

Sociotropy-autonomy, self-criticism and self-esteem in individuals with or without depression

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Abstract

Objective: To examine and predict the relationship among sociotropy-autonomy, self-criticism and self-esteem in individuals with or without depression.

Method: The cross-sectional, case-control study was conducted from November 2021 to July 2022 in various government hospitals and universities in Lahore, Pakistan, and comprised depression patients of either gender aged 20-40 years in group A. Healthy subjects matched for age and gender were enrolled in control group B. Data was collected using a demographic sheet predesigned in Urdu language, and the Urdu versions of Personal Style Inventory, Form of Self-Criticism/Attacking and Self-Reassuring Scale, and the Rosenberg Self-Esteem Scale. Data was analysed using SPSS 21.

Results: Of the 200 subjects, 100(50%) were males, while each of the two groups had 100(50%) subjects. The overall mean age of the sample was 27.93±5.23 years. Sociotropy-autonomy had a significant positive relationship with self-criticism ($p<0.01$) and a significant negative relationship with self-esteem ($p<0.01$). Self-criticism was significantly negatively correlated with self-esteem ($p<0.01$). Sociotropy-autonomy was a significant predictor of self-criticism and self-esteem ($p<0.01$). Inter-group comparison of the levels of sociotropy-autonomy, self-criticism and self-esteem were significant ($p<0.05$).

Conclusion: Sociotropy-autonomy was a highly significant predictor of self-criticism and self-esteem. People with depression had high sociotropy-autonomy and self-criticism scores, and low scores in self-esteem.

Keywords: Sociotropy, Autonomy, Self-criticism, Self-esteem, Depression. (JPMA 73: 2196; 2023)

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Introduction

In recent years, depression has gained fame as the 'common cold' of mental disorders.¹ It is one of the most common and serious mental diseases of modern times.² According to the World Health Organisation (WHO), depression is ranked fourth among illnesses and is expected to double in the future. Approximately 25% of the total world population and about 34% of people in Pakistan endure agony due to this disorder.³ It is usually exhibited as mild, moderate and severe levels.⁴ Depression is explained as an emotional condition with feelings of sadness, hopelessness, low self-esteem or guilt, disturbance in sleep and appetite, and no interest in different activities.⁵ People also complain about physical and somatic symptoms, but being unable to perform daily tasks is one of its worse effects. Individuals experience detrition in their thinking, feeling and behaviour in addition to the blue mood.² Further, depression also impacts social relationships as it comes with emotional changes, like irritability, and changes in personality as well.⁵

Sociotropy and autonomy are two traits of personality that make individuals vulnerable and lead to mental disturbance. The tendency to give more importance and value to relationships instead of personal independence is known as sociotropy, while more concern for personal achievements and care for independence is known as autonomy. Individuals with sociotropy-autonomy characteristics might be at a great risk of mental health problems when expectations are not met.⁶ Sociotropy and autonomy are characteristics of personality, but life experiences decide which tendency will dominate in an individual, while events and situations determine their strengths. Thoughts, feelings and behaviours occur as a result of situations that activate them.⁷ Prevalence of these attributes can be high, low or both, and can lead to stress, anxiety, self-criticism, increased risk of depression, problems in interpersonal relations and poor problem-solving skills.⁸

Self-criticism has also gained attention due to its influence on psychopathology.⁹ Self-critical tendencies develop with self-critical thoughts. These thoughts are not inborn qualities, but are learned behaviours. The roots of self-critical thoughts can be traced to the environment where individuals live and grow. The concept of strictly or harshly assessing one's cognition, behaviours, emotions and

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actions is called self-criticism, which has existed in almost every culture and can crop up at any time in life.¹⁰ Self-criticism derives its characteristics from negative emotions, including self-directed anger, disgust, contempt, and their relation with emotional memories.¹¹ Internalised and comparative self-criticism are its most common forms. Individuals with self-critical thoughts are unsure of their thoughts, feelings and emotions. The feeling of uncertainty can turn into stress, loneliness, procrastination, depression and low self-esteem.¹²

Self-esteem has acquired the status of a household concept due to its popularity in almost all professions across all ages of people.¹³ The worth, respect, or significance that people give themselves as a person is self-esteem. It is a belief or perception about oneself that can be negative or positive and it is shaped throughout life with dynamic life experiences.¹⁴ A high, medium, low, or healthy type of self-esteem also depends on different situations in life. Research has proved that self-esteem and wellbeing are directly related to each other¹² and low self-esteem has an association with anxiety, depression and quality of life.¹⁵

The current study was planned to examine and predict the relationship among sociotropy-autonomy, self-criticism and self-esteem in individuals with or without depression.

