

RESEARCH ARTICLE

OPEN ACCESS

EMPIRICAL VERIFICATION OF THEORETICAL MODEL BETWEEN SUBJECTIVE WELL-BEING, SELF-ESTEEM AND DEPRESSION IN NON-CLINICAL YOUNG PEOPLE

*¹Nilton Soares Formiga, ²Maria de Fatima de Matos Maia, ³Thatiana Maia Tolentino, ²Celina Aparecida Gonçalves Lima, ²Jaciara Neves Sousa, ²Daniela Fernanda de Freitas, ²Berenilde Valéria de Oliveira Sousa and ²Amario Iessa Junior

¹Universidade Potiguar Laureate International Universities

²State University of Montes Claros – UNIMONTES, Montes Claros, Minas Gerais, Brazil

³Faculdades Santo Agostinho- Montes Claros, Minas Gerais, Brazil

ARTICLE INFO

Article History:

Received 28th January, 2019

Received in revised form

06th February, 2019

Accepted 09th March, 2019

Published online 29th April, 2019

Key Words:

Well being; self-esteem;
Depression.

ABSTRACT

This study aimed to verify a theoretical model in which the subjective well-being construct explains self-esteem and depression in non-clinical Brazilian youth. A sample of 1864 subjects (men and women) aged 12 to 20 years of elementary or higher education from public institutions, in addition to socio-demographic data, responded to the subjective well-being inventory, the self-esteem scale and the depression inventory. From a recursive model of structural equations, it was observed that positive well-being was positively associated with positive self-esteem and, negatively, with depression. On the other hand, negative well-being was positively related to negative self-esteem and depression. In general, the importance of well-being in relation to the development of a structure and to the functionality regarding the psychosocial adjustment of the people, which favors a better self-evaluation of satisfaction and quality of life, is emphasized.

Copyright © 2019, Nilton Soares Formiga et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Nilton Soares Formiga, Maria de Fatima de Matos Maia, Thatiana Maia Tolentino et al. 2019. "Empirical verification of theoretical model between subjective well-being, self-esteem and depression in non-clinical young people", *International Journal of Development Research*, 09, (04), 27075-27080.

INTRODUCTION

Human concern with happiness has always been a goal to be achieved by the individual. The search for such a condition probably was the main foundation that led the human species in its trajectory through the world. From the invention of the wheel to human cloning, only one thing remained current: the desire for a better life (Graziano, 2005). Segundo Bradburn (1969), happiness is a function of equilibrium between equals, but opposites, having independent and weighted structural components (positive affects and negative affects). According to the aforementioned author, the establishment of this concept of happiness allowed the development of a scale of measurement, such as the Affect Balance Scale (ABS) ou Affective Balance Scale. Although the scale of affective balance has been shown to be a popular measure of happiness, it is attributed to it limits in its use. Example: administration in small samples and difficulty of its application in sample of the elderly.

*Corresponding author: Nilton Soares Formiga,
Universidade Potiguar Laureate International Universities

The test-retest reliability indicators were low, with longer intervals (Bradburn, 1969). To evaluate the construct subjective well-being, Kozma e Stones (1980) developed and validated the *Memorial University of Newfoundland Scale of Happiness* (MUNSH) since happiness and subjective well-being are not synonymous. The prospect of Kozma and Stones (1980) on the construction of MUNSH is attributed to the condition of evaluating negative and positive experiences in people's lives and subtracting the first from the second from a mathematical equation; a balanced scale in which negative and positive items are also represented. This way the MUNSH is designed for administration in older adults and discusses the issue of measures in the area of mental health or subjective well-being that is important to be investigated in the course of the development of any person. In this line of thought, Maia, Vasconcelos Raposo, Formiga, Tolentino e Melo (2016) factorially validated the MUNSH for brazilian adolescents, in which the psychometric indicators proved to be close to those required by the literature on structural modeling, guaranteeing the confirmation of the evaluated construct. For these authors, the factorial validity and internal consistency of the scale

