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How Perceptions of a Relationship Partner's Self-Esteem Influence Support Seeking

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How Perceptions of a Relationship Partner's Self-Esteem Influence Support
Seeking

by

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THESIS

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Abstract

Receiving effective social support is beneficial (Cohen & Wills, 1985); unfortunately people do not always seek support when they need it (Collins & Feeney, 2000). I hypothesized that perceptions of a partner's self-esteem affect social support processes, such that people will be less willing to solicit support from low self-esteem partners for stressful events because they assume that low self-esteem partners will be unable to provide effective support. Results from four studies (Study 1A: N=116; Study 1B: N=201; Study 2: N=194; Study 3: N=196) demonstrated that perceptions of a romantic partner's self-esteem were positively associated with people's willingness to share problems with their partner and solicit support from them. In all studies, this was mediated by perceptions of a partner's efficacy. This suggests that people see low self-esteem partners as less capable and are thus reluctant to seek support in times of need.

Keywords: *Close Relationships, Self-Esteem*

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Imagine that Jill, a human resources manager, has had a very stressful day at work and is grappling with the emotional and practical implications of impending layoffs that she must administer. When her partner Jack asks how her day was, Jill may avail herself of the opportunity to seek reassurance or advice from him. However, her willingness to seek support from Jack may be tempered by her beliefs about Jack's self-esteem. If Jill perceives Jack as having high self-esteem, she may disclose the details of her situation and allow Jack to offer support. However, if she believes Jack has low self-esteem, she may be reluctant to turn to him for support and instead seek to cope with her stressful problem independently. In the present research, I tested the hypothesis that people's support-seeking intentions and behavior may be influenced by beliefs about their partner's self-esteem, as these beliefs may be highly linked with perceptions of a partner's ability to offer effective support, across four studies.

Social Support

Social support is an important contributor to personal and relationship well-being. Receiving effective social support in times of distress has beneficial effects for the cardiovascular system (lowers blood pressure), and improves immune system functioning (Uchino, Cacioppo, & Kiecolt-Glaser, 1996). In addition, receiving effective social support from a partner enhances relationship quality (Brunstein, Dangelmayer, & Schultheiss, 1996; Cohen & Wills, 1985). These effects are believed to be due to the stress buffering effect of social support, in that social support may protect the recipient from potential pathological effects of stress (Cohen & Pressman, 2004). For example, increasing or improving social support for the specific purpose of managing stress can be beneficial (e.g. help someone quit smoking) (Bandiera et al., 2015).

Although the availability of social support has many benefits, receiving enacted support often has little effect on recipients' distress and in some cases, even exacerbates their distress (Seidman et al., 2006). Paradoxically, perceived social support is often a better predictor of mental health and physical health than actual support (Krause, 1997; McDowell, & Serovich, 2007). Krause (1997) hypothesized that the promise that someone will be there in the future, may actually be one of the most important aspects of the social support process. Interestingly, other research has shown that support is most effective when it is "invisible" – that is, provided without recipients' awareness (Bolger, & Amarel, 2007; Bolger, Zuckerman, & Kessler, 2000). This may be attributed to invisible support enabling one to avoid the communication that the support recipient is inefficacious (Bolger, & Amarel, 2007).

Why does social support so often fail? Support may fail when the timing of the support, who is being supported, and what type of support is given are not carefully considered (Rafaeli, & Gleason, 2009). When support is delivered unskillfully, it will not be experienced as responsive or as consistently helpful, and unfortunately the ability to give helpful support is often lacking in the couples who face the greatest stressors (Rafaeli, & Gleason, 2009). For example, if support providers fail to recognize that there is a specific sequence in support interactions, pitfalls may occur such as male providers who tend to be less able to provide support specifically at times when their romantic partners need it most (Neff, & Karney, 2005).

Well-meaning support attempts that do not match recipients' particular needs may be detrimental to both members of the dyad (Marigold et al., 2014). If the matching of support with the coping needs of the recipient is not taken into consideration it can also

be harmful, such as when a formal support intervention was introduced for mothers with high risk infants but this support was actually harmful to those who had low levels of needing such support (Affleck et al., 1989). Cutrona et al. (2007) also found that mismatched support (e.g., disclosure of emotional support followed by informational support) predicted lower marital satisfaction, through the mediation of partner sensitivity.

