap in addressing the role of cognitive self-evaluations in the development of adolescent depression.

Compas et al. (2002) conducted a systematic review and meta-analysis examining coping responses and their relationship to depression in children and adolescents. Data were synthesized from over 60 studies involving school-going children and adolescents. Meta-analytic integration using effect size calculations (Cohen's d) and correlational analyses across reviewed studies were the primary statistical methods employed. Findings consistently demonstrated that disengagement coping strategies such as avoidance and denial were associated with higher depressive symptomatology, whereas primary and secondary control engagement coping predicted lower depression scores. The review emphasised the importance of incorporating coping skills training within school-based mental health programmes targeting depression prevention. A key limitation noted was the heterogeneity in coping measures across the reviewed studies, which restricted direct comparisons.

Merikangas et al. (2010) examined the epidemiology of adolescent mood disorders in the United States using a cross-sectional nationally representative survey methodology. The

Composite International Diagnostic Interview (CIDI) was administered as part of the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A) to a sample of 10,123 adolescents aged 13–18 years. Weighted prevalence estimates, logistic regression, and chi-square analyses were used to examine diagnostic prevalence rates and identify sociodemographic moderators. Results revealed that approximately 11.7% of adolescents met DSM-IV diagnostic criteria for a mood disorder, with MDD being the most prevalent. Substantial comorbidity with anxiety disorders was documented, and significant socioeconomic disparities in mental health treatment access were identified. The cross-sectional design of the study precluded examination of longitudinal self-esteemrelated predictors of adolescent depression.

Thapar et al. (2012) conducted a narrative and systematic review integrating evidence from twin studies, neuroimaging investigations, and longitudinal psychosocial research to examine neurobiological and psychosocial factors underlying adolescent depression. Data were drawn from adolescents participating in multiple international longitudinal cohorts and neuroimaging studies. Statistical approaches included heritability estimates derived from twin studies, meta-analytic effect sizes, and narrative synthesis. Both genetic heritability and environmental risk factors — including peer victimisation, family adversity, and academic stress — were identified as significant contributors to adolescent depression. Neurobiological findings highlighted HPA-axis dysregulation and serotonergic system dysfunction as key mechanisms. The authors underscored the necessity of biopsychosocial frameworks that integrate biological and environmental factors for the understanding and treatment of adolescent depression.

Nolen-Hoeksema et al. (2008) conducted a comprehensive theoretical and empirical review examining rumination as a transdiagnostic mechanism underlying depression. Evidence was synthesised from experimental induction studies, longitudinal community samples, and daily diary research involving adolescents and adults. Meta-analytic integration, effect size calculations, and prospective prediction analyses were used to evaluate the role of rumination across studies. Results demonstrated that rumination — the tendency to passively and repetitively focus on distressing emotions and their causes — constituted a critical mechanism in the onset, maintenance, and recurrence of depression. Dispositional rumination prospectively predicted depressive episodes, and adolescents exposed to evaluative academic and social stressors were found to be particularly susceptible to ruminative cognitive patterns. The review underscored the need for school-based interventions targeting ruminative thinking styles in vulnerable adolescent populations.

Cairns et al. (2014) undertook a systematic review of qualitative and quantitative studies to examine help-seeking behaviours and barriers among depressed young people. Children and adolescents from 49 international studies were included in the review. Thematic synthesis and frequency analysis of reported barriers were employed as the primary analytical strategies. Results indicated that stigma, poor mental health literacy, and a preference for self-reliance were the most frequently reported barriers

preventing adolescents from seeking professional help for depression. Schools were identified as critical access points for connecting depressed young people to appropriate mental health resources. The predominance of cross-sectional designs among the reviewed studies limited the extent to which causal conclusions could be drawn about the effectiveness of specific help-seeking pathways.

Clayborne et al. (2019) conducted a systematic review and meta-analysis of 21 longitudinal studies to examine the long-term psychosocial outcomes of adolescent depression. Adolescents from multiple international cohorts were followed into adulthood. Pooled effect sizes using Hedges' g were calculated via random-effects meta-analysis, with heterogeneity assessed using I^2 statistics. Findings revealed that adolescent depression significantly predicted adult unemployment (OR = 1.63), educational underachievement, substance abuse, and recurrent depressive episodes. Effect sizes were moderate to large for academic and occupational outcomes. These findings provided compelling evidence for the long-term burden of untreated adolescent depression and strongly endorsed the importance of early school-based screening and timely intervention to disrupt the trajectory from adolescent depressive symptoms to chronic adult psychopathology.

Shorey et al. (2022) conducted a systematic review and meta-analysis of 52 prevalence studies involving global adolescent samples to examine the worldwide burden of adolescent depression. The review encompassed data from over 590,000 adolescents across diverse geographic regions. Random-effects meta-analysis was used to calculate pooled prevalence estimates, with subgroup analyses conducted by gender, geographic region, and socioeconomic status. Results indicated that approximately 25% of adolescents globally reported elevated depressive symptoms, with significant variability observed across geographic regions. Gender, age, socioeconomic status, and urban–rural residence were identified as key moderating variables. The findings underscored the urgent global public health burden of adolescent depression and highlighted the need for culturally sensitive, region-specific prevention and intervention strategies.