suggest their use in the Brazilian context for research with young people related to subjective well-being. According Kozma, Stones e McNeil (1991), in view of the measure MUNSH, it is necessary to develop a theoretical model that allows to explain the subjective well-being from different variables, such as subjective satisfactions, demographic variables, involvement in activities (social and physical), stressful life events, environmental factors and personality factors. Such reflections refer to the need to understand how people evaluate the situations of their lives in daily life, thus seeking the structure and organization of subjective well-being. This construct has aroused great interest on the part of researchers of the human sciences and health, receiving different appointments, for example: positive affection, satisfaction with life, happiness and state of mind also found as state of mind and subjective evaluation of quality of life (Albuquerque & Troccoli, 2004). Despite these innumerable meanings, the welfare construct incorporates into its concept the mental health dimension (Kozma & Stones, 1980, Maia *et al.*, 2017). In this way, he could well relate to various social and psychological factors. Among these, self-esteem and depression would be dependent variables on the evaluation and organization of well-being, since in these variables postulate conditions that could probably influence the social and individual quality of life, as well as the psychosocial dynamics of the people. In general, when these constructs are developed in a limited way or poorly organized in the psychological dynamics, they can be associated to the aspects of the personality, specifically to the subjective well-being. Thus, both the variation in the level of self-esteem and depression would interfere in the quality of the relationship with the family, in the interpersonal relationship with the pairs of equals, in the intimate relations, in the consumption of licit drugs, in the aggressive behavior and in the mental health (Sousa, Maia & Vasconcelos-Raposo, 2012).

Self-esteem refers to the self-assessment or self-judgment that the subject makes about himself, being an evaluative and affective component in the development of mental structure and functionality in the human being (Coopersmith, 1967). With this, the self-esteem construct can significantly influence studies that focus on mental health indicators and social analyzes of growth and progress (Mruk, 1995). For Sbicigo, Bandeira, Dell'Aglio (2010), in psychology, self-esteem influences the lack of psychosocial adjustment and is also considered an indicator of mental health. This construct is considered by these authors as an important factor in the process of identification, evaluation and also prevention of psychological problems. According Diener (1994), this is a construct positively correlated to satisfaction, negatively to depression (Orth, Robins & Roberts, 2008) and positively with indicators of emotional adjustment (Kernis, 2005). For Hewitt (2009), a high self-esteem is usually a translation of mental health and well-being (Hewitt, 2009) and low self-esteem is associated with negative mood, depression, and social anxiety (Heatherton & Wyland, 2003). In a similar evaluative direction, depression is contemplated, which influences most of the cognitive processes, such as: attention, perception, learning and retrieval of information (Beck, 1967; Beck & Clark, 2004). According Paradela, Lourenço and Veras (2005), depression is associated with several comorbidities and increased use of health services. For Monteiro, Coutinho e Araújo (2007), a depressive picture will significantly influence daily life, specifically in social relationships and in the overall well-being of the individual. Thus, the present study aims to

verify a theoretical model that allows understanding the relationship between subjective well-being, self-esteem and depressive traits in young Brazilian adults. With this, it is expected to find the following results:

- Positive well-being is positively associated with positive self-esteem, with both constructs associating negatively with depression;
- Positive well-being is negatively associated with negative self-esteem and depression, but with these two variables positively associating;
- Negative well-being is positively associated with negative self-esteem and depression;
- Negative well-being is positively associated with depression, with both variables negatively associated with positive self-esteem.

MATERIALS AND METHODS

Here we present the information about the participants, the instruments and the procedures used in the research.

Participant: A total of 1864 subjects, divided into males (49%) and the female sex (51%), of 12 the 20 anos ($M = 15.70$; $DP = 2.46$). The subjects were distributed at the fundamental, middle and university levels of public institutions in the city of Montes Claros-MG. It was taken as the criterion of inclusion in the study that the subject was properly enrolled in its respective academic level, respond correctly to the research instrument (not have blank questions or double-marked responses) and was no older than 20 and less than 12. The sample of this study was non-probabilistic, considering that the person consulted decided to collaborate in responding to the questionnaire that was presented at the moment of data collection.

The following are descriptions of the instruments used in the research.