In addition, there may be individual differences in both the provider and recipient that can undermine support processes. For instance, type-D individuals (those high in negative affectivity and social inhibition) report performing lower levels of social support than non-type-D individuals (Williams et al., 2008), whereas individuals high in extraversion give more support, and perceive higher levels of interaction supportiveness when receiving support compared to those who are more introverted (Cutrona et al., 1997). Also, individuals are predisposed to appraise their support experiences in ways that are consistent with their chronic working models of attachment, in that insecure individuals view their partners' messages as less supportive compared to secure individuals (Collins, & Feeney, 2004). While research has primarily examined how support attempts often go awry, much less work has been devoted to understanding when and why support transactions may not be initiated at all thus causing the recipient to miss out on potentially effective support. It may be that in several cases, recipients fail to seek the help they may require.

Support Seeking

For support transactions to be initiated, one person often needs to communicate their distress to a potential support provider, and may also need to overtly and directly seek support from them from this distress. While this may seem intuitive and easy for

recipients to do, previous research has shown that people do not always seek support when they need it for a variety of reasons.

Individual differences in recipient's personality often undermine support seeking. For example, support seekers higher in attachment avoidance are less likely to seek support relative to those with more secure attachment styles (Collins & Feeney, 2000). When they do seek support, they do not communicate their requests directly but instead use more indirect strategies such as sulking and hinting (Collins & Feeney, 2000). Under conditions of stress, the attachment system is especially likely to be activated, and thus adults who are higher in attachment-related avoidance tend to direct their attention away from attachment figures. Even though in higher stress scenarios social support may appear to be even more helpful and necessary, people are choosing not to ask for it in a direct or easy to understand fashion.

Other times, recipient's concerns about being perceived negatively by the provider lead people to seek less support than they feel they require. For example, one investigation showed that patients recovering from a stroke were less willing to seek support from caregivers due to concerns about being perceived as a burden. This sense of burden was negatively associated with help-seeking behavior, which in turn had negative effects on subsequent quality of life and heightened distress (McPherson et al., 2010). Support recipients also fear that the provider will view them as responsible for their state of need, and thus are less likely to seek support (Tessler & Schwartz, 1972). People may be hindered in asking for help because they fear embarrassment. Children who are being bullied often refuse to request assistance because of their "fear of derision or contempt from others" (Cowie et al., 2002), and when the rate of help-seeking is low,

helpers may be less inclined to attribute such failures to help-seekers' discomfort and more inclined to withdraw resources from outreach efforts (Bohns & Flynn, 2010).

While existing work has largely shown how recipients' beliefs about themselves and of the costs of seeking support may undermine their willingness to do so, relatively little work has investigated how recipients' perceptions of *providers' personalities* affects support solicitation. The present research seeks to address this gap in the literature by examining how recipients' perceptions of support providers' self-esteem shapes support-seeking.

Beliefs about Others' Self-Esteem

Beliefs about others' self-esteem may be particularly influential to people's support-seeking. People inaccurately assume that low self-esteem individuals have a host of negative traits (Cameron, MacGregor, & Kwang, 2013), such as being less competent, less intelligent, and less attractive (Cameron, MacGregor, Hole, & Holmes, 2011), which may be due to the status signalling nature of self-esteem (Ziegler-Hill et al., 2013). In addition, low self-esteem has been found to be negatively related to romantic desirability, in that each successive increase in a target's self-esteem also increased that person's mate value (Zeigler-Hill, & Myers, 2011). Low self-esteem individuals are even viewed as negatively as welfare recipients and those who are mentally ill (Cameron, MacGregor, & Kwang, 2013), two groups perceived as parasitic in society (Fiske, Cuddy, Glick, & Xu, 2002).