Panchal et al. (2023) conducted a systematic review of 63 studies to examine the impact of COVID-19 lockdown measures on child and adolescent mental health. School-aged children and adolescents from international studies conducted between

2020 and 2022 were included. Narrative synthesis, percentage change calculations, and subgroup analyses by age, gender, and socioeconomic status were employed. Findings revealed substantial increases in depressive symptoms, anxiety, and loneliness during school closures and periods of social isolation. Girls, younger children, and low-income adolescents demonstrated the greatest increases in depressive symptomatology. The study highlighted the critical role of school attendance and peer interaction as protective factors for adolescent mental health, reinforcing the importance of maintaining in-person educational environments to safeguard psychological well-being.

Hyde et al. (2008) developed the ABC theoretical model of gender differences in depression, drawing on evidence from longitudinal studies, experimental designs, and meta-analytic research. Adolescent samples from North American longitudinal cohort studies served as the primary population of interest. Path analysis, structural equation modelling (SEM), and meta-analytic effect sizes were used to test the integrative model.

The ABC model proposed that affective factors (hormonal changes), behavioural factors (cognitive vulnerabilities such as negative attributional styles and rumination), and contextual factors (interpersonal stressors) combine multiplicatively to elevate depression risk among adolescent girls. The model provided a comprehensive theoretical explanation for the emergence and persistence of the female preponderance in depression from midadolescence, with significant implications for gender-sensitive school-based mental health interventions.

Brent and Weersing (2008) conducted a systematic review and evaluation of randomised controlled trials (RCTs) examining the efficacy of psychological treatments for adolescent depression. Adolescents aged 12–18 years from multiple clinical and school-based RCTs constituted the population of interest. Effect size calculations, number-needed-to-treat (NNT) analyses, and response rate comparisons across treatment conditions were employed. Cognitive-behavioural therapy (CBT) demonstrated the strongest evidence base for reducing depressive symptoms in adolescents, with treatment gains maintained at follow-up. School-based CBT delivery showed promising results for expanding access to evidence-based intervention. The review noted considerable variability in treatment response across

individual, family, and contextual factors, suggesting the need for personalised and context-sensitive approaches to adolescent depression treatment.

Kessler et al. (2001) conducted a narrative review synthesising cross-national community epidemiological surveys to examine the prevalence and correlates of mood disorders in children and adolescents. Data were drawn from children and adolescents across multiple countries from national epidemiological surveys. Weighted prevalence estimation and systematic comparison of diagnostic criteria across studies were employed as primary analytical approaches. Findings demonstrated that depressive disorder prevalence increased markedly from approximately 2–3% in childhood to 8–15% in adolescence. Family history of depression, stressful life events, and poor social support were identified as robust risk factors for adolescent depression. The authors advocated strongly for the integration of mental health screening into routine educational health services to facilitate early identification and prevention of depressive disorders among school-going populations.

Garber et al. (2009) implemented a multi-site randomised controlled trial to evaluate the efficacy of a CBT-based preventive intervention for adolescents at elevated risk for depression due to parental history of the disorder. The sample comprised 316 adolescents aged 13–17 years. Intention-to-treat analyses, logistic regression, and chi-square tests comparing episode onset rates between intervention and control conditions were used.

Results demonstrated that the CBT-based preventive intervention significantly reduced rates of depressive episodes compared to usual care at 8-month follow-up. Intervention effects were particularly robust when parents were not currently experiencing depression. The findings provided compelling support for the feasibility and effectiveness of targeted school-based depression prevention programmes designed to reach adolescents at highest risk, with implications for implementation in educational settings.

Abela and Hankin (2008) synthesised cognitive, developmental, and clinical research traditions in an edited handbook examining cognitive vulnerability to depression in children and adolescents. Children and adolescents from clinical, community, and

schoolbased longitudinal samples were included across the constituent studies. Prospective regression analyses, cross-lagged panel analyses, and structural equation modelling were employed across the reviewed investigations. Findings demonstrated that negative inferential styles, dysfunctional attitudes, and low self-esteem functioned as cognitive risk factors that interacted with stressful life events to precipitate depressive episodes. Cognitive vulnerabilities established during childhood and early adolescence were found to significantly predict depressive onset years later. These findings carry substantial implications for the development of school-based prevention programmes targeting the cognitive antecedents of adolescent depression.

Self-Esteem

Coopersmith (1967) conducted a cross-sectional multi-method study to examine the antecedents of self-esteem in children, employing self-report inventories, teacher ratings, and clinical interviews. The sample comprised 1,748 middle-class boys aged 10–12 years from schools in Connecticut, USA. Correlation analyses, group comparisons using ANOVA, and discriminant function analysis were employed to identify key predictors. Four primary antecedents of self-esteem were identified: parental acceptance and involvement, clearly defined and enforced limits, respectful treatment, and latitude for individual expression. High self-esteem was associated with greater academic achievement, social confidence, and assertiveness. A significant limitation of the study was the exclusive focus on boys from a homogeneous socioeconomic background, which considerably restricted the generalisability of findings to broader and more diverse populations.