Memorial University of Newfoundland Scale of Happiness (MUNSH): It is an instrument developed by the by Kozma and Stones (1980) and validated by Maia, Vasconcelos Raposo, Formiga, Tolentino e Melo (2016) for Brazilian adolescents, with 24 questions answered on a Likert scale, with 5 points, characterized by a continuum ranging from total disagreement to total agreement, divided into four factors: Positive Affection (PA), Negative affection (NA), Positive Experiences (PE) and Negative Experiences (NE). This instrument analyzes the question of measures in the area of mental health or subjective well-being important to be analyzed in the adolescent population. The authors of the present study evaluated, from a confirmatory factorial analysis, the factorial structure of the present instrument and observed acceptable psychometric indicators [$\chi^2/df = 2.14$; $RMR = 0.03$; $GFI = 0.99$; $AGFI = 0.98$; $CFI = 1.00$; $TLI = 1.00$; $RMSEA = 0.03$; $CAIC = 1188.73$; $ECVI = 0.23$], which corroborated the theoretical and empirical proposal defended for Kozma and Stones (1980).

Rosenberg Self-Esteem Scale (RSES): Originally developed by Beck, Ward, Mendelson, Mock and Erbaugh (1961), was used in this study and is based on the adaptation of Hutz (2000) for the Brazil. It has ten items, six of which refer to a positive view of oneself and four referring to a self-deprecating view. The subject should respond on a 5-point

Likert scale. This scale has presented internal consistency indices accepted by the current literature, which guarantee the reliability of its measurement (Avanci *et al.*, 2007; Hutz, 2000; Santos & Maia, 1999). In this study, considering the factorial organization observed by the aforementioned authors, it was intended to evaluate the consistency of the factorial structure. For this, a confirmatory factorial analysis was carried out and, according to the statistical indicators [$\chi^2/df = 1.74$; RMR = 0.03; GFI = 0.99; AGFI = 0.99; CFI = 0.99; TLI = 0.99; RMSEA = 0.02; CAIC = 319.67; ECVI = 0.15], the proposed structure was guaranteed to evaluate the two-factor model of the self-esteem scale.

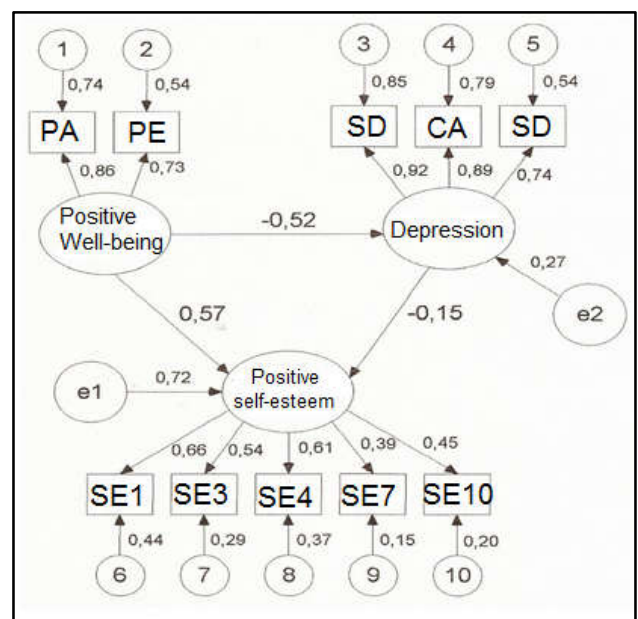
Beck Depression Inventory (BDI): Originally developed by Beck, Ward, Mendelson, Mock e Erbaugh (1961), it is an instrument that assesses depression in respondents. It consists of two items of symptoms or attitudes, which relate to sadness, pessimism, feeling of failure, lack of satisfaction, guilt, punishment, self-deprecation, self-accusations, suicidal thoughts, crises irritability, social withdrawal, indecision, distortion of body image, inhibition of work, sleep disturbance, fatigue, loss of appetite, and somatic concern. Weight loss and decreased libido were withdrawn from the questionnaire by respondents' initial age. In this instrument, the sum of the items was organized in three dimensions: cognition and affection, somatic dimension and self-depreciation (Gorestein & Andrade, 1996). The subject should indicate his / her response on a Likert scale, which varied from 1 to 5 as to the degree of agreement. A confirmatory analysis was carried out to evaluate the consistency of the factorial structure in the sample in question, considering the factorial organization observed in the Gorestein and Andrade (1996) and Gorestein (2001), with the objective of evaluating the consistency of the factorial structure. For this, a confirmatory factorial analysis was carried out and, according to the statistical indicators [$\chi^2/df = 2.11$; RMR = 0.03; GFI = 0.99; AGFI = 0.98; CFI = 0.99; TLI = 0.99; CAIC = 991.85; ECVI = 0.21], the factorial structure proposed to evaluate the hypothesized construct was proved. Questions were also elaborated that contributed to characterize the participants of this study (eg, gender, age, marital status, social class).