People seem to moderate their interpersonal behavior based on their perceptions of others' self-esteem. (Cameron, MacGregor, & Kwang, 2013). For example, MacGregor and Holmes (2011) investigated how perceptions of a partner's self-esteem

influences people's willingness to share positive news with that person. In one study, participants were asked to disclose good news in an email they were told was going to be sent to their partner, whereas in a second study they verbally spoke about the news in a video message that they were told was going to be shown to their partner. Results from both studies revealed that those who perceived their relationship partners as having low self-esteem disclosed less detailed descriptions of positive experiences because they believe that those individuals will undermine their enjoyment of it (MacGregor & Holmes, 2011). This is important to note because capitalization is the process through which people share good news with a significant other (e.g, a friend, the partner, a family member), who in turn responds in an "active" way in order to maximize the benefits deriving from the event (Donato et al., 2014; Gable et al., 2004). Therefore, having this process be hindered prevents the recipient of the capitalizing from maximizing on the positive benefits of the event. Given people's generally negative views of low (vs. high) self-esteem others, it is likely that people perceive low self-esteem individuals to be lower in their ability to be effective support providers.

Self-Esteem and Efficacy

Interestingly, self-esteem and efficacy are related. Individual ratings of self-esteem are strongly linked to beliefs about one's own competence and efficacy (see Tafarodi & Swann, 1995, 2001), and lower self-esteem people doubt their own abilities to cope with stressors (Carver, Scheier, & Weintraub, 1989; Folkman, Lazarus, Gruen, & DeLongis, 1986). Carver, Scheier, and Weintraub even found that those low in self-esteem tend to become preoccupied with distress emotions, and are more likely to disengage from their goals when under stress.

Other-efficacy refers to a belief in one's partner's ability to perform a given behavior (Lent & Lopez, 2002), and perceiving someone else as having low efficacy can lead to thinking that they also are not capable of succeeding. For example, faculties' beliefs about students' efficacy influences school-level achievement more than their actual efforts made to influence achievement (Bandura, 1993). In this way, perceptions of others' efficacy functions as a self-fulfilling prophecy (Gecas, 2004). Self-esteem affects views of others, and given the relationship between self-esteem and efficacy it seems reasonable to speculate that if people are perceived to have low self-esteem, they also will be perceived to have low efficacy.

The Present Research

I hypothesized that perceiving lower self-esteem in others may also lead one to infer that the person in question also has lower efficacy, and thus be less willing to seek support from this individual. I predict that those who believe their partners have lower self-esteem harbour negative beliefs about low self-esteem providers' abilities to provide effective social support. This leads them to solicit less support from these people when problem severity is higher (relative to those who believe providers have high self-esteem).

I conducted four studies to explore the relationship between perceptions of others' self-esteem and social support seeking. Studies 1A and 1B investigated this by examining participants' responses to hypothetical stressors, whereas Study 2 examined actual stressors. Finally, Study 3 used support seeking for daily stressors.

Study 1A

In this first exploratory study, I investigated how perceiving one's romantic partner as having low self-esteem influences willingness to share problems with one's romantic partner and to turn to them for support. Participants in this study rated their own and perceived partner self-esteem, and then were asked to envision themselves as support recipients in three hypothetical scenarios. In each, I asked participants to indicate the likelihood they would disclose their problem to their partner as well as turn to that partner for emotional and practical support. In addition, participants rated the perceived efficacy of their partner. In this study, I hypothesized that if people perceived their romantic partner as having lower self-esteem, then they would be less likely to share their problem with them, ask them for help, and perceive their relationship quality as lower. I predicted that these relationships would be mediated by perceived partner efficacy.

Method

Participants and procedure. One hundred and sixteen people in romantic relationships were recruited from Amazon.com's Mechanical Turk (MTurk) participated in an online study about social support in exchange for \$0.50 USD. The sample included 57 men and 59 women with a mean age of 29.25 ($SD = 8.26$). Participants first completed measures of trait self-esteem (Rosenberg, 1965), and then perceptions of partner's trait self-esteem. Perceptions of partners' self-esteem was presented in a counterbalanced order (before vs. after the dependent variable), but this manipulation had no effect. There was no significant main effect on efficacy ($B = .11, SE = .16, t = .67, p = .49$), or likelihood of support seeking ($B = -.23, SE = .15, t = -1.46, p = .14$). There also was no significant interaction between the counterbalanced order and perceived partner self-esteem on efficacy ($B = -.01, SE = .12, t = -.09, p = .92$), nor on likelihood of support seeking ($B = .08, SE = .12, t = .62, p = .53$).