Harter (1985) conducted a scale development and psychometric validation study to examine multidimensional self-perception in children. Cross-sectional surveys were administered to a large sample of children aged 8–13 years from North American schools. Confirmatory factor analysis, internal consistency estimation using Cronbach's alpha, and convergent and discriminant validity assessments were employed. The Self-Perception Profile for Children (SPPC) demonstrated strong psychometric properties across five domains: scholastic competence, social acceptance, athletic ability, physical appearance, and behavioural conduct. Perceived physical appearance showed the strongest correlation with global self-esteem across all age groups, underscoring the primacy of appearance based evaluations in children's

overall self-worth. The scale has since become a foundational measurement tool in developmental and clinical research on adolescent selfesteem.

Rosenberg et al. (1995) conducted a cross-sectional survey study to examine the structural relationship between global and domain-specific self-esteem among adolescents. Both the Rosenberg Self-Esteem Scale (RSES) and domain-specific self-esteem measures were administered to a large sample of high school students from the United States. Structural equation modelling (SEM), confirmatory factor analysis, and path analysis were used to examine the factor structure and predictive associations. Results demonstrated that global self-esteem and domain-specific self-evaluations were distinct but moderately correlated constructs. Academic and social self-esteem displayed the strongest associations with global self-worth. Effects of self-esteem on academic achievement and psychological well-being were found to operate through both global and domain-specific pathways, highlighting the importance of addressing multiple dimensions of self-evaluation in educational and intervention contexts.

DuBois et al. (2000) conducted a two-year longitudinal panel study to examine the reciprocal associations between self-esteem and academic achievement across early adolescence. The sample consisted of 550 racially diverse adolescents from urban and suburban schools in the United States. Latent growth curve modelling (LGC), multiple regression, and chi-square difference tests were employed. Higher baseline self-esteem predicted greater academic gains over two years, while academic success in turn reciprocally strengthened self-esteem, supporting a bidirectional relationship between the two constructs. Racial and socioeconomic disparities in self-esteem trajectories were observed, with minority students reporting lower academic self-esteem despite comparable achievement in some instances. These findings highlight the importance of addressing contextual inequalities when designing school-based self-esteem interventions.

Trzesniewski et al. (2006) conducted a prospective longitudinal birth cohort study tracking participants from birth to age 26 to examine the long-term consequences of low adolescent self-esteem in adulthood. Data were drawn from 1,037 participants in the Dunedin Multidisciplinary Health and Development Study, New Zealand. Multiple regression analyses and structural equation modelling with controls for depression, socioeconomic status, and academic achievement were employed. Low

self-esteem during adolescence significantly predicted poorer mental and physical health, greater criminal behaviour, and lower economic prospects in adulthood, independent of baseline depression, SES, and prior academic achievement. These findings established low adolescent self-esteem as a prospective developmental risk factor with wide-ranging and enduring consequences, underscoring the necessity of self-esteem promotion as a public health priority during the school years.

Crocker and Park (2004) employed experience-sampling methodology (ESM), diary studies, and laboratory experiments to examine the psychological consequences of contingent self-esteem. College students and young adults from North American universities constituted the primary population. Multilevel modelling, hierarchical regression, and within-person correlations derived from ESM data were the primary statistical tools. Contingent self-esteem — dependent on academic performance, peer approval, or physical appearance — was associated with greater emotional reactivity, anxiety, and academic procrastination. In contrast, self-esteem grounded in internal standards and genuine self-acceptance was linked to more stable psychological well-being and adaptive functioning. These findings are particularly pertinent for adolescents in competitive school environments where external evaluations and social comparisons are pervasive, and where self-worth contingency may amplify vulnerability to depression.

Mann et al. (2004) conducted a theoretical review and evidence synthesis examining the role of self-esteem within a broad-spectrum approach to mental health promotion. Children and adolescents in school and community settings across international studies served as the target population. Narrative synthesis and effect size review across intervention outcome studies were employed. Results demonstrated that self-esteem functioned as a core protective factor against a range of adverse outcomes including depression, anxiety, eating disorders, substance abuse, and antisocial behaviour. A comprehensive self-esteem promotion model was proposed, emphasising both individual level cognitive skill-building and systemic changes to the school environment. The review provided a foundational theoretical basis for multi-component school-based mental health programmes in which self-esteem enhancement serves as the central mechanism of psychological protection.

Orth et al. (2010) conducted a large-scale meta-analysis and multi-cohort longitudinal study to examine normative self-esteem development across the lifespan. Over 165,000 participants across multiple cohorts spanning adolescence to old age were included. Growth curve modelling, latent change score analysis, and cross-sectional and longitudinal cohort comparisons were employed. Results demonstrated that self-esteem increased gradually from adolescence through middle adulthood, peaked around age 50– 60, and subsequently declined in older age. Gender differences were most pronounced during adolescence, with girls showing steeper declines in early adolescent years. The study provided robust normative data essential for contextualising self-esteem levels across developmental stages and for designing age-appropriate interventions that target the specific developmental vulnerabilities of the adolescent period.