Procedimentos: All the procedures adopted in this research followed the guidelines provided in Resolution 196/96 of the National Health Council – NHC (revoked), which currently follows the guidelines of resolution NHC 466/12, among other standards issued by the NHC, as well as Resolution 016/2012 of the Federal Council of Psychology. The research project was submitted to an Ethics Committee, from which approval was obtained through the Consubstantiated Opinion N° 528 de 15/12/2006. Responsible researchers collected the data. They requested the voluntary collaboration of the adolescents in order to respond to a questionnaire. After being aware of the conditions of participation in the research, they signed a Free and Informed Consent Term – FICT. They were told that there was no right or wrong answer. Everyone was assured of the anonymity of their replies by informing them that they would be dealt with as a whole. Although the instrument is self-administered, with the necessary instructions so that they can be answered, those responsible for the collection were present throughout the application to remove any doubts or make clarifications that were indispensable. An average time of 30 minutes was enough to complete this activity. As for the data analyzes, version 21.0 of the statistical package was used SPSS for Windows, computing descriptive statistics (central

tendency and dispersion). The statistical indicators for the Structural Equation Model (SEM) were considered according to the adequacy of subjective adjustment. At the Amos Grafics 21.0 the calculations were generated, a statistical program that has the function of presenting, in a more robust way, psychometric indicators that aim at the greater confidence and security of the scales developed, as well as allowing to draw a theoretical model intended in the study. Thus, the following statistical indicators were considered for the SEM (Hair, Anderson, Tatham, & Black, 2005; Bilich, Silva, & Ramos, 2006): The χ^2 (chi-square), the Root Mean Square Residual (RMSR), the Goodness-of-Fit Index (GFI), the Adjusted Goodness-of-Fit Index (AGFI), the Root-Mean-Square Error of Approximation (RMSEA) it's the Tucker-Lewis Index (TLI). O RMSEA, with their confidence interval of 90% (IC 90%), is considered an indicator of "wickedness" of adjustment, that is, high values indicate an unadjusted model. It is assumed that RMSEA should be between 0.05 and 0.08, accepting values up to 0.10.

RESULTS AND DISCUSSION

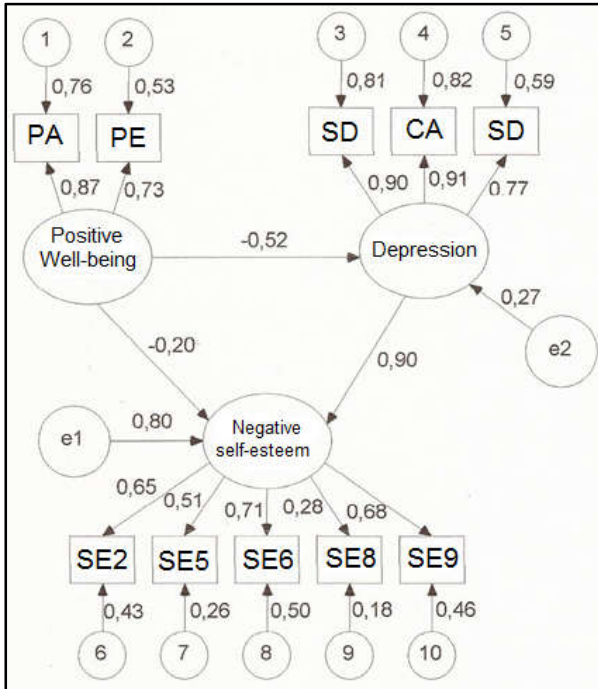
As a reminder to the reader, this research aimed to verify a theoretical model in which the subjective well-being construct explains self-esteem and depression in young people. For this, we considered a recursive model of structural equations, which was performed in the *Amos Grafics* 21.0, generating separate models based on the assumptions. In the first hypothesis, we tried to evaluate a model in which positive subjective well-being (BES+), state of depression (BDI) e a positive self-esteem (AE+) they would be interrelated. With regard to this model, after the appropriate adjustment modifications, the following ratio of the psychometric indicators: $\chi^2/df = 1.58$, GFI = 1.00, AGFI = 0.99, TLI = 0.99 and RMSEA = 0.02 (0.00-0.03). These have shown an association (Lambdas) positive well-being [BES+] with positive self-esteem [AE+] ($\lambda = 0.57$), with these two variables being associated, negatively, with depression [BDI] (respectively, $\lambda = -0.52$; $\lambda = -0.15$) (see Figura 1).