Subjects and Methods

The cross-sectional, case-control study was conducted from November 2021 to July 2022 in various hospitals and universities in Lahore, Pakistan, after approval from the ethical review committee (ERC) of Riphah International University, Lahore. Non-probability purposive sampling technique was used. The sample size was calculated using G*Power calculator¹⁶ with 0.95 power and medium effect size of 0.3. Those included were patients of either gender aged 20-40 years diagnosed with mild to moderate depression for at least 6 months in group A, while healthy subjects matched for age and gender were enrolled in control group B. Those with physical disabilities and having other psychological disorders were excluded. Permission was taken from all the pertinent authorities and written informed consent from the participants before data collection through a pre-designed demographic sheet in Urdu language. It had questions regarding age, gender, education, profession, family system, socioeconomic status, marital status and interpersonal relationships.

Personal Style Inventory (PSI)¹⁷ having 48 items was designed to evaluate the two attributes of personality, sociotropy and autonomy. It was translated into Urdu according to the standardised procedure of mobilisation around an integration project (MAPI) guidelines after getting permission from the original author.¹⁸ The scale was divided into two parts, with each part having 3 sub-scales.

Each item was scored on a 6-point Likert scale, ranging from 1=strongly disagree and 6=strongly agree. The reliability of the original scale for sociotropy was 0.90 and for autonomy it was 0.89. In the current study, Cronbach's alpha of sociotropy was 0.85 and for autonomy 0.85.

The Urdu version of the Form of Self-Criticism/Attacking and Reassurance Scale (FSRCS) was also used.¹⁹ It had a total of 22 items with 3 subscales; inadequate self, reassured self and hated self. It was scored on a 5-point Likert scale, ranging from 0=not at all like me, to 4=extremely like me. The reliability of the original scale was 0.90 for inadequate self, 0.86 for hated self, and 0.86 for reassured self. The Cronbach's alpha in the current study for inadequate self was 0.66, for hated self 0.67 (which is considered moderate) and 0.77 for reassured self.

Rosenberg Self-Esteem Scale (RSES)²⁰ having 10 items was used to evaluate overall self-worth. Both positive and negative thoughts about oneself were calculated. RSES was translated into the Urdu language by following MAPI guidelines after getting permission from the original author.¹⁸ It was scored on a 4-point Likert scale, ranging from strongly agree to strongly disagree. Higher scores indicated higher self-esteem. The reliability of the scale was 0.82, while in the present study, Cronbach's alpha value was 0.83.

Relevant data using these tools was collected from both clinical and non-clinical samples. All the questionnaires were filled out in the presence of a researcher.

Data was analysed using SPSS 21. Before extracting analyses, all assumptions of parametric tests were verified, including normality, which was confirmed with p-p plots, q-q plots, and Kolmogorov-Smirnov test, and homogeneity of variance, which was verified with Levene's tests, and level of measurement as ratio or scale. Mean and standard deviation were used for continuous variables, and frequency and percentages for categorical variables. In inferential statistics, to describe and measure the degree of connection among variables, Pearson Product Moment Correlation was used. Multiple regression was used to assess the prediction. Inter-group differences were compared using independent sample t-test. $P < 0.05$ was considered statistically significant.

Results

Of the 200 subjects, 100(50%) were males, while each of the two groups had 100(50%) subjects. The overall mean age of the sample was 27.93 ± 5.23 years. Most of the subjects 80(40%) had completed college education, 73(36.5%) had finished a university education, 37(18.5%) had achieved school education, and 10(5.0%) were uneducated. Employed participants were 92(46%), unemployed 90(45%) and 18(4%) were running their own

businesses. Of the total, 131(65%) were unmarried, and 69(34.5%) were married. Further, 119(59.5%) subjects were living in a nuclear family setup and 81(40.5%) were part of the joint family system. Finally, 177(88.5 %) subjects had middle socioeconomic status, and 23(11.5%) belonged to lower social class.

Sociotropy had a significant positive relationship with autonomy ($r=0.67$) and self-criticism ($r=0.43$), and a significant negative relationship with self-esteem ($r=-0.34$). Autonomy was significantly positively related to self-criticism ($r=0.47$) and significantly negatively related to self-esteem ($r=-0.41$). Self-criticism shared a significant negative correlation with self-esteem ($r=-0.30$) (Table 1).

R2 value of 0.24 showed that sociotropy and autonomy explained a 24% variance in self-criticism with $F(1, 197)=13.69$ ($p<0.001$). Sociotropy and autonomy positively predicted self-criticism and there was a 5% chance in the variance of model 1 and model.2 Likewise, R2 value of 0.18 showed that sociotropy and autonomy explained an 18% variance in self-esteem with $F(1, 197)=15.34$ ($p<0.001$). Sociotropy and autonomy negatively predicted self-esteem. The ΔR^2 value revealed a 6% chance in the variance of models 1 and 2 (Table 2).

Table-1: Correlation of sociotropy, autonomy, self-criticism and self-esteem.