Baldwin and Hoffmann (2002) conducted a six-year prospective longitudinal study using growth curve analyses to examine developmental trajectories of self-esteem across the secondary school years. The sample consisted of 1,124 adolescents from a national American longitudinal survey. Hierarchical linear modelling (HLM), growth curve analyses, and interaction tests for gender-by-time effects were employed. Self-esteem was found to follow a curvilinear developmental pattern, declining during early adolescence before gradually recovering in late adolescence. Individual variability in trajectories was explained by gender, family relationship quality, and peer acceptance. Girls demonstrated more pronounced initial declines and slower recovery compared to boys, suggesting that female adolescents may be particularly vulnerable to self-esteem erosion during early secondary school, with corresponding implications for depression risk during this period.

Leary et al. (1995) conducted a series of experimental laboratory studies to examine the sociometer hypothesis, which conceptualises self-esteem as a psychological monitor of social inclusion and acceptance. Undergraduate students from North American universities participated in social inclusion and exclusion manipulations. Repeated measures ANOVA, t-tests, and effect sizes were employed to quantify changes in state self-esteem across experimental conditions. Social rejection scenarios reliably produced significant decreases in state self-esteem, while social acceptance elevated it, providing strong experimental support for the sociometer theory. These

findings are particularly relevant in adolescent school environments where peer acceptance and social belonging constitute central psychological concerns. The study established that experiences of peer rejection or social exclusion in school contexts may directly lower the self-esteem sociometer, thereby increasing risk for depressive symptoms.

Donnellan et al. (2005) conducted a longitudinal cohort study with cross-lagged panel analyses to examine the prospective association between low adolescent self-esteem and externalising behavioural problems. Over 1,000 adolescents from the Dunedin Multidisciplinary Health and Development Study, New Zealand, were included. Crosslagged panel models, structural equation modelling, and multiple regression with controls for socioeconomic status and prior behaviour were employed. Low self-esteem was more consistently and significantly associated with aggression, antisocial conduct, and delinquency than high self-esteem. Contrary to popular belief, inflated self-esteem was not found to be a significant driver of antisocial behaviour. These associations persisted after accounting for socioeconomic status and family structure, demonstrating that low self-esteem represents a genuine and independent risk factor for a broad range of behavioural maladjustment in adolescence.

Kernis (2005) conducted a conceptual review integrating empirical evidence from experience-sampling methodology (ESM), laboratory studies, and survey research to examine the psychological significance of self-esteem stability and authenticity. Adolescents and adults from laboratory, community, and university samples were included. Multilevel modelling, within-person variability indices, and correlational and regression analyses were employed across constituent studies. Fragile self-esteem, characterised by instability and contingency on external validation, was associated with greater hostility, narcissism, and psychological vulnerability despite appearing high on self-report measures. Authentic self-esteem, by contrast, was associated with emotional resilience and stable psychological well-being. These findings carry important implications for the design of school-based interventions, highlighting the need to cultivate genuine, internalised self-worth rather than externally contingent self-esteem that may mask underlying vulnerability.

Orth and Robins (2014) conducted a systematic review of over 50 longitudinal studies to examine the prospective associations between self-esteem and diverse psychological wellbeing outcomes across the lifespan. Adolescents, young adults, and adults from North American, European, and Australian longitudinal cohorts were included. Meta-analytic integration, cross-lagged panel analyses, and effect size computations (r, β) were the primary statistical approaches. Self-esteem was found to genuinely predict later wellbeing outcomes — including reduced depression, lower anxiety, and fewer relationship difficulties — beyond the effects of prior well-being levels. The findings strengthened the causal case for self-esteem as a meaningful and modifiable psychological resource and reinforced its status as a legitimate and important target for school-based mental health promotion initiatives targeting adolescent psychological adjustment.

Sowislo and Orth (2013) conducted a meta-analysis of longitudinal studies to examine bidirectional relationships between self-esteem, depression, and anxiety across developmental stages. Adolescents and adults from 77 longitudinal studies spanning multiple countries were included. Random-effects meta-analysis, cross-lagged effect calculations, and heterogeneity tests using the Q statistic and I^2 were employed. Results demonstrated that low self-esteem significantly predicted later depression ($\beta = -.16$) and anxiety ($\beta = -.15$). Evidence supported both the vulnerability model and the scar model, though the vulnerability pathway — self-esteem predicting subsequent depression — was stronger than the scar pathway — depression predicting subsequent self-esteem — particularly for depressive outcomes. This study represented one of the most comprehensive meta-analytic demonstrations of the directional self-esteem–depression relationship to date.

Orth et al. (2008) conducted a four-wave prospective longitudinal study using crosslagged panel analysis to disentangle the directional relationship between self-esteem and depression across adolescence and young adulthood. The sample consisted of 426 adolescents and young adults aged 12–26 drawn from a community sample in Germany. Cross-lagged panel models (CLPM), structural equation modelling (SEM), and latent variable analysis were employed across four assessment waves. Low self-esteem was found to prospectively and significantly predict depression across all four time points, consistent with the vulnerability model. The reverse pathway —

depression predicting low self-esteem — was comparatively weaker. The study provided robust longitudinal evidence that self-esteem functions not merely as a correlate but as a prospective antecedent of depressive symptoms in adolescence and young adulthood, with critical implications for the prioritisation of self-esteem in school mental health programmes.