Note. PA = Positive Affect; PE = Positive Experience; SD = Self-Depreciation; CA = Cognition Affection; SD = Somatic Dimension; SE1... SE10 = items of self-esteem.

Figura 1. Representation of the structural model between positive well-being, depression and positive self-esteem in young people

In the second hypothesis, a second model was verified, which contemplated positive subjective well-being (SWB+), state of depression (BDI) and negative self-esteem (SE-). The model was generated and, following the specific modifications in the error adjustments, we observed psychometric indicators [$\chi^2/df = 1.57$, GFI = 1.00, AGFI = 0,99, TLI = 1.00 e RMSEA = 0,02 (0,00-0,03)], which proved the negative association of positive subjective well-being (BES+) ($\lambda = -0.52$) with the state of depression (BDI) and with negative self-esteem (SE-) ($\lambda = -0.20$). However, these last two variables (BDI e AE-) were positively associated with each other ($\lambda = 0.90$) (see Figure 2).

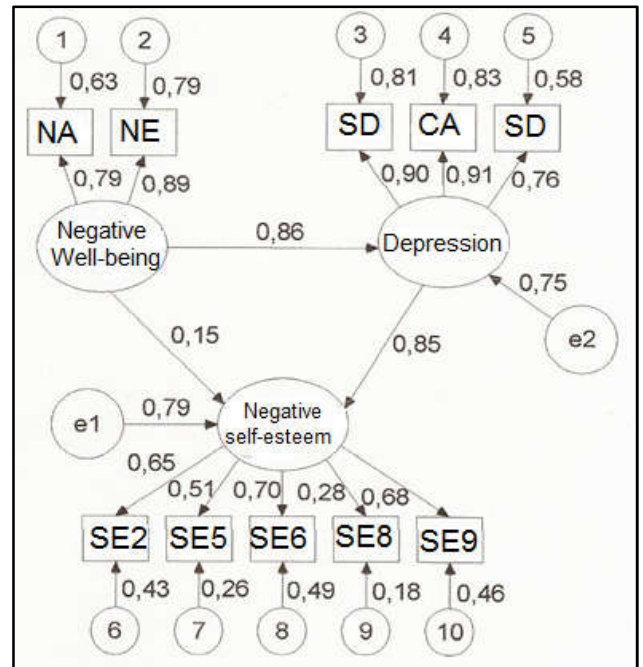


Note. AP = Positive affect; EP = Positive Experience; AD = Self-Depreciation; CogA = Cognition and Affection; DS = Somatic Dimension; SE2... SE9 = items of self-esteem.

Figure 2. Representation of the structural model between positive well-being, depression and negative self-esteem in young people