Participants were then asked to envision themselves in three hypothetical scenarios, each of which depicted them experiencing a distressing event. The scenarios involved an achievement related (i.e., group members not contributing on a project worth 40% of final grade), a social (i.e., asking a Professor for an extension who is not known for giving extensions), and a health-related stressor (i.e., noticing a potentially cancerous lump on one's ear).¹ I was hoping that having a highly distressing scenario would really bring out the effect that if one perceives their partner as having low self-esteem when encountering a highly distressing problem, then they really are unlikely to ask their low self-esteem partner for help. I believed this would be the case because the higher the distress, the more important it is to have someone you perceive as helpful and capable assisting you (Holahan & Moos, 1981; Lepore, Evans, & Schneider, 1991). Interestingly, I found a significant effect of condition (scenarios) on willingness to share ($t = -2.412, p = .017$), but the interaction between condition and partner self-esteem was not significantly related to willingness to share ($t = .917, p = .360$) (see Appendix G).

For each scenario (see Appendix G), participants responded to three questions on how likely they would be to ask for help from their romantic partner if the scenario they had just read was occurring to them, on a 1 (very unlikely) to 7 (very likely; $\alpha = .86$) scale (see Appendix A). Two questions asked how likely it would be for them to share the problem with their partner (one was about not sharing with their partner which was

¹ . Half of the participants were given all the highly distressing scenarios, and the other half received all low distress scenarios. The low distress scenarios involved a school related (group members not contributing on a project worth 5% of final grade), a social (asking a professor for an extension who is known for giving extensions), and a health related distress (noticing a growing lump and you do not have a history of cancer in your family).

reverse coded). Another question asked how likely they would be to share the problem with their partner if the partner asked them about it.

I assessed support-seeking by asking participants to report on the likelihood of seeking emotional support (i.e., practical support (i.e., getting help to actually solve the problem) from their partner. These two questions were aggregated to create an index of support-seeking, as they were highly correlated $r = .67, p < .001$; (see Appendix B).

Participants also rated their perceptions of their partner's efficacy for each scenario (see Appendix E). Following this, participants rated their own relationship satisfaction and broader relationship quality.

Measures.

Own and perceived partner self-esteem. Participants responded to the ten-item Rosenberg (1965) Self-Esteem scale ranging from 1 (strongly disagree) to 7 (strongly agree; $\alpha = .92$), which included questions such as "On the whole, I am satisfied with myself" and "I feel that I have a number of good qualities" (see Appendix C). Items for the partner's version of this scale were reworded to be about participants' romantic partner ($\alpha = .92$), such as "On the whole, they are satisfied with themselves" and "They feel that they have a number of good qualities" (see Appendix D).

Perceived Partner Efficacy. Participants responded to a condensed three-item version of Schwarzer and Jerusalem's (1995) general self-efficacy scale, with items reworded to represent their view of their partner's efficacy in each situation (e.g., "In this situation, my partner could probably think of a solution"). Items were rated on a scale ranging from 1 (not at all) to 7 (exactly true; $\alpha = .88$) (see Appendix E).

Relationship Quality. Participants responded to Fletcher et al.'s (2000) 18-item Perceived Relationship Quality Component (2000) a scale ranging from 1 (not at all) to 7 (exactly true; $\alpha .96$), such as "How committed are you to your relationship?" (see Appendix F).

Results

To test my hypotheses, I first began by examining the zero-order correlations between our variables of interest (see Table 1). I then examined the extent to which participants' perceptions of their partner's self-esteem predicted their willingness to disclose their problem to their partner, the likelihood that they would seek support from their partner, and perceptions of their partner's efficacy. These dependent variables were averaged across all scenarios that participants read ($\alpha = .80$) and were regressed, in separate analyses, onto participants' mean-centered ratings of their partner's self-esteem. Given the moderate positive correlation between participants' own self-esteem and perceptions of their partner's self-esteem, I controlled for participants' self-esteem in all analyses by entering it simultaneously into the regression analyses.