2.1 Significance of the Study

Despite extensive research on depression and self-esteem, there remains a need to understand how these constructs relate specifically within school populations in local educational contexts. Many existing studies have focused on Western settings or clinical samples, with limited emphasis on general school students in developing regions. Moreover, most available interventions target symptoms rather than the underlying correlational dynamics between self-esteem and depression. Understanding the nature and strength of this relationship among school students is therefore essential to inform early prevention, screening, and intervention strategies that promote holistic student well-being.

2.2 Objectives of the Study

- To examine the relationship between depression and self-esteem among school students.
- To examine gender differences in depression and self-esteem among school students.

2.3 Hypotheses

H_1: There is a significant negative correlation between depression and self-esteem among school students.

H_2: There is no significant difference in depression levels between female and male students.

CHAPTER III

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology refers to the systematic and scientific approach used by a researcher to collect, analyze, and interpret data in order to answer research questions and achieve the objectives of a study. It provides the framework that guides the entire research process, ensuring that the investigation is conducted in an organized, reliable, and valid manner. Research methodology encompasses the selection of research design, population, sampling techniques, instruments for data collection, procedures for data analysis, and ethical considerations.

The primary purpose of research methodology is to provide a clear plan for conducting research and to ensure that the findings obtained are accurate, objective, and scientifically sound. It enables researchers to examine relationships among variables, test hypotheses, and draw meaningful conclusions based on empirical evidence. A welldefined methodology enhances the credibility and replicability of a study, allowing other researchers to evaluate and verify the findings.

In the present study, research methodology plays a crucial role in examining the relationship between depression and self-esteem among school students. It outlines the procedures adopted for selecting participants, administering psychological assessment tools, collecting data, and analyzing the results. By following a structured methodological approach, the study aims to generate reliable findings that contribute to a better understanding of the association between depression and self-esteem in the adolescent population.

This chapter presents the research design, population, sampling technique, sample characteristics, psychological tools used for assessment, inclusion and exclusion criteria, and the statistical techniques employed for data analysis. Together, these methodological components provide the foundation for achieving the objectives of the study and ensuring the validity of the research findings.

3.2 Design of the Study

The present study employed a quantitative, non-experimental correlational research design to investigate the relationship between depression and self-esteem among school students. A correlational design is appropriate when the objective is to examine the strength and direction of the relationship between two or more variables without manipulating them. The study sought to determine whether self-esteem is significantly associated with levels of depression among adolescents and whether gender differences exist in these variables.

A correlational research design was used to examine the relationship between depression and self-esteem among school students. This design identifies the strength and direction of associations between variables but does not establish cause-and-effect relationships.

3.2.1 Method of the Study

The study used a quantitative survey method with a correlational research design to examine the relationship between depression and self-esteem among school students. Participants were selected through simple random sampling and assessed using the Beck Depression Inventory-II (BDI-II) and the Rosenberg Self-Esteem Scale (RSES). Data were scored according to the respective manuals and analyzed statistically to determine the relationship between the variables and examine gender differences. The method provided objective and measurable data on students' psychological well-being.

3.2.2 Variables of the Study

The study has two variables

1. Depression

2. Self-Esteem

3.2.3 Population

The target population for this study consists of school students in the age range of 13–18 years.

3.2.4 Sampling Technique

A simple random sampling technique was employed to ensure each eligible student had an equal probability of selection.

Sample Size

The sample consisted of 150 participants aged between 13 and 18 years.

Inclusion Criteria

- Students aged between 13 and 18 years were included in the study.
- Participants were required to be able to read and understand the language in which the assessment instruments were administered.

Exclusion Criteria

• Students below the age of 13 years or above 18 years.

3.2.5 Data Collection

Data were collected from school students aged 13–18 years after obtaining the necessary permission from the concerned school authorities. Participants were informed about the purpose of the study, and their participation was entirely voluntary. Confidentiality and anonymity of responses were assured, and informed consent was obtained from the participants and their guardians wherever required.

The selected participants were administered the Beck Depression Inventory-II (BDI-**II)** and the Rosenberg Self-Esteem Scale (RSES**)** in a classroom setting. Clear instructions regarding the completion of the questionnaires were provided before administration. Participants were encouraged to respond honestly and were informed that there were no right or wrong answers. After completion, the questionnaires were

collected, scored according to the prescribed manuals, and the data were entered into IBM SPSSStatistics Version 29 for statistical analysis.

This procedure ensured systematic and ethical collection of data for examining the relationship between depression and self-esteem among school students.

3.3 Tools Employed and Their Description

The following study employed two standardized psychological instruments to assess depression and self-esteem among school students.

3.3.1 Beck Depression Inventory-II (BDI-II)

The Beck Depression Inventory-II (BDI-II), developed by Aaron T. Beck, is a widely used self-report measure designed to assess the severity of depressive symptoms in adolescents and adults. The inventory consists of 21 items, each containing four statements arranged in increasing levels of severity. Participants are required to select the statement that best describes how they have felt during the past two weeks, including the day of assessment. Scores range from 0 to 63, with higher scores indicating greater levels of depression. The BDI-II has demonstrated excellent reliability and validity, with internal consistency coefficients ranging from .83 to .96 and strong test–retest reliability.