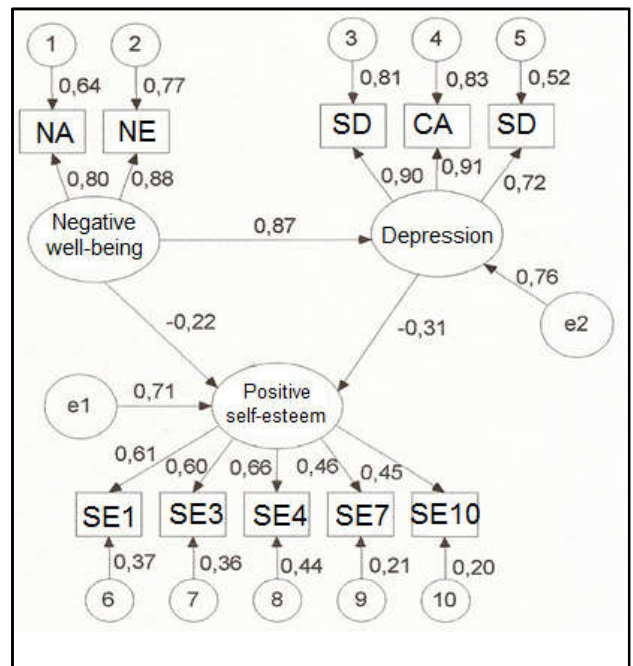
In a third hypothesis, the influence of negative subjective well-being (SWB-) on the state of depression (BDI) and negative self-esteem (SE-). Regarding the associative direction between the variables, it was generated with the modeling calculation for this model. After the specific modifications in the adjustments of the errors, the psychometric indicators were revealed as required by the literature (Hair; Anderson; Tatham & Black, 2005) [$\chi^2/df = 1.75$, GFI = 1.00, AGFI = 0,99, TLI = 0,99 e RMSEA = 0,02 (0,01-0,03)]. This condition proves the positive relationship of negative subjective well-being (SWB-) ($\lambda = 0.86$) with the state of depression (BDI) and with negative self-esteem (SE-) ($\lambda = 0.15$), as well as with these last two variables (BDI e SE-) also positively associating with each other ($\lambda = 0.85$) (see Figure 3). Finally, in a fourth hypothesis the influence of negative subjective well-being was verified (SWB-) on the state of depression (IBD) and positive self-esteem (SE+). After adjusting for the errors, it was observed that the psychometric indicators were within the required statistical standard [$\chi^2/df = 2.64$, GFI = 0,99, AGFI = 0,98, TLI = 0,99 and RMSEA = 0,03 (0,02-0,04)], corroborating the positive relationship of negative subjective well-being (BES-) ($\lambda = 0.87$) with the state of depression (BDI). But, on the other hand, there was a negative association of this variable with positive self-esteem (SE+) ($\lambda = 0.22$), as well as a negative

relation between the SE+ and the BDI ($\lambda = -0.31$) (see Figure 4).



Note. NA = Negative affection; NE = Negative Experience; SD = Self-Depreciation; CA = Cognition and Affection; SD = Somatic Dimension; SE2... SE9 = items of self-esteem.

Figure 3. Representation of the structural model between negative well-being, depression and negative self-esteem in young people



Note. NA = Negative affection; NE = Negative Experience; SD = Self-Depreciation; CA = Cognition and Affection; SD = Somatic Dimension; SE1... SE10 = items of self-esteem.

Figure 4. Representation of the structural model between negative well-being, depression and positive self-esteem in young people

All generated models were confirmed when the prediction estimates were observed from the regression analysis revealed for each proposed model, identifying that the significant variables and the criterion ratio were within what is statistically required and statistically different from zero ($t >$

1,96, $p < 0,05$). Considering these results, it is observed that not only the hypotheses raised were proved, but in the four models generated, the variable subjective well-being (be it negative or positive) can be very important in the explanatory organization of the psychological variables in the psychosocial dynamics of the young. Considering the results of the structural modeling analysis between the variables (see figures), it is possible to observe not only the hypothetical guarantee of the proposed model, but also the importance of the subjective well-being construct on self-esteem and depression. In the hypothesized models, the statistical indicators guaranteed both theoretical and empirical conceptions in the generation of the model. It is highlighted that a better development in positive well-being will probably be able to contribute to positive self-esteem and inhibition of depressive traits in young people. On the other hand, when developing more on negative well-being, greater negative self-esteem and depression. Therefore, it is necessary to reflect on the specificity condition of both the models and the psychological measures used in Brazil. There were not many studies found in the database in the country, mainly regarding the verification of a theoretical model among the variables of well-being, self-esteem and depression. Thus, by looking at the results, they go beyond supporting the proposals suggested in positive psychology for the processes of repair and healing within a model of human functioning disease and the effective use of their abilities, human potential, motivations and adaptive resources (Seligman & Csikszentmihalyi, 2014), which focus on a more systemic health dynamics.

The general model, when evaluating the statistical indicators, reveals its adequacy, confirming the hypothesis raised. Thus, the test carried out, based on the different empirical evidence for the respective sample, corroborates the proposed theoretical model (for example: χ^2/gf , GFI, AGFI, TLI, RMSEA).

