

The Effect of Self-Acceptance on Quality of Life and Depression in Millennials and Genz

Shivangi Sobti^{1*}, Dr. Ritu Raj²

ABSTRACT

The purpose of this study was to study the effect of self-acceptance on quality of life and depression in two generations- Millennials and Gen-Z. The two assumptions were that there would be significant difference in self-acceptance levels between Millennials and Gen-Z and that higher levels of self-acceptance would be associated with better quality of life and low levels of depression. The sample was Millennials (28-38 years) and Gen-Z (17-27 years), drawn through snowball and convenience sampling. This study included 160 individuals. Applying Pearson's correlation, the results indicated moderate positive correlation exists between quality of life and self-acceptance suggesting that individuals who have a higher quality of life also tend to have higher self-acceptance. Moderate to strong negative correlations between quality of life and depressive symptoms, and between self-acceptance and depressive symptoms, suggest that individuals who have higher quality of life and self-acceptance tend to have lower depressive symptoms. Mann Whitney U-test revealed that there are no significant differences in depressive symptoms, quality of life, and self-acceptance between both generations. and the levels of these variables are similar across generations.

Keywords: *Self-acceptance, Quality of Life, Depression, Millennials, GenZ*

The American Psychological Association defines Self-acceptance as seeing yourself realistically and objectively. You celebrate your talents and hard-earned achievements, while also acknowledging areas for growth and accepting your human limitations (APA, 2018). In psychology, the topic of self-acceptance has caught the interest of several psychologists and researchers. Carl Rogers, in his book: *On Becoming a Person: A Therapist's View of Psychotherapy*, rightfully stated "The curious paradox is that when I accept myself, just as I am, then I can change." His perspective on self-acceptance encompasses the notion that accepting oneself is not an ultimate goal or finish line, but rather the beginning of personal progress.

Self-acceptance is about acknowledging all your qualities, both the strengths you possess and the weaknesses you dislike, be it mental or physical. It's about embracing yourself as a whole, exactly as you are now. Self-acceptance means being unconditional, it is

¹Student of Masters Clinical Psychology, AIPS, Amity University Noida

²Assistant Professor, AIPS, Amity University Noida

*Corresponding Author

Received: April 18, 2024; Revision Received: May 12, 2024; Accepted: May 18, 2024

The Effect of Self-Acceptance on Quality of Life and Depression in Millennials and Gen Z

acknowledging your flaws while being completely accepting of oneself. To be accepting of oneself implies being pleased with who you are, regardless of imperfections or previous decisions. Accepting oneself is linked to happiness: the more accepting you are of yourself, the more happiness you accept and experience. Further advantages are a reduction in symptoms of depression, the need for others' approval, fear of failing, and self-criticism, as well as an increase in positive emotions, self-esteem, sense of independence, a sense of worth and independence.

The World Health Organization (WHO group, 1995) emphasizes that a person's quality of life is their own perspective on their life situation. This perception is shaped by the culture they live in, their personal values, and their unique goals, expectations, and concerns. The word "quality of life" is vague, referring to both personal experiences and situations in life. Therefore, quality of life is largely subjective. It is a wide notion influenced elaborately by the individual's physical well-being, psychological health, amount of autonomy, and relationship with prominent characteristics of their surroundings.

Depression is a feeling of sadness, hopelessness, and a general lack of enjoyment in life. It can range from mild to severe and can significantly impact daily activities. People with depression may experience changes in their sleep or appetite, feel tired all the time, have trouble concentrating, or withdraw from social interaction. Depression is a symptom of several mental health conditions (APA, 2018). Clinicians define depression as a complex set of emotional, thinking, and behavioural changes rather than a single, distinct mental illness.

LITERATURE REVIEW

Butler, J., & Ciarrochi, J. (2007) studied psychological acceptance and quality of life in the elderly. Their sample was of 187 adults, aged between 65 to 96 years. Higher Psychological Acceptance was associated with improved quality of life in domains of health, safety, community participation, and emotional well-being, even in the presence of negative factors (e.g., declining health). Furthermore, people with high Psychological Acceptance experienced fewer negative psychological reactions to decreased productivity.