3.3.2 Rosenberg Self-Esteem Scale (RSES)

The Rosenberg Self-Esteem Scale (RSES, developed by Morris Rosenberg, is one of**)** the most widely used measures of global self-esteem. The scale consists of 10 items that assess positive and negative feelings about the self. Responses are recorded on a four point Likert scale ranging from strongly agree to strongly disagree. Five items are positively worded, while five are negatively worded. Total scores range from 0 to 30, with higher scores indicating higher levels of self-esteem. The scale has demonstrated excellent psychometric properties, including high internal consistency and strong test– retest reliability, making it a suitable instrument for assessing self-esteem among adolescents.

These instruments were selected because of their established reliability, validity, and extensive use in psychological research involving adolescents and school populations.

3.4 ADMINISTRATION OF THE TOOLS

Mode of Administration: The Beck Depression Inventory-II (BDI-II) and Rosenberg Self-Esteem Scale (RSES) were administered through group administration using self report questionnaires. Participants completed the instruments in a classroom setting under the supervision of the researcher.

3.5 Statistical Analysis

The data were analyzes using IBM SPSS Statistics (Version 29). Descriptive statistics (Mean and Standard Deviation), Pearson's Product-Moment Correlation, and Independent Samples t-test were used for data analysis.

CHAPTER IV

RESULTS ANALYSIS AND INTERPRETATION OF DATA

4.1 Introduction

The present investigation examined the relationship between self-esteem and depression among school students. A total of 150 participants were recruited for the study. Data were collected using the Rosenberg Self-Esteem Scale and the Beck Depression Inventory-II. Statistical analyses were performed using IBM SPSS Statistics (Version 29). The results are organised into three subsections: (a) descriptive statistics including mean and standard deviation; (b) inferential statistics including correlation analysis examining associations between self-esteem, depression, and gender; and (c) a visual summary of key findings.

Before examining the primary research question, preliminary checks were conducted to ensure the data met the assumptions required for parametric analysis. The sample size of 150 participants was considered adequate for the planned analyses. Missing data were absent across all variables, and all 150 cases were retained for every analysis. The variables self-esteem (RSE) and depression (BDI-II) were both treated as continuous scales, consistent with their established psychometric properties.

Table 4.1

Descriptive Statistics for Self-Esteem and Depression by Gender (N = 150)

Variable	Group	n	M	S.D
Self-Esteem (RSE)	male	73	19.78	5.84
	Female	77	20.39	7.11
	Total	150	20.09	6.51
Depression (BDI-II)	Male	73	22.44	12.80
	Female	77	24.26	13.29
	Total	150	23.37	13.04

Note. RSE = Rosenberg Self-Esteem Scale; BDI-II = Beck Depression Inventory-II.

Means and standard deviations for RSE and BDI-II scores, stratified by gender, are presented in Table 4.1. Across the full sample (N = 150), the mean self-esteem score was M = 20.09 (SD = 6.51), and the mean depression score was M = 23.37 (SD = 13.04). The latter figure situates the average participant within the mild-to-moderate range of depressive symptomatology as defined by the BDI-II scoring criteria (Beck et al., 1996).

Gender-based comparisons revealed that male participants (n = 73) obtained a mean RSE score of M = 19.78 (SD = 5.84) and a mean BDI-II score of M = 22.44 (SD = 12.80). Female participants (n = 77) recorded slightly higher scores on both instruments, with a mean RSE of M = 20.39 (SD = 7.11) and a mean BDI-II of M = 24.26 (SD = 13.29). Although female participants reported marginally elevated depression scores relative to their male counterparts, these descriptive differences were modest in magnitude and should be interpreted with appropriate caution in the absence of formal inferential comparison.

Table 4.2

Pearson Correlations Among Self-Esteem, Depression, and Gender (N = 150)

Variable	1	2	3
1. Self-Esteem (RSE)	—		
2. Depression (BDI-II)	−.19*	—	
3. Gender	.05	.07	—

Note. * p < .05.

4.2 Correlation Analysis

Pearson product-moment correlations were computed to assess the relationships among self-esteem, depression, and gender. The full correlation matrix is presented in Table 4.2. A statistically significant negative correlation was observed between self-esteem and depression scores, r(148) = −.19, p = .022. This finding indicates that participants who reported higher levels of self-esteem tended to report lower levels of depressive symptomatology, and conversely, those with lower self-esteem tended to

endorse more severe depressive symptoms. Although the correlation was statistically significant, its magnitude was small by conventional benchmarks (Cohen, 1988), suggesting that while the inverse relationship between self-esteem and depression is reliable, self-esteem alone accounts for a relatively modest proportion of variance in depression scores ($r^2 = .036$, approximately 3.6%).

Neither self-esteem nor depression was significantly associated with gender. The correlation between RSE and gender was $r(148) = .05$, $p = .569$, and the correlation between BDI-II and gender was $r(148) = .07$, $p = .394$. These non-significant results indicate that, within the current sample, gender did not function as a meaningful moderator of the self-esteem and depression constructs at the bivariate level.

