

SELF-ESTEEM AND DEPRESSIVE TENDENCIES AS RISK FACTORS IN SUBSTANCE CONSUMPTION IN YOUTH

Claudia SĂLCEANU,
Senior Lecturer, Ph.D.
Ovidius University of Constanța, Romania
claudiasalceanu@yahoo.com

Abstract: *Self-esteem is the result of the assessment that a person makes about one's self, which makes that person feels more or less valuable. Depression is a disposition disorder, characterized by sadness, helplessness, loneliness and apathy. Substance consumption (like alcohol or nicotine) is sometimes used by people as self-medication, in order to achieve a certain mental balance, when they confront with life situations that they cannot manage. A sample of 115 young people, aged between 20 and 25 years old, has been assessed with Rosenberg's Self Esteem Scale (1965), Dysfunctional Attitude Scale (Beck & Weisman, 1978) and a survey regarding substance consumption, made by the author, based on the European School Survey Project on Alcohol and Other Drugs (ESPAD 2015). The study aims: (1) To identify what types of substances are consumed by the subjects; (2) To identify gender differences in substance consumption; (3) To assess the level of self-esteem and depression for all the subjects involved; (4) To identify a correlation between self-esteem, depression and substance consumption. Our findings show: smoking and alcohol use are the main substances used by the subjects; there are no significant differences between male and female subjects regarding substance consumption; the majority of the respondents have low self-esteem levels and above average and high depressive tendencies; there is no significant correlation between self-esteem and substance consumption, but there is a significant correlation between depression and substance consumption. The importance of these results is discussed in the end.*

Key words: *self-esteem; depressive tendencies; substance consumption; youth.*

Introduction

Usually, self-esteem is used as a reference to self-worth or self-respect (Cherry, 2019), it represents the individual's sense of his value or the extent to which a person values, approves of, appreciates, prizes, or likes himself (Blascovich & Tomaka, 1991). It is a personality trait, which means that it tends to be stable during the life-span (Adler & Stewart, 2004). This construct is generally the evaluative component of the self-concept, which has different specific domains, like: self-image, self-worth, self-confidence, self-efficacy or self-compassion.

1. Self-esteem in youth

Various factors believed to influence self-esteem include (cf. <https://positivepsychology.com/self-esteem/>):

- genetics,
- personality,
- life experiences,
- age,
- health,
- thoughts,
- social circumstances,
- the reactions of others,
- comparing the self to others.

Low self-esteem is associated with depression and feelings of being defeated, and it leads people to make bad choices, to fall into destructive relationships, or to fail to live up to their full potential. Too much self-love, on the other hand, results in an off-putting sense of entitlement and an inability to learn from failures. It can also be a sign of clinical narcissism, of self-centeredness, arrogance and manipulative behavior (cf. <https://www.psychologytoday.com/us/basics/self-esteem>).

Self-esteem is important for adolescents and young people because it is a supporting factor of well-being. A study conducted by Dumont and Provost (1999) shows that well-adjusted adolescents have higher self-esteem than resilient and vulnerable adolescents. Furthermore, youth with consistently high, moderate and rising self-esteem reported developmentally healthier outcomes (Zimmerman, Copeland, Shope & Dielman, 1997). Outcomes included susceptibility to peer pressure, school grades and alcohol use. Furthermore, researchers found a link between victimization and low self-esteem (Patchin & Hinduja, 2010). Cyberbullying behaviors have been also linked to self-esteem, among other personality traits (Baldry, Farrington & Sorrentino, 2015; Kowalski, Limber & McCord, 2018).

Self-esteem seems to partially mediate the relationship between perceived discrimination and adolescents' depressive symptoms (Umaña-Taylor & Updegraff, 2007), which means that various aspects of the self can protect and enhance the risks associated with discrimination.

So, we can conclude that self-esteem is a really important personality factor, with many implications in adolescent and young peoples' lives, with furthermore importance considering the fact that adolescence is a period of conflicts, of questions and answers, of development of a true identity, of putting together a puzzle of information and discoveries about one's self.

2. Dysfunctional attitudes and depressive tendencies in youth

Attempts to understand the nature of depression in adolescence have shown that:

- Stress is moderately correlated with psychological and physiological distress (Dohrenwend & Dohrenwend, 1974; Gunderson & Rahe, 1974);
- Negative thinking is strongly associated with depression in adolescence (Garber, Weiss & Shanley, 1993);
- Past depression, current other mental disorders, past suicide attempts, internalizing behavior problems and physical symptoms act as risk factors for depression in adolescence (Lewinsohn, Roberts, Seeley, Rohde, Gotlib & Hops, 1994);
- High-depressive adolescents demonstrate a strong tendency to dramatize situations and seem to be less tolerant of frustration (Marcotte, 1996);
- Stressors interact with genetic, biological, cognitive, personality and interpersonal vulnerabilities as predictors of adolescent depression (Hankin, 2006).