Variables	1	2	3	4	Mean±SD
Sociotropy	-	.67**	.43**	-.34**	100.71±19.38
Autonomy	-	-	.47**	-.41**	97.0±18.65
Self-criticism	-	-	-	-.30**	42.44±11.82
Self-esteem	-	-	-	-	18.11±5.42

SD: Standard deviation.

Table-2: Hierarchal regression results for self-criticism and self-esteem.

Variables	B	95%CI	SE B	β	R2	$\Delta R2$
Self-criticism						
Step 1					0.18	0.18***
Constant	15.83***	7.93	23.73	4.00		
Sociotropy	0.26***	0.19	0.34	0.04	0.43	
Step 2					0.24	0.05***
Constant	9.74	1.42	18.06	4.21		
Sociotropy	0.13	0.03	0.23	0.05	0.22	
Autonomy	0.20***	0.09	0.31	0.05	0.32	
Self-esteem						
Step 1					0.11	0.11***
Constant	27.55***	23.76	31.33	1.91		
Sociotropy	-0.09***	31.31	-0.06	0.02	-0.34	
Step 2					0.18	0.06***
Constant	30.63***	26.66	34.59	2.01		
Sociotropy	-0.03	-0.76	0.02	0.03	-0.95	
Autonomy	-0.10	-0.15	-0.05	0.03	-0.35	

CI: Confidence interval, LL: Lower limit, UL: Upper limit.

Table-3: Inter-group comparison of sociotropy-autonomy, self-criticism and self-esteem levels.

Variables	With Depression	Without Depression	t (19)	95% CI		Cohen's d
	Mean±SD	Mean±SD		LL	UL	
Sociotropy	110.6±15.72	90.75±17.56	8.4	15.24	24.53	1.14
Autonomy	106.2±16.51	87.74±15.93	8.0	13.9	23.0	1.15
Self-Criticism	45.6±11.0	39.1±11.7	4.0	3.31	9.66	0.52
Self-Esteem	16.01±5.51	20.21±4.43	-5.9	-5.59	-2.80	-0.72

SD: Standard deviation, t: Statistical difference, CI: Confidence interval, LL: Lower limit, UL: Upper limit.

Individuals with depression had high sociotropic-autonomic and self-critical traits than individuals without depression ($p<0.05$). Moreover, individuals with depression had low self-esteem compared to individuals without depression ($p<0.05$) (Table 3).

Discussion

The findings suggested that sociotropy-autonomy and self-criticism were significantly positively correlated with each other. The results were consistent with previous research.⁶ The current study also indicated that sociotropy-autonomy had a significant negative relationship with self-esteem. Literature also proved that personality traits play important role in maintaining the level of self-esteem, and sociotropic-autonomous individuals set criteria that they want to achieve but failure in achieving desired outcome results in a lower level of self-esteem.²¹

The current study showed a significant negative correlation between self-criticism and self-esteem. A strong negative association between critical self-evaluation and self-worth was reported earlier. Critical evaluation or having pessimistic views about one's self resulted in low self-esteem. However, the negative association of both variables also makes people vulnerable. Self-critical and negative cognition predict lower self-esteem and they are also connected negatively.²²

The current study demonstrated that sociotropy and autonomy were significant predictors of self-criticism. A recent systematic review of research also underpinned the outcome by proving that sociotropic and autonomic individuals exhibit self-critical thoughts which is a core symptom of depression.²³ The current study also revealed that sociotropy and autonomy predict self-esteem, which is in line with literature.²⁴

Group statistics presented clear-cut differences in the levels of sociotropy-autonomy and self-esteem in a clinical and non-clinical sample. A high level of sociotropy-autonomy and self-criticism was found in individuals with depression. Contemporary research supported such a conclusion.²⁵ A significant negative link between the lower level of self-esteem and depression was discovered while incidental events partially mediated their link. It was also determined that low self-esteem may be an important sign of people who have a risk of developing depression. Likewise, it has been reported that the link impacts the quality of life of

affected individuals.⁸

The present study has limitations. Individuals with depression were ruled out in case they had comorbidities. And, only people who had already been diagnosed with depression were included. Also, the findings cannot be generalised due to a small sample size, and because data was collected only from Lahore city and related to people of a certain age range.

Despite the limitations, however, the current study would improve understanding and enhance the importance of personality characteristics for adult mental health, with special reference to Pakistan. It would help screen out individuals who are at high risk of developing depression. Furthermore, it would also be helpful for mental health professionals in considering their clients' personalities for the purpose of depression management.

Conclusion

Sociotropy and autonomy were found to be highly significant predictors of self-criticism and self-esteem. The clinical sample demonstrated high sociotropy-autonomy and self-criticism along with low self-esteem compared to the non-clinical sample. Moreover, depressed people were dissatisfied with their interpersonal relations and achievements in life.

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