Table 4.3

Summary of Correlation and Descriptive Statistics Results

Analysis	Variables	Statistic	p-value
Pearson Correlation	RSE × BDI-II	r = −.19	.022*
Pearson Correlation	RSE × Gender	r = .05	.569
Pearson Correlation	BDI-II × Gender	r = .07	.394

Note. * $p < .05$. RSE = Rosenberg Self-Esteem Scale; BDI-II = Beck Depression Inventory-II.

4.3 Summary of Findings

Table 4.3 provides a consolidated summary of all statistical results obtained in the present study. Taken together, the findings indicate that self-esteem and depression share a small but statistically significant inverse relationship in the current sample. Gender was not significantly correlated with either variable, which suggests that the pattern of association between self-esteem and depression holds comparably across male and female participants. These results are broadly consistent with prior research documenting a negative relationship between self-esteem and depressive symptomatology in student and community samples (e.g., Orth et al., 2016; Sowislo&Orth, 2013).

Table 4.4

Independent Samples t-Test Results for Gender Differences in Self-Esteem and Depression (N = 150)

Variable	Group	n	M	SD	t	df	p	Cohen's d
SelfEsteem (RSE)	Male	73	19.78	5.84	−0.55	148	.580	0.09
	Female	77	20.39	7.11				
Depression (BDI-II)	Male	73	22.44	12.80	−0.85	148	.394	0.14
	Female	77	24.26	13.29				

Note. RSE = Rosenberg Self-Esteem Scale; BDI-II = Beck Depression Inventory-II. Cohen's d values of 0.20, 0.50, and 0.80 represent small, medium, and large effect sizes, respectively (Cohen, 1988). Neither comparison reached statistical significance.

Implications of the Results

The present results carry several noteworthy implications. First, the statistically significant negative correlation between self-esteem and depression replicates a well-established finding in the psychological literature and provides convergent validity for the measures employed in this study. Second, the absence of significant gender differences in either self-esteem or depression, at the bivariate level, adds to a body of evidence suggesting that the self-esteem– depression nexus may operate similarly across gender groups, at least within the school student population.

It is important, however, to acknowledge the limitations inherent in the current findings. The cross-sectional design of the study precludes any causal inference regarding the direction of the self-esteem–depression relationship. The vulnerability model of self-esteem proposes that low self-esteem functions as a risk factor for subsequent depression, whereas the scar model suggests that depressive episodes erode self-esteem over time (Orth& Robins, 2013). The current data are equally consistent with either interpretation. Longitudinal investigations would be necessary

to disentangle these competing causal pathways. Furthermore, the sample was drawn from a specific academic context, which may limit the generalizability of findings to broader or more diverse populations.

In sum the current results provide support for a modest but reliable inverse association between self-esteem and depression in a sample of 150 students with no significance moderation by gender. These findings are discussed further in relation to theoretical frameworks and prior empirical work in the following chapter.

CHAPTER V

FINDINGS, CONCLUSION, FUTURE IMPLICATIONS, AND SUGGESTIONS

The present study was undertaken to examine the relationship between depression and self-esteem among school students with an age range between 13–18 years. Given the increasing prevalence of mental health concerns among adolescents, particularly within educational contexts, the study sought to explore how these two critical psychological constructs interact. The findings are discussed in light of the study objectives, hypotheses, and existing theoretical and empirical literature.

The primary objective of the study was to investigate the relationship between depression and self-esteem among school students. The findings revealed a statistically significant negative correlation between depression and self-esteem, thereby supporting Hypothesis 1 (H). This indicates that students with lower levels of self-esteem tend to exhibit higher levels of depressive symptoms, whereas those with higher self-esteem report lower levels of depression.

This finding is consistent with a substantial body of empirical research. For instance, Sowislo and Orth (2013), through a comprehensive meta-analysis, demonstrated that low self-esteem is a significant predictor of depression across developmental stages. Similarly, Orth et al. (2008) provided longitudinal evidence indicating that low selfesteem prospectively predicts depressive symptoms in adolescence and young adulthood. More recent studies, such as Zhang et al. (2025), further reinforce this relationship by demonstrating that self-esteem significantly predicts depressive symptoms over time, with mediating and moderating variables influencing this association.

From a theoretical standpoint, the findings align strongly with Beck's Cognitive Theory of Depression, which emphasises the role of negative self-schemas in the development and maintenance of depressive symptoms (Beck, 1967; Beck & Bredemeier, 2016). Students with low self-esteem are more likely to internalize negative experiences, engage in maladaptive cognitive processing, and develop

pessimistic interpretations of themselves and their environment. These cognitive distortions contribute to the persistence of depressive symptoms.

Additionally, the findings support the vulnerability model, which posits that low selfesteem functions as a predisposing factor for depression. Individuals with low self-worth are more susceptible to the adverse effects of stressors such as academic failure, peer rejection, and familial conflict. Concurrently, the results are also consistent with the scar model, suggesting that depressive experiences may further erode self-esteem, thereby creating a cyclical and self-perpetuating relationship between the two constructs.