Potocka, A., et al. (2009) conducted a study to identify psychological correlates of quality of life in dermatology patients with emphasis on the role of mental health and self-acceptance in a sample of 112 patients. Individuals with high self-acceptance demonstrated better mental health compared to those with low self-acceptance. Moreover, patients with negative self-image perceived their quality of life as poorer than those with positive self-image.

Kim, S. H. S. (2012) studied the moderating effects of self-acceptance in terms of the interpersonal relationships, depression, anxiety of high school students. The subjects, 400 high school students, filled scales of depression, interpersonal problems, self-acceptance and anxiety. Research results suggest that anxiety and depression have a detrimental impact on interpersonal connections and self-acceptance. Self-acceptance protects high school kids against anxiety and depression caused by their relationships with others.

Haica, C. C. (2013) examined gender differences in quality of life, intensity of dysfunctional attitudes, unconditional self-acceptance, emotional distress and dyadic adjustment of infertile couples. 82 respondents, aged between 25-62, participated. The results indicate that lower quality of life among individuals in infertile couples is linked with higher levels of dysfunctional attitudes, reduced unconditional self-acceptance, increased emotional distress, and poorer dyadic adjustment.

The Effect of Self-Acceptance on Quality of Life and Depression in Millennials and Genz

Rathore, S., & Mertia, S. (2020) studied self-acceptance among working women and homemakers. 100 married women aged 30-45 were assessed on their levels of self-acceptance. The outcomes revealed employed women possess a greater degree of acceptance of themselves than housewives. The research also confirmed that employed women sample had greater levels of self-assurance, self-worth, acceptance of one's body, ambition and assertive behaviour.

THEORETICAL FRAMEWORK

The modern concept of self-acceptance is derived from Albert Ellis' Rational Emotive Behavior Therapy (REBT). Albert Ellis, considered a pioneer in Cognitive-Behavioural Therapy (CBT), developed REBT. According to this perspective, emotional suffering is mostly produced by erroneous ideas about self, others, and life overall. The views might vary from excessive idealism to intense feelings of superiority in morals or inferiority. REBT has three fundamental principles: unconditional self-acceptance, unconditional other acceptance, and unconditional life acceptance. In REBT, self-acceptance means accepting yourself fully, regardless of your actions or how others perceive you.

According to Felce and Perry (1995), quality of life is an amalgamation of life conditions and personal contentment with life, which is influenced by subjective principles and beliefs. Felce and Perry characterize quality of life as the combination of both subjective and objective appraisals through individual value assessments. Broadly, the concept claims that an acceptable quality of life is reached when simultaneously objective conditions are favourable and the person is content with those conditions, while also admitting the importance of personal values in determining what is most important. The suggested quality of life model combines objective and subjective indicators, collectively representing a wide variety of life domains, via an individual evaluation of each domain's relative value.

According to psychologist Aaron Beck, people with depression often get stuck in a cycle of negative thinking. This way of thinking involves having critical views about themselves, feeling the world is a harsh place, and believing the future will be bleak (Beck et al., 1979). The cognitive triad model proposes that depression is characterized by three interrelated negative cognitive schemas: negative views of oneself, the world, and the future. These core beliefs, often encompassing feelings of hopelessness and worthlessness, interact to distort an individual's cognitive processing. This distortion can lead to impairments in perception, memory, and problem-solving, creating a self-perpetuating cycle of negative thinking.

METHODOLOGY

Aim: The present study aims to study the effect of self-acceptance on quality of life and depression in two generations- Millennials and Gen-Z.

Objective

- To compare the effect of self-acceptance in terms of quality of life and depression levels in Millennials and Gen-Z.

Hypotheses

- There would be significant difference in self-acceptance levels between Millennials and Gen-Z.
- Higher levels of self-acceptance would be associated with better quality of life and low levels of depression.

The Effect of Self-Acceptance on Quality of Life and Depression in Millennials and GenZ

Participants

In this research we collected the sample from college students and working individuals from two generations- Millennials (28-38) and Gen-Z (17-27). A total of 172 individuals participated in the study excluding individuals who didn't give their consent or were not of the particular age group. The final sample size was 160 participants. The age group of the sample was 17-38 years. The mean age of the sample was 27.5 years.

Non-probability methods were used upon applying snowball and convenience sampling to fulfil the inclusion criteria of age range 17-38 years and knowledge of basic English.