Depression affects people in different ways and can cause a large variety of symptoms, like unhappiness, hopelessness, anxiety, losing interest in things that people enjoy, feeling tearful, etc. There also can be physical symptoms like feeling tired constantly, sleeping problems, lack of appetite, various aches and pains.

Statistics and studies show the following concerning aspects about depression in adolescence (Sonuga-Barke, Thompson, Stevenson & Viney, 1997; Muehlenkamp & Gutierrez, 2004; Lewinsohn, Rohde & Seeley, 1996; Arria, O'Grady, Caldeira, Vincent, Wilcox & Wish, 2010; Anderson & Smith, 2005; National Report of Romanian Children and Young People's Health, 2017):

- approximately 8% of adolescents between 12 and 17 years old have had a major depressive episode, girls being more exposed than boys;
- between 16 and 18 years of age, the risk for suicidal attempts is the highest;
- the more behavioral problems an adolescent has (violence, alcohol consumption, drugs, smoking, dangerous sexual behavior, etc.), the more the risk of suicidal attempts grows;
- suicide is the third leading cause of death among 15-to-24 year olds;
- between 15 and 18% of young people harm themselves without the conscious intention of committing suicide;
- approximately 8% of adolescents between 13 and 18 years old have an anxiety disorder, which mainly interferes with young people's social skills and education process;
- obsessive-compulsive disorder usually begins in adolescence and can be observed in approximately 1 out of 200 children and adolescents;
- approximately 2.7% of adolescents aged between 13 and 18 suffer from eating disorders;

- 2.59% Romanian children and adolescents have neurotic and behavioral disorders;
- approximately 70% of high-school students have already consumed alcohol, 50% have tried illegal drugs, 40% have already smoked and more than 20% have used prescription drugs for non-medical uses.

3. Substance consumption in youth

As the statistics above show, many adolescents are no strangers to substance consumption. There are several reasons for young people to use these substances, including the wish to try new experiences, attempts to face problems or to deal with school problems. Adolescents are biologically designed to seek new experiences and to take chances, to exert risky behaviors or to define their own identity. Experimenting with drugs and substances may help these normal developmental tasks unfold in an unhealthy manner, with severe long term consequences.

Most adolescents don't develop an addiction based on a one-time simple substance testing, but still these attempts are a problem. Drug consumption is part of a risky behavior model, including unprotected sexual contacts or driving while being drunk. If this pattern repeats itself, it may have serious consequences on young people's well-being, including (https://clinica-hope.ro/problemele-psihiice-ale-adolescentilor/):

- school failure,
- family problems,
- loss of interest for normal healthy activities,
- memory problems,
- high risk of infections (like HIV or hepatitis C),
- mental disorders,
- death caused by overdose.

4. Objectives and hypotheses

The main objectives of the research are:

1. To identify what types of substances are consumed by the subjects in the sample;
2. To identify gender differences in substance consumption;
3. To assess the level of self-esteem and depression for all the subjects involved in this study;
4. To identify a correlation between self-esteem, depression and substance consumption.

The hypotheses are:

1. We presume there are significant differences between male and female young people regarding substance consumption.

2. We presume there is a significant correlation between self-esteem and substance consumption.
3. We presume there is a significant correlation between depressive tendencies and substance consumption.

5. Sample and methods

The sample comprised 115 young people, aged between 20 and 25 years old, of which 72 male (63%) and 43 female (37%), residents of the city of Constanta.

Research ethics have been considered, as all subjects gave their written consent in order to participate in this study, since all participants reported different substances use.

The instruments that we used were Rosenberg's Self Esteem Scale (1965), the Dysfunctional Attitude Scale (Beck & Weisman, 1978) and a survey regarding substance consumption, made by the author, based on the European School Survey Project on Alcohol and Other Drugs (ESPAD 2015).

6. Results

Objective 1 - Identifying what types of substances are consumed by the subjects in the sample.

The subjects were invited to choose from a list of substances, the ones they preferred or they utilize on a regular basis. We discovered the following hierarchy of preferences for substances: 84.35% - alcohol, 70.44% - smoking, 13% - ethnobotanical drugs (synthetic drugs, created in labs, using toxic substances to replace natural ingredients), 7% - cannabis, 3.47% - cocaine, 2.60% - amphetamines, 1.74% - ecstasy.