As predicted, I found that participants' perception of their partner's self-esteem predicted with their own willingness to share their problems with their partner ($B = .20$, $SE = .07$, $t = 2.87$, $p < .05$), as well as the likelihood they would seek support ($B = .255$, $SE = .08$, $t = 2.99$, $p = .003$) such that people were more willing to disclose their problem and seek support from partners they believed had higher (vs. lower) self-esteem. Given the strong correlation and conceptual similarity between willingness to disclose and likelihood of support seeking ($r(177) = .67$, $p < .001$), I averaged across them to create a general index of likelihood of support-seeking. As I expected, participants' perceptions of

their partner's self-esteem also predicted perceptions of their partner's efficacy ($B = .34$, $SE = .07$, $t = 4.92$, $p < .001$) such that if participants perceived their partner as having low self-esteem they also viewed them as less efficacious.

I then tested my mediational hypothesis using the PROCESS macro (Hayes, 2013, Model 4) using 1000 bootstrapped samples (see Figure 1). To ensure that the results could not be attributed to participants' own self-esteem (i.e., through projection), I controlled for this in our analysis.² As I hypothesized, I found a significant indirect effect of perceived partner self-esteem on likelihood of support-seeking via perceived efficacy, $b = .21$, $SE = .04$, 95% CI [.12, .31]. The direct effect of perceived self-esteem on support-seeking was no longer significant in this model, $b = .01$, $SE = .05$, 95% CI [-.10, .13].

Discussion

The hypotheses were supported by the results of this study. Participants who perceived their partner to have lower (vs. higher) self-esteem reported being less likely to seek support from them. In addition, this association was completely mediated by perceived partner efficacy. A limitation of this study is that in Study 1A the social and work scenarios were academic in nature, and this might have been inapplicable given the higher mean age of our sample, some of whom may not have been in school. I corrected

² I ran our analyses without controlling for participants' own self-esteem and results were unchanged. I also ran these analyses controlling for both participant self-esteem and relationship quality to ensure that our results were not due to general relationship dissatisfaction with (perceived) lower self-esteem partners. This did not significantly change the results (Betas were similar) and suggest that effects cannot be attributed to people having more generally negative relationships with those perceived to be lower in self-esteem.

this in Study 1B by modifying the scenarios in ways that made them more pertinent to an older sample.

Study 1B

Method

Participants and Procedure. Two hundred and one MTurk users participated in an online study about social support in exchange for \$0.50 USD. The sample included 95 men and 105 women, with a mean age of 26.37 ($SD = 7.04$). The method of Study 1B was exactly the same as Study 1A. Participants began by completing measures of their own ($\alpha = .92$) and perceptions of partner's self-esteem ($\alpha = .89$). However, I modified the scenarios to be more relevant to non-students (see Appendix H).

For example, in Study 1B participants who read the social scenario were asked to imagine themselves having let their friend know that they cannot come to their dinner party even though they had already bought and prepared some of the food just for them. Other scenarios involved a workplace distress (i.e. group members not contributing on a project worth this is really important or not really important), and a health related distress (feeling nauseous and heart rate elevates and you have a history of heart disease in your family or you feel those symptoms and had just eaten some greasy foods). As in Study 1A, participants rated the extent to which they were willing to disclose the problem to their partner ($\alpha = .85$), and the likelihood they were to seek support from their partner ($\alpha = .85$). Given the strong correlation and conceptual similarity between willingness to disclose and likelihood of support seeking, $r(200) = .73, p < .001$, I averaged across them to create a general index of likelihood of support-seeking. Participants also rated their

partner's efficacy for each scenario ($\alpha = .90$). After responding to all scenarios, they again completed measures of relationship quality ($\alpha = .96$).³

In Study 1B, I randomly assigned half of the participants received a high stress version of the scenarios, whereas half received a low stress version of the scenarios. I again found no significant effect of this manipulation on willingness to share ($t = 1.13, p = .26$), nor did this variable interact with any of our other variables of interest and thus we collapsed across this condition to test our hypotheses. Partners' self-esteem was presented in a counterbalanced order, but this manipulation had no effect. There was no significant main effect on efficacy ($B = .02, SE = .14, t = .14, p = .88$), or likelihood of support seeking ($B = -.07, SE = .15, t = -.48, p = .62$). There also was no significant interaction between the counterbalanced order and perceived partner self-esteem on efficacy ($B = .03, SE = .11, t = .30, p = .76$), nor on likelihood of support seeking ($B = -.10, SE = .12, t = -.79, p = .42$).