Research Design

Quantitative research design is used to statistically measure levels of self-acceptance, quality of life and depression levels. Causal-Comparative research design was used to compare the levels of self-acceptance to assess whether GenZ has better scores than Millennials.

Instruments and Variables

Table 1. Tools employed in the research

S. No.	Tools	Authors	No. of items	Reliability and Validity
1.	Unconditional Self Acceptance Questionnaire (USAQ)	John M. Chamberlain & David A. F. Haaga	20	Reliability- Internal consistency reliability (Cronbach's alpha = 0.86). Test-retest correlation (r = .62) Validity- Convergent validity and Discriminant validity
2.	World Health Organization Quality of Life (WHOQOL-BREF) questionnaire	World Health Organization	26	Reliability- Internal consistency reliability (Cronbach's alpha = 0.89) and Test-retest reliability. Validity- Discriminant validity and Content validity
3.	Beck's Depression Inventory	Aaron T. Beck, Robert A. Steer, Gregory K. Brown	21	Reliability- Internal consistency reliability (Cronbach's alpha = 0.86) and Test-retest reliability at 0.93. Validity- Content validity, Construct validity and Factorial validity

In the present study, the independent variable is Self-Acceptance which affects the dependent variables. The dependent variables in the present study are Quality of life and Depression which are impacted by levels of self-acceptance.

Procedure

The research aimed to check the effect of self-acceptance on quality of life and depression in Millennials and GenZ. Reliable and valid scales for the study were identified. To check

The Effect of Self-Acceptance on Quality of Life and Depression in Millennials and Genz

variance in self-acceptance levels among Millennials and Genz, the population sample was divided based on pre-decided uniform age groups of 28-38 years denoting Millennials and 17-27 years denoting GenZ. After their consent was taken, the participants filled in demographic information followed by questions on self-acceptance, quality of life and depression extracted from their respective scales. The unauthentic responses and outliers were removed from the study to ensure accuracy and genuineness of results. Finally, the data was tabulated and subjected to statistical analysis.

Statistical Analyses

For data analysis in this study, the Statistical Package for the Social Sciences (SPSS) was employed. The responses were quantified and scores were calculated for all the scales- the Unconditional Self Acceptance questionnaire (USAQ) (Chamberlain & Haaga, 2001a), the WHOQOL-BREF scale (WHO, 2012) and Beck's Depression Inventory (BDI) (Beck et al., 2018) (refer Appendix F and G). Pearson Correlation was utilised to analyse the impact of self acceptance on quality of life and depression in the sample. Mann Whitney U-test was applied to identify whether any significant changes exist in the self-acceptance levels of Millennials to GenZ. Mann Whitney U-test was applied because it met the conditions of not normal or skewed distribution of scores and continuous or ordinal data.

RESULTS

Tests of Normality:

- USAQ: The Shapiro-Wilk test statistic is 0.990, and the p-value is 0.312. This suggests that the data for USAQ is normally distributed.
- QOL: The Shapiro-Wilk test statistic is 0.987, and the p-value is 0.151. This suggests that the data for QOL is normally distributed.
- BDI: The Shapiro-Wilk test statistic is 0.987, and the p-value is 0.151. This suggests that the data for BDI is not normally distributed.

Table 2. Test of normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
USAQ	.047	160	.200*	.990	160	.312
QOL	.052	160	.200*	.987	160	.151
BDI	.135	160	.000	.884	160	.000

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Descriptive Statistics:

- USAQ: The mean score is 84.21, with a 95% confidence interval of [82.01, 86.42]. The median is 84.44, and the 5% trimmed mean is 85.00. The variance is 199.31, and the standard deviation is 14.118. The range is from 41 to 123, and the interquartile range is 17. The skewness is -0.217, and the kurtosis is 0.590.
- QOL: The mean score is 97.19, with a 95% confidence interval of [94.56, 99.82]. The median is 97.50, and the 5% trimmed mean is 97.55. The variance is 284.25, and the standard deviation is 16.860. The range is from 82 to 130, and the interquartile range is 24. The skewness is -0.165, and the kurtosis is -0.165.