Within the school context, multiple environmental and psychosocial factors may contribute to this relationship. Academic pressures, competitive environments, social comparison, bullying, and peer victimization are known to adversely affect self-esteem and increase vulnerability to depression (Hawker &Boulton, 2000; Tsaousis, 2016). Furthermore, the increasing influence of digital media and social networking platforms may exacerbate self-esteem concerns, particularly through mechanisms such as upward social comparison and cyberbullying (Twenge et al., 2018).

The second objective of the study was to examine gender differences in depression and self-esteem. The findings indicated that there is no statistically significant difference in depression levels between male and female students, thereby supporting Hypothesis 2 (H). This result diverges from several previous studies that have reported higher levels of depression among female adolescents (Salk et al., 2017). However, it is important to consider that gender differences in psychological constructs are often influenced by sociocultural, contextual, and developmental factors. The absence of significant gender differences in the present study may reflect a more uniform exposure to academic and social stressors across genders within the sampled population.

Moreover, changing societal norms, increased awareness regarding mental health, and evolving gender roles may contribute to diminishing disparities in emotional expression and psychological distress. It is also possible that male students may

underreport depressive symptoms due to social stigma, thereby masking potential differences. With regard to self-esteem, the lack of pronounced gender differences

may suggest that both male and female students experience comparable levels of selfevaluation within the educational context studied.

The third objective of the study involved examining the relationship between depression and self-esteem across different age groups. Adolescence is a critical developmental period characterized by identity formation, increased self-awareness, and heightened sensitivity to social evaluation. According to Harter (2012), self-esteem becomes more complex and differentiated during this stage, making adolescents particularly vulnerable to fluctuations in self-worth. These fluctuations are often influenced by academic performance, peer relationships, and physical appearance. Research by Robins et al. (2002) indicates that self-esteem tends to decline during adolescence due to increased social comparison and self-consciousness, which may, in turn, contribute to the emergence or intensification of depressive symptoms.

5.1 Conclusion

In conclusion, the present study establishes a significant inverse relationship between depression and self-esteem among school students, emphasizing the crucial role of selfesteem in adolescent mental health. The findings support existing theoretical frameworks and empirical research, highlighting that low self-esteem serves both as a precursor to and a consequence of depression. The study underscores the importance of early intervention, school-based mental health programmes, and supportive educational environments in promoting psychological well-being. Enhancing self-esteem among students can serve as a protective factor against depression and contribute to healthier developmental outcomes.

5.2 Future Implications

The sample size was relatively small, which limits the generalizability of the findings to broader populations.

The study was geographically restricted to a specific region, which may not be representative of diverse cultural or education contexts.

The cross -sectional research design does not permit casual inferences to be drawn between the variables.

Potential confounding variables were not controlled, which may have influenced the observed associations.

The study focused exclusively on two psychological variables, which restricts the overall scope and depth of the findings.

5.1 Suggestions

- Future study should utilize larger and more diverse samples to improve representatives and generalizability of findings across different population settings.
- Incorporating additional psychological, variables, such as anxiety, resilience, and social support, would provide a more comprehensive understanding of the factors influencing adolescent mental health.
- Employing mixed-method approaches that combine quantitative measures with qualitative insights would enrich the depth and contextual understanding of the findings.
- Researchers should focus on developing and evaluating school-based intervention programmes aimed at enhancing self-esteem and reducing depressive symptoms among adolescents.
- Future research should examine the role of school climate and peer dynamics in shaping the relationship between self-esteem and depression, as these contextual factors are closely linked to student well-being.

A more in-depth exploration of gender differences, taking into account sociocultural, developmental, and environmental variables, would contribute to a nuanced understanding of mental health disparities among adolescents .

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Appendix A: Beck Depression Inventory-II (BDI-II)

The BDI-II is a 21-item self-report instrument assessing the severity of depression in adults and adolescents aged 13 and older. Each item presents a series of four statements arranged in increasing severity regarding a particular depressive symptom. Participants are asked to select the statement that best describes how they have been feeling during the past two weeks, including today. Total scores range from 0 to 63, with higher scores indicating more severe depression. The standard scoring interpretation is as follows: 0– 13 = minimal depression; 14–19 = mild depression; 20– 28 = moderate depression; 29– 63 = severe depression (Beck et al., 1996).

Appendix B: Rosenberg Self-Esteem Scale (RSES)

The RSES is a 10-item Likert-type scale measuring global self-worth by measuring both positive and negative feelings about the self. The scale is considered a unidimensional measure of global self-esteem. Items are answered on a four-point scale ranging from strongly agree to strongly disagree. Five items are positively worded and five are negatively worded. Scores range from 0 to 30, with higher scores indicating higher selfesteem. A score between 15 and 25 is within the normal range; a score below 15 may suggest low self-esteem (Rosenberg, 1965, 1979).

Appendix C: Informed Consent Form

Participants were provided with a written informed consent form prior to data collection. The form outlined the purpose of the study, the voluntary nature of participation, confidentiality of responses, the right to withdraw without penalty, and contact information for the investigator and supervisor. All participants (and, where required, their guardians) signed the form before completing the questionnaires.

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