We can see that tobacco and alcohol use are the leading factors in the hierarchy of substance consumption in adolescence and youth. Although legislation in vigor regarding the age restrictions on access to tobacco and alcohol exists, it is clear that there are still problems in terms of abiding the law. Furthermore, Romanian parents do not usually restrain alcohol and tobacco consumption when in presence of their children and this represents a negative model of behavior that children are exposed to from very early ages.

Furthermore, other factors involved are: the above average and good family income (66.1% of respondents come from middle and high social-status families); the educational level of their parents (57% of the respondents' parents only have high-school studies); the main interest for activities such as computer games and social activities in the virtual world (78% of respondents prefer to spend their time online, playing and chatting with their friends); peer pressure (65% of respondents' friends consume alcohol and tobacco, and 12% are part of a social group in which cannabis is consumed).

The subjects were asked to answer for how long they have consumed these substances. We discovered that: 23% of the respondents consumed substances for 16 years, 23% for 15 years, 8% for 14 years, 15% for 13 years, 15% for 12 years, 8% for 11 years and 8% for 10 years. This means that they started really early, at school-age.

Objective 2 - Identifying gender differences in substance consumption.

Hypothesis 1 - *We presume there are significant differences between male and female young people regarding substance consumption.*

We discovered there are no statistically significant differences between boys and girls regarding substance consumption.

Still, we identified that 76.74% of boys and 65.28% of girls have medium to high levels in substance consumption. These results are consistent with other studies suggest that high-volume drinking is consistently more prevalent among adult men than among adult women (Wilsnack, Wilsnack, Kristjanson, Vogeltanz-Holm & Gmel, 2009; Kloos, Weller, Chan & Weller, 2009). While female showed higher levels of substance use in early adolescence, male exhibited greater changes and higher levels of use in mid adolescence and early adulthood (Chen & Jacobson, 2012).

Due to the biological differences between men and women, it has been hypothesized that the same quantity of alcohol consumed over the same time period produces different blood alcohol levels (Graham, Wilsnack, Dawson & Vogeltanz, 1998), women showing a greater vulnerability to alcohol and other substances (Holmila & Raitasalo, 2005).

Objective 3 – Assessment of the level of self-esteem and depression for all the subjects involved in this study.

We identified that only 4% of respondents have high scores in self-esteem, 38% have medium scores and 58% have low scores. The feeling of personal failure and lack of value are the main coordinates that the subjects reported. As for depression tendencies and dysfunctional attitudes, 6.08% have low levels, 27.82% have medium levels, 46.08% have high levels and 20% have very high levels of dysfunctional attitudes. These results suggest the existence of maladaptive behavior patterns which can become the basis of a potential depressive disorder.

Objective 4 – Identifying a correlation between self-esteem, depression and substance consumption.

Hypothesis 2 - *We presume there is a significant correlation between self-esteem and substance consumption.*

We obtained a negative correlation between self-esteem and substance use, that is not statistically significant (Pearson Correlation $-.039$; Sig.2-tailed $.679$). Although low self-esteem has been proved to be a predictor of delinquent behaviors, including substance use, our results show a weak relationship between the two variables.

Hypothesis 3 - *We presume there is a significant correlation between depressive tendencies and substance consumption.*

We obtained a positive correlation between depressive tendencies and substance consumption (Pearson correlation .188; Sig.2-tailed .045). Since both depression and substance use have in common personality traits like vulnerability, lack of emotional control, low impulse control, lack of tolerance on frustration, negative thoughts, it becomes natural that these two variables correlate. In this case, we can sustain that depressive tendencies represent risk factors in substance use behavior in youth.

Conclusion

The study was based on a series of objectives and hypotheses that have shown the following aspects:

- The most used substances in adolescence are alcohol and tobacco;
- Peer pressure, family income, parents educational status, socio-economic status and family models become risk factors in substance use behaviors in adolescence;
- The substance use has reportedly begun in early school years and preadolescence;
- There are no significant differences between male and female regarding substance use, although female have reported higher levels of substance use in adolescence;
- The majority of participants shows low levels of self-esteem and high levels of dysfunctional attitudes;
- There is no significant correlation between self-esteem and substance use, but we discovered a significant correlation between dysfunctional attitudes and substance use.

The practical implications of this study can be summarized as follows:

- There is a strong need of counseling for adolescents, in order to develop realistic coping strategies for the life situations they cannot handle;
- There is also a strong need of seminars, conferences and school programs to inform adolescents about the risks of substance use;
- Parental control should be more carefully exerted;
- Both positive models and real life experiences with people dealing with substance abuse should be shown, so that adolescents would be more aware of their trajectory in life;
- The rates of tobacco and alcohol use have grown in adolescence in the last few years;
- There are many opportunities for Romanian adolescents to acquire and consume goods, including tobacco and alcohol that were previously unavailable or more difficult to obtain.

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