In this scenario, the research findings support the explanatory power of positive well-being as an inhibitor of depression and negative self-esteem. This condition can be confirmed when the negative welfare model, depression and negative self-esteem were evaluated, and these variables were positively associated with each other (see Figure 1 and 2). On the other hand, the association, positive well-being and positive self-esteem were positively associated, with the latter two being negatively associated with depression (see Figure 3 and 4). In this way, it is a dynamic system among the variables that contribute the concepts of positive psychology. It is pointed out that there is a need to invest more in psychosocial activities that contemplate positive well-being, since this contributed to the inhibition of variables that hinder the structuring and organization of people's emotional and behavioral abilities. However, methodologically such a model also draws attention to the importance of a set of variables necessary to increase quality of life, self-satisfaction, adjustment, social integration and happiness (Strawbridge, Wallhagen & Cohen, 2002). Previous studies have shown a positive association of positive well-being on positive self-esteem and negative association with negative self-esteem, as well as a positive association of negative well-being with negative self-esteem and negative association with positive self-esteem (Gomes, Tolentino, Maia, Formiga & Melo, 2016). This shows that negative well-being may approximate negative self-esteem and move away from positive, or vice versa.

Final Considerations

Thus, these results sought not only to contribute to the explanation of the psychological development, but to evaluate a structure and functionality of the psychosocial adjustment of the people. With respect to theoretical models, the relationship between subjective well-being on self-esteem and depression, it is possible to affirm that the individual who has a positive subjective well-being, that is, a satisfaction with high life, will probably present a positive self-esteem and less manifestation of depressive features. On the other hand, an inverse result is observed in negative subjective well-being, which will inhibit positive self-esteem and may contribute to the manifestation of negative self-esteem and depression. From a recursive model of structural equations, it was observed that positive well-being was positively associated with positive self-esteem and, negatively, with depression. On the other hand, negative well-being was positively related to negative self-esteem and depression. In general, the importance of the well-being factor in the development of a structure and the functionality regarding the psychosocial adjustment of the people, which is capable of favoring a better self-evaluation of satisfaction and a better quality of life. Thus, the research findings support the explanatory power of positive well-being as inhibitor of depression and negative self-esteem. In general, it is expected that the objective of this study has been fulfilled, especially with regard to the verification of the proposed theoretical model. It is believed that these results would be useful in employment in the areas of psychology, education, social work, health, physical education and others. However, in order to further ensure the consistency of this model, it is necessary to replicate and compare samples in different social, political, educational and economic contexts, as well as convergence between the instruments of measures that evaluate similar constructs proposed in this study. In order to achieve this, the more specific or universal aspects of each culture must be taken into account. On the one hand, it is important to consider the local, specific or unique dimensions of the orientation of each culture, as well as, not least, to assess the universal dimensions here for another geopolitical and social space.

REFERENCES

- Albuquerque, A. S., & Tróccoli, B. T. 2004. Development of a subjective well-being scale. *Psicologia: Teoria e Pesquisa*, 20(2), 153-164.
- Avanci, J., Assis, S., Santos, N., & Oliveira, R. 2007. Adaptação transcultural de escala de auto-escala para adolescentes. *Psicologia Reflexão Crítica*. 20, 397-405.
- Beck, A. 1967. *Depression: Causes and treatment*. Philadelphia. University of Pennsylvania Press.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & ERBAUGH, J. 1961. An inventory for measuring depression. *Archives of general psychiatry*, 4(6), 561-571.
- Beck, A., & Clark, D. 2004. Anxiety and depression: An information processing perspective. *Anxiety Research*. 1, 23-56.
- Bilich, F., Silva, R., & Ramos, P. 2006. Análise de flexibilidade em economia da informação: Modelagem de equações estruturais. *Revista de Gestão da Tecnologia e Sistemas de Informação. Journal of Information Systems and Technology Management*. 3(2), 93-122. ISSN online: 1807-1775.
- Bradburn, N. 1969. *The structure of psychological well-being*. Chicago: Aldine Publishing.