Results

To test my hypotheses, I first began by examining the zero-order correlations between the variables of interest (see Table 2). I then examined the extent to which participants perceptions of their partner's self-esteem predicted their willingness to disclose their problem to their partner, the likelihood that they would seek support from their partner, and perceptions of their partner's efficacy using the same analytic strategy as Study 1A. As I predicted, and replicating Study 1A, participants' perception of their

³ Inclusion of Other in Self scale (Aaron et al., 1992), and Partner Influence Questions (such as questions about how likely it is that one's partner would make the situation more difficult or make the participant upset) were administered but are irrelevant to the current set of findings

partner's self-esteem were positively associated with the likelihood participants' would seek support $r(200) = .40, p < .001$, and again correlated with their perception of their partner's general self-efficacy $r(200) = .41, p < .001$. Which suggests that participants were less likely to seek support from romantic partners perceived to be lower (vs. higher) in self-esteem, and found them to be less efficacious.

I then tested the mediational hypothesis using the PROCESS macro (Hayes, 2013, Model 4) using 1000 bootstrapped samples (see Figure 2). To ensure that the results could not be attributed to participants' own self-esteem (i.e., through projection), I controlled for this in our analysis.⁴ As I hypothesized, I found a significant indirect effect of perceived partner self-esteem on likelihood of support-seeking via perceived efficacy, $b = .19, SE = .06, 95\% CI [.08, .30]$. The direct effect of perceived self-esteem on support-seeking was no longer significant in this model, $b = .10, SE = .06, 95\% CI [-.02, .21]$.

Discussion

Both of the hypotheses were supported by the results of this study. It was found that if participants perceived their partner to have lower self-esteem, they reported being less likely to share a problem with them and less likely to ask them for help. In addition, this effect was completely mediated by perceived partner self-efficacy.

⁴ I ran our analyses without controlling for participants' own self-esteem and results were unchanged. I also ran these analyses controlling for both participant self-esteem and relationship quality to ensure that our results were not due to general relationship dissatisfaction with (perceived) lower self-esteem partners. This did not significantly change the results (Betas were similar) and suggest that effects cannot be attributed to people having more generally negative relationships with those perceived to be lower in self-esteem.

Interestingly, in Studies 1A and 1B, the manipulation of distress had little effect on the results. In Study 2 participants were given the opportunity to create their own distressing scenarios, with the help of guiding prompts, to see if the effect would generalize to more idiosyncratic stressors.

Study 2

In Studies 1A and 1B, hypothetical scenarios were used to test the relationship between perceived partner self-esteem and support seeking. In Study 2, anticipated stressors were used as participants were prompted to envision themselves as support recipients in three scenarios that they generated

Method

Participants and procedure. One hundred ninety-four MTurk users participated in an online study about social support in exchange for \$0.50. The sample included 85 men and 109 women with a mean age of 26.39 ($SD = 7.79$). As in Studies 1A and 1B, participants first completed measures of trait self-esteem ($\alpha = .93$), and perceptions of their partner's trait self-esteem ($\alpha = .92$). I again counterbalanced the order in which participants rated their partner's self-esteem (prior to or after the dependent variables), but again, this manipulation did not have an effect. There was no significant main effect on efficacy ($B = .09$, $SE = .14$, $t = .67$, $p = .49$), or likelihood of support seeking ($B = .23$, $SE = .16$, $t = 1.42$, $p = .15$). There also was no significant interaction between the counterbalanced order and perceived partner self-esteem on efficacy ($B = .07$, $SE = .09$, $t = .76$, $p = .44$), nor on likelihood of support seeking ($B = -.03$, $SE = .12$, $t = -.24$, $p = .81$).