The Effect of Self-Acceptance on Quality of Life and Depression in Millennials and Genz

- BDI: The mean score is 12.68, with a 95% confidence interval of [10.90, 14.45]. The median is 10.00, and the 5% trimmed mean is 11.84. The variance is 129.72, and the standard deviation is 11.389. The range is from 0 to 54, and the interquartile range is 13. The skewness is -0.288, and the kurtosis is 0.668.

Table 3. Descriptive Statistics of USAQ, QOL & BDI

Descriptive Statistics						
	N	Mean		Std. Deviation	Variance	Skewness
	Statistic	Statistic	Std. Error	Statistic	Statistic	Statistic
USAQ	160	84.21	1.116	14.118	199.313	-.217
QOL	160	97.19	1.333	16.860	284.254	-.288
BDI	160	12.68	.900	11.389	129.718	1.117
Valid N (listwise)	160					

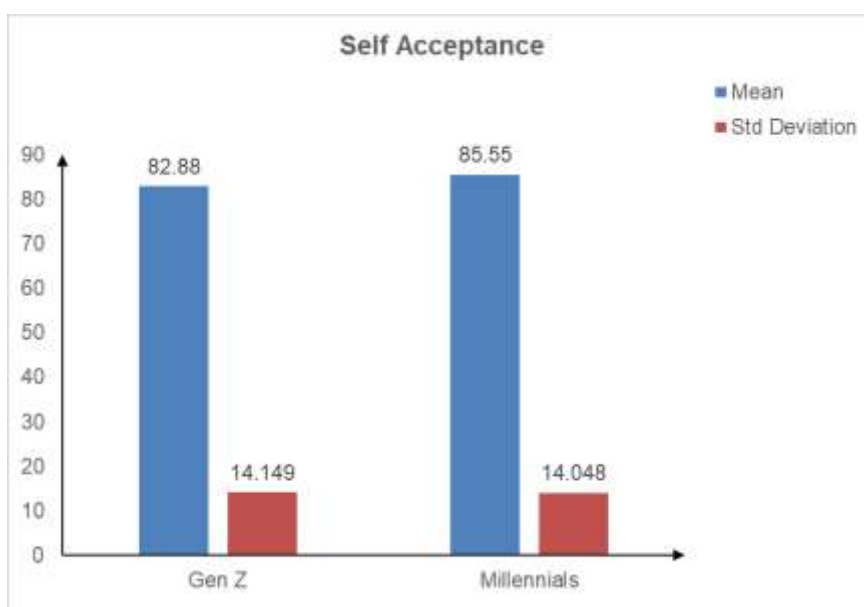
Pearson Correlation analysis of QOL, USAQ, and BDI

- There is a moderate positive correlation between QOL and USAQ ($r = 0.424$, $p < 0.01$), indicating that higher QOL scores are associated with higher USAQ scores.
- There is a moderate to strong negative correlation between QOL and BDI ($r = -0.491$, $p < 0.01$), indicating that higher QOL scores are associated with lower BDI scores.
- There is a moderate to strong negative correlation between USAQ and BDI ($r = -0.525$, $p < 0.01$), indicating that higher USAQ scores are associated with lower BDI scores.

Table 4. Generation-wise graph and description of USAQ

Generation	Mean	Std Deviation	n	Mann Whitney U-test
Gen Z	82.88	14.149	80	0.120*
Millennials	85.55	14.048	80	

*The significance level is .05.



The Effect of Self-Acceptance on Quality of Life and Depression in Millennials and Genz

Table 5. Generation-wise graph and description of QOL

Generation	Mean	Std Deviation	n	Mann Whitney U-test
Gen Z	95.49	15.757	80	0.135*
Millennials	98.89	17.832	80	

*The significance level is .05.