- Coopersmith, S. 1967. The antecedents of self-esteem. San Francisco: *Freeman*.
- Diener, E. 1984. Subjective well-being. *Psychological Bulletin*, 95, 542-575.
- Diener, E. 1994. Assessing subjective well-being: Progress and opportunities. *Social indicators research*, 31(2), 103-157.
- Gomes, M. C. S.; Tolentino, T. M.; Maia, M. F. M.; Formiga, N. S.; Melo, G. F. Verificação de um modelo teórico entre bem-estar subjetivo e autoestima em idosos brasileiros. *R. bras. Ci. e Mov*, 24(2):35-44. 2016.
- Gorestein, C. A. 2001. Inventário de depressão de Beck: propriedades psicométricas da versão em português. *Revista de Psiquiatria Clínica (periódico online)*.
- Gorestein, C., & Andrade, L. 1996. Validation of a portuguese version of the Beck Depression Inventory and the State-Trait Anxiety Inventory in brazilian subjects. *Brazilian Journal of Medical and Biological Research*. 29, 453-457.
- Graziano, L. D. 2005. *A felicidade revisitada: Um estudo sobre bem-estar subjetivo na visão da Psicologia Positiva*. Universidade de São Paulo. Instituto de Psicologia.
- Hair, J. F., Anderson, R. E., Tatham, R. L., & Black, W. C. 2005. *Data analysis with readings*.
- Heatherton, T. F., & Wyland, C. 2003. Why Do People Have Self-Esteem?. *Psychological Inquiry*, 14(1), 38-41.
- Hewitt, S. D. 2009. Tackling psychological disengagement in older workers. *Industrial and Commercial Training*, 41(2), 87-91.
- Hutz, C. S. 2000. *Adaptação brasileira da escala de autoestima de Rosenberg*. Curso de Pós-Graduação em Psicologia do Desenvolvimento. Universidade Federal do Rio Grande do Sul, Porto Alegre.
- Kernis, M. H. 2005. Measuring self-esteem in context: The importance of stability of self-esteem in psychological functioning. *Journal of personality*, 73(6), 1569-1605.
- Kozma, A. & Stones, M. J. 1980. The measurement of happiness: The development of the Memorial University of Newfoundland Scale of Happiness (MUNSH). *Journal of Gerontology*. 35, 906-912.
- Kozma, A., Stones, M. J., & Mcneil, J. K. 1991. *Psychological well-being in later life*. Butterworths: Toronto.
- Maia, M. D. F. D. M., Raposo, J. J. B. V., Formiga, N. S., Tolentino, T. M., & Melo, G. F. D. 2016. Verificação empírica da consistência fatorial do inventário de bem-estar subjetivo MUNSH em jovens brasileiros. *Psicologia em Pesquisa*, 10(2), 76-84.
- Monteiro, F. R., Coutinho, M. D. P. D. L., & Araújo, L. F. D. 2007. Sintomatologia depressiva em adolescentes do ensino médio: um estudo das representações sociais. *Psicologia: ciência e profissão*, 27(2), 224-235.
- Mruk, C. (1995). *Self-esteem: Research Theory, and practice*. New York: *Springer Publishing Company*.
- Orth, U., Robins, R. W., & Roberts, B. W. 2008. Low self-esteem prospectively predicts depression in adolescence and young adulthood. *Journal of personality and social psychology*, 95(3), 695.
- Paradela, E. M. P., Lourenço, R. A., & Veras, R. P. 2005. Validação da escala de depressão geriátrica em um ambulatório geral. *Revista de saúde pública*, 39(6), 918-923.
- Rosenberg, M. 1965. *Society and the Adolescent Self-Image*. Princeton, N. J.: Princeton University Press.
- Santos, P. J., & Maia, J. 1999. Adaptação e análise fatorial conformatória da Rosenberg self-esteem scale com uma amostra de adolescentes: resultados preliminares.
- Sbicigo, J. B., Bandeira, D. R., & Dell'Aglío, D. D. 2010. Escala de Autoestima de Rosenberg (EAR): validade fatorial e consistência interna. *Psico-USF*, 15(3), 395-403.
- Seligman, M. E., & Csikszentmihalyi, M. 2014. Positive psychology: An introduction. In *Flow and the foundations of positive psychology* (pp. 279-298). Springer Netherlands.
- Sousa, B. V. O., Maia, M. F. M., & Vasconcelos-Raposo, J. J. B. 2012. Bem-estar, autoestima e índice de massa corporal de adolescentes. *Motricidade*. 8 (Supl. 2), 1065-1075.
- Strawbridge, W. J., Wallhagen, M. I., & Cohen, R. D. 2002. Successful Aging and Well-Being: Self-rated compared with rowe and kahn. *Gerontologist*. 42, 727-733.