Participants were then asked to imagine themselves in scenarios, through guiding prompts which asked them to consider a relatively high (vs. low) stress event (See

Appendix I). They were asked to imagine how they would feel if the event they described happened to them. The scenarios involved an achievement related (an example given was you might accidentally delete a file that you had spent over 50 hours or one hour to create), a social (an example given having to tell your best friend that his/her partner has been unfaithful or their partner said something rude about them), and a health related distress (an example given was experience sharp pain in your chest and shoulder and think you are having a heart attack or experiencing that pain but know you get chest wall inflammation which is temporary and non-severe). Using the same items used in Study 1A and 1B, participants rated the extent to which they were willing to disclose the problem to their partner and their likelihood to seek support from their partner. The results across scenarios were similar, and thus I collapsed across them to compute indices of participants' likelihood of disclosure ($\alpha = .89$), and likelihood of seeking support ($\alpha = .84$). Given the strong correlation and conceptual similarity between the willingness to disclose and likelihood of support seeking ($r(194) = .74, p < .001$), I averaged across them to create a general index of likelihood of support-seeking. They also rated their partner's efficacy for each scenario ($\alpha = .88$). After responding to all scenarios, they again completed measures of relationship quality ($\alpha = .96$).⁵

Results

To test the hypotheses, I first began by examining the zero-order correlations between our variables of interest (see Table 3). I then examined the extent to which participants' perceptions of their partner's self-esteem predicted their willingness to

⁵ Inclusion of Other in Self scale, and Partner Influence Questions were administered but are irrelevant to the current set of findings

disclose their problem to their partner, the likelihood that they would seek support from their partner, and perceptions of their partner's efficacy. These dependent variables were averaged across all scenarios that participants read, and I controlled for participants' self-esteem in all analyses.

Results revealed that, as I predicted, perceptions of partner's self-esteem were positively associated with the likelihood participants would seek support, $r(194) = .38, p < .001$, and with perceptions of their partner's efficacy, $r(194) = .50, p < .001$, such that participants were less likely to seek support from romantic partners perceived to be lower (vs. higher) in self-esteem, and found them to be less efficacious.

I had hoped that having a more distressing scenario would amplify the effect that if one perceives their partner as having lower self-esteem when encountering a highly distressing problem, then he/she would be especially unlikely to ask their lower self-esteem partner for help. Interestingly, this manipulation had no significant main effect nor did it interact with perceived partner self-esteem to affect participants' likelihood of seeking support or perceptions of efficacy. Given this, I collapsed across this variable in the analyses reported here. I did find that there was a marginal perceived self-esteem by condition interaction on perceptions of efficacy. Exploring this interaction further revealed that perceived self-esteem was positively associated with efficacy in both conditions, although the effect was much larger in the high stress condition. I also tested for moderated mediation using PROCESS Model 8 and found that the indirect effect of perceived self-esteem on likelihood of support-seeking through efficacy was significant in both conditions, although the effect was larger in the high-stress condition. I note that this does not change the nature of my conclusions.

I then tested our mediational hypothesis using the PROCESS macro (Hayes, 2013, Model 4) using 1000 bootstrapped samples (see Figure 3). To ensure that the results could not be attributed to participants' own self-esteem (i.e., through projection), I controlled for this in the analysis.⁶ As I hypothesized, I found a significant indirect effect of perceived partner self-esteem on likelihood of support-seeking via perceived efficacy, $b = .28$, $SE = .05$, 95% CI [.20, .40]. The direct effect of perceived self-esteem on support-seeking was no longer significant in this model, $b = .03$, $SE = .07$, 95% CI [-.11, .17].

Discussion

Both of the hypotheses were supported by the results of this study. I found that if participants perceived their partner to have lower self-esteem, they reported being less likely to share a problem with them and less likely to ask them for help. In addition, the proposed effect was completely mediated by perceived partner self-efficacy. A limitation of this study and of Studies 1A and 1B is that they were conducted as single instance, online studies which had participants imagined a hypothetical scenario. People might have responded differently to the hypothetical scenarios than they would if something actually happened to them because people may have inaccurately assessed how likely they would be to ask for help. For real life distressing situations, people may be more likely to ask their low self-esteem partners for help than they report they would be in the

⁶ I ran our analyses without controlling for participants' own self-esteem and results were unchanged. I also ran these analyses controlling for both participant self-esteem and relationship quality to ensure that our results were not due to general relationship dissatisfaction with (perceived) lower self-esteem partners. Results were virtually identical and suggest that effects cannot be attributed to people having more generally negative relationships with those perceived to be lower in self-esteem.

hypothetical scenarios, because they may feel they need more help than they predicted they would. Thus, they would be more likely to turn to their romantic partner to receive assistance.