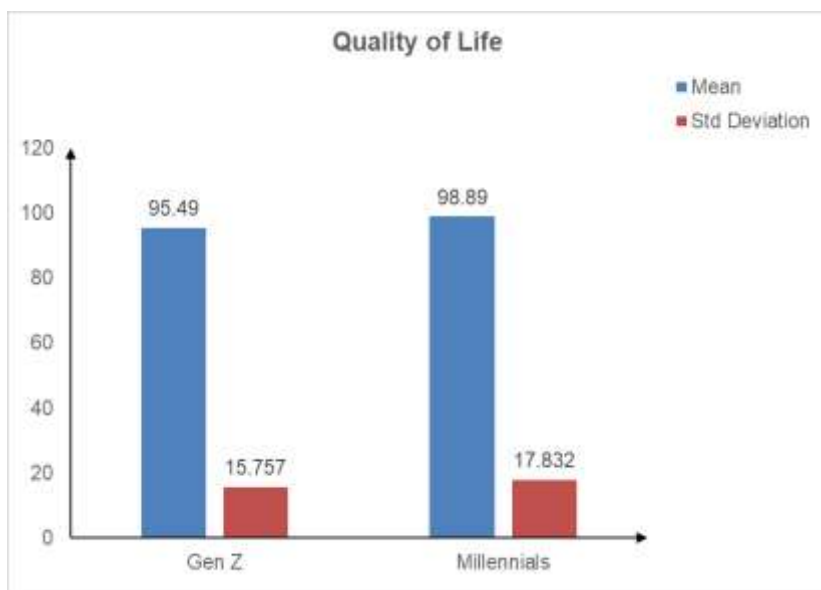


Table 6. Generation-wise graph and description of BDI

Generation	Mean	Std Deviation	n	Mann Whitney U-test
Gen Z	13.03	12.337	80	0.967*
Millennials	12.33	10.422	80	

*The significance level is .05.

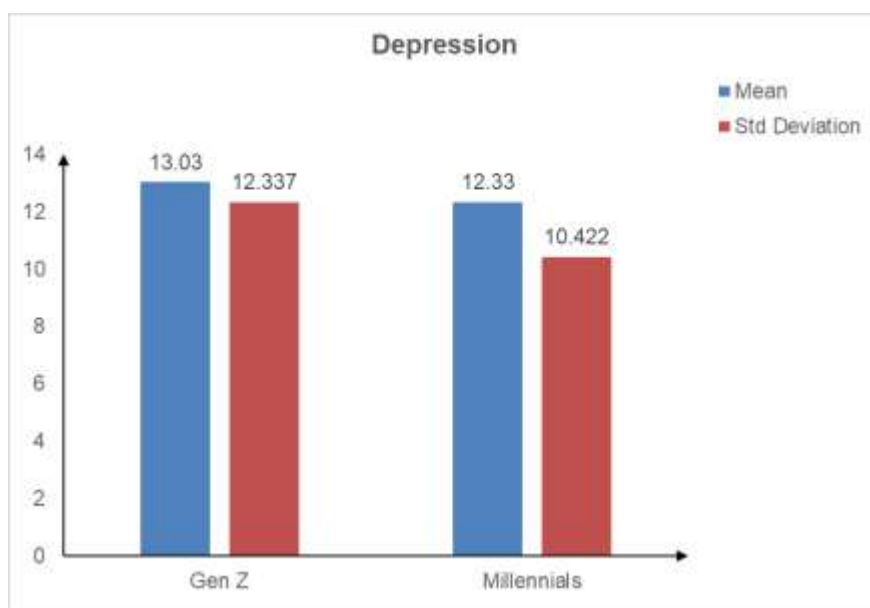


Table 7. Pearson’s Correlation of USAQ, QOL and BDI Results

		USAQ	QOL	BDI
USAQ	Pearson Correlation	1	.424**	-.491**
	Sig. (2-tailed)		.000	.000
	N	160	160	160
QOL	Pearson Correlation	.424**	1	-.525**
	Sig. (2-tailed)	.000		.000
	N	160	160	160
BDI	Pearson Correlation	-.491**	-.525**	1
	Sig. (2-tailed)	.000	.000	
	N	160	160	160

** . Correlation is significant at the 0.01 level (2-tailed).

The results of the Mann-Whitney U Test for the three variables indicates:

- Depression (BDI): The test retained the null hypothesis, indicating that the distribution of depressive symptoms is the same across generations (p = 0.135).
- Quality of Life (QOL): The test retained the null hypothesis, suggesting that the distribution of quality of life is the same across generations (p = 0.120).
- Self-Acceptance (USAQ): The test also retained the null hypothesis, meaning that the distribution of self-acceptance is similar across generations (p = 0.967).

Table 8. Mann Whitney U-test Results

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of Self Acceptance is the same across categories of Generations.	Independent-Samples Mann-Whitney U Test	.120	Retain the null hypothesis.
2	The distribution of Quality of Life is the same across categories of Generations.	Independent-Samples Mann-Whitney U Test	.135	Retain the null hypothesis.
3	The distribution of Depression is the same across categories of Generations.	Independent-Samples Mann-Whitney U Test	.967	Retain the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.

DISCUSSION

The present study aimed to study the effect of self-acceptance on quality of life and depression in two generations- Millennials and Gen-Z. We hypothesized that self-acceptance levels would significantly differ between Millennials and Gen-Z. However, the results of the Mann-Whitney U Test suggest that there are no significant differences in depressive symptoms, quality of life, and self-acceptance between different generations. This finding

The Effect of Self-Acceptance on Quality of Life and Depression in Millennials and Gen Z

indicates that the levels of these variables are similar across generations, and that age may not be a significant factor in determining an individual's depressive symptoms, quality of life, or self-acceptance.

Our second hypothesis was that higher levels of self-acceptance would be associated with better quality of life and low levels of depression. Pearson Correlation analysis reveals that there are significant relationships between the variables. The moderate positive correlation between quality of life and self-acceptance suggests that individuals who have a higher quality of life also tend to have higher self-acceptance. This finding is consistent with previous research, which has found that self-acceptance is an important predictor of quality of life.

The moderate to strong negative correlations between quality of life and depressive symptoms, and between self-acceptance and depressive symptoms, suggest that individuals who have higher quality of life and self-acceptance tend to have lower depressive symptoms. This finding is also consistent with previous research, which has found that depressive symptoms are negatively associated with quality of life and self-acceptance.

While the study did not support the hypothesis on generational differences, it contributes to the existing research on the importance of self-acceptance for mental well-being. The positive correlation between self-acceptance and quality of life suggests that individuals who accept themselves more fully tend to experience a better quality of life as was established by Hasani, F., et al. (2021); Azizah, N., et al. (2022) & Zuhra, C. M., & Muna, Z. (2022). Conversely, the negative correlations between self-acceptance and depression, and quality of life and depression, indicate that lower self-acceptance and lower quality of life are associated with higher depressive symptoms, supported by the findings of Cucu-Ciuhan, G., & Dumitru, I. E. (2017).

The lack of generational differences in self-acceptance, quality of life, and depression could be due to several factors. One possibility is that both Millennials and Gen-Z face similar challenges in today's world, leading to comparable levels of these variables across generations. Another possibility is that the chosen measures may not have been sensitive enough to detect potential generational variations. Future research could explore these possibilities by using more nuanced measures or focusing on specific challenges faced by each generation.

These findings highlight the potential importance of interventions that promote self-acceptance for improving mental health. The positive correlation between self-acceptance and quality of life suggests that interventions promoting self-acceptance could be a valuable tool for improving overall well-being. Existing therapeutic approaches like CBT can be tailored to target negative self-beliefs and cultivate self-compassion. This study's findings add to the growing body of evidence supporting the use of such interventions for promoting mental health. Mental health professionals can utilize strategies boosting self-acceptance to help individuals develop healthier thought patterns and increase self-compassion, potentially leading to improvements in both quality of life and depression symptoms.

Limitations and Future Research

This study was limited by its sample size and lack of diversity. Future research should aim to replicate these findings in larger and more diverse populations to ensure generalizability. Additionally, exploring the causal mechanisms underlying the relationships between self-

The Effect of Self-Acceptance on Quality of Life and Depression in Millennials and Gen Z

acceptance, quality of life, and depression would be valuable. For example, longitudinal studies could investigate whether interventions promoting self-acceptance lead to improvements in quality of life and reductions in depressive symptoms.

CONCLUSION

This study contributes to the understanding of self-acceptance and its connection to mental well-being. While generational differences were not observed, the positive correlation with quality of life and negative correlation with depression suggest self-acceptance as a potential target for interventions aimed at improving mental health.

REFERENCES

- American Psychological Association, (2018). Depression. *APA dictionary of psychology*. <https://dictionary.apa.org/depression>
- American Psychological Association, (2018). Self-acceptance. *APA dictionary of psychology*. <https://dictionary.apa.org/self-acceptance>
- Azizah, N., Widayati, N., & A'la, M. Z. (2022). Correlation Between Self-Acceptance and Quality of Life in Patients with Type 2 Diabetes Mellitus. *Continuous Innovation for Sustainable Health and Climate Resilience*, 52. <https://repository.unej.ac.id/xmlui/handle/123456789/114203>
- Beck A.T., Rush A.J., Shaw B.F. & Emery, G. (1979) *Cognitive Therapy of Depression*. New York: Guilford 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.
- Butler, J., & Ciarrochi, J. (2007). Psychological acceptance and quality of life in the elderly. *Quality of life Research*, 16, 607-615. <https://doi.org/10.1007/s11136-006-9149-1>
- Cucu-Ciuhan, G., & Dumitru, I. E. (2017). Unconditional Self-Acceptance, Functional and Dysfunctional Negative Emotions, and Self-Esteem as Predictors for Depression in Adolescents: a Brief Pilot Study Conducted in Romania. *Journal of Experiential Psychotherapy/Revista de PSIHOterapie Experientiala*, 20(4). <https://api.semantic scholar.org/CorpusID:201737653>
- Felce, D., & Perry, J. (1995). Quality of life: Its definition and measurement. *Research in developmental disabilities*, 16(1), 51-74.
- Haaga, D. A., & Chamberlain, J. M. Unconditional Self-Acceptance Questionnaire. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*. <https://doi.org/10.1037/t00471-000>
- Haica, C. C. (2013). Gender differences in quality of life, intensity of dysfunctional attitudes, unconditional self-acceptance, emotional distress and dyadic adjustment of infertile couples. *Procedia-Social and Behavioral Sciences*, 78, 506-510. <https://doi.org/10.1016/j.sbspro.2013.04.340>
- Hasani, F., Fatholoolomi, A., Najafi, E., & Askari, Z. (2021). Role of physical appearance perfectionism, unconditional self-acceptance, and life quality on rhinoplasty demand. *Research in Medicine*, 45(1), 60-63. <http://pejouhesh.sbmu.ac.ir/article-1-2129-en.html>
- Kim, S. H. S. (2012). The moderating effects of self-acceptance in terms of the interpersonal-relationships, depression, anxiety of high school students. *Korean Journal of Child Studies*, 33(3), 119-130. DOI:10.5723/KJCS.2012.33.3.119
- Potocka, A., Turczyn-Jablońska, K., & Merecz, D. (2009). Psychological correlates of quality of life in dermatology patients: the role of mental health and self-acceptance. *Acta Dermatovenerol Alp Panonica Adriat*, 18(2), 53-62.

The Effect of Self-Acceptance on Quality of Life and Depression in Millennials and Genz

- Rathore, S., & Mertia, S. (2020). Self-Acceptance Among Working women and Home makers. *Mukt Shabd Journal*, 9(7), 2080-2086. https://www.researchgate.net/publication/353429092_Self_Acceptance_Among_Working_women_and_Homemakers
- Rogers, C. R. (1995). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin Harcourt.
- Whoqol Group. (1995). The World Health Organization quality of life assessment (WHOQOL): position paper from the World Health Organization. *Social science & medicine*, 41(10), 1403-1409. [https://doi.org/10.1016/0277-9536\(95\)00112-K](https://doi.org/10.1016/0277-9536(95)00112-K)
- World Health Organization. (1996). *WHOQOL-BREF: introduction, administration, scoring and generic version of the assessment: field trial version*, December 1996 (No. WHOQOL-BREF). World Health Organization.
- Zuhra, C. M., & Muna, Z. (2022, October). Relationship of Self-Acceptance with Quality of Life in Chronic Kidney Failure Patients. *In Proceedings of Malikussaleh International Conference on Health and Disaster Medicine (MICOHEDMED)* (Vol. 1, pp. 161-170). <https://doi.org/10.29103/micohedmed.v1i1.17>

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Sobti, S. & Raj, R. (2024). The Effect of Self-Acceptance on Quality of Life and Depression in Millennials and Genz. *International Journal of Indian Psychology*, 12(2), 246-256. DIP:18.01.432.20241202, DOI:10.25215/1202.432