A validated daily stressors scale was not given to participants during the study, and if it had been administered it may have illuminated why the stress manipulation may not have created significant differences between the high and low stress condition. Since the distressors being reported when given the low stress prompts may in fact be daily hassles, which although may be common daily events, are in fact considered rather distressing. For example, Almeida, Wethington, and Kessler (2002) found that daily stressors involving interpersonal tension and network stressors predicted both mood and health symptoms. Thus the reason there may be no distress effect is because participants may be reporting high stress events even if given the low distress prompt.

Study 3 will help to address these questions by having participants reflect on daily distressors over the course of 14 days to see how participants choose to seek support for their actual problems from their romantic partner. By having participants report on daily distressors and also report on the likelihood they were to seek support from their romantic partner, I can investigate how much support participants actually sought for their problems which will give real world evidence for the phenomena found in the previously presented studies.

Study 3

In Study 3, participants came into the lab to complete baseline measures on a computer such as their own and perceptions of their partners' self-esteem as well as perceived partner efficacy. Participants completed a "daily-diary" for 14 successive days.

To do so, they received an email with a link to a survey every day, and were asked to complete the survey anytime from when they receive the email to when they went to bed (emails were sent at exactly 7pm). In the daily survey, they were asked to report on any stressors they experienced that day (see Appendix M) and to indicate whether they sought support for that stressor from their partner. Additional self-report measures asked them to report on their feelings of relationship satisfaction and closeness that day.⁷ I hypothesized that I would replicate the general pattern of findings observed in my previous studies, such that people who view their partner as having low self-esteem will see them as less efficacious, leading them to be less willing to share daily stressors.

Method

Participants and Procedure.

Participants were 196 students in romantic relationships. Participants volunteered for a 30-minute intake session in the laboratory in exchange for course credit. In this background questionnaire, participants provided demographic information about themselves and their relationships, and completed a measures of self-esteem ($\alpha = .89$), perceived partner self-esteem ($\alpha = .89$) and relationship quality ($\alpha = .95$) as well as measures that were not pertinent to the present investigation (see Appendices J – L).

They were then asked to complete a short survey at the end of each of the 14 days following their participation in this initial background study. For each daily survey participants completed, they received one ballot in a draw for \$100 CAD. On average,

⁷ The Profile of Mood States 15-item version, and questions about event stressfulness, partner interference, romantic partner confidence, daily perceived partner efficacy, quality of support received, if they received support from people other than their partner, and progress towards a chosen goal were also measured

participants completed 6.89 ($SD = 4.19$) of the 14 daily surveys, resulting in a total of 1269 daily reports.

In this daily survey, I asked participants to identify and briefly describe the most stressful personal event or problem that they had experienced within the last 24 hours. I then assessed support-seeking using several measures. Because the relatively short time period made it unlikely that people would experience events that required social support each and every day, and also that our undergraduate participants may have found it potentially unfeasible to solicit support from their partner each and every day, I first assessed whether or not participants had sought support from their partners that day with a single item, coded such that 0 indicated lack of support-seeking and 1 indicated that they had sought support. I then assessed the relative *degree* to which they sought both practical and emotional support for the event using the same 2-item measure used in Studies 1A, 1B and 2 ($\alpha = .91$). In addition, I also asked participants to report on their perceptions of their partner's efficacy each day using the same 3-item measure used in Studies 1A, 1B and 2 ($\alpha = .95$). Participants also completed several measures that are not relevant to the present investigation.

I did not explicitly instruct participants not to report on stressful events that were caused by their partner or their relationship. Because a relational problem could have affected the extent to which they sought reassurance or advice from their partner, I excluded 150 reports from participants who identified a stressor that pertained to their romantic life, leaving a final total of 1119 daily reports.

Results

Analytic Strategy. Given the repeated-measures nature of this design, I used the MIXED procedure in SPSS to conduct multilevel models testing the hypothesis that on

days when they did seek support from their partner (i.e., “support” days), people who perceived their partner to be lower in self-esteem would seek *relatively less* emotional and practical support from them. In addition, I expected this to be mediated by perceptions of efficacy as in Studies 1A, 1B, and 2. I did not expect perceived partner self-esteem to affect support seeking and efficacy on days when participants did not report seeking support from their partner (i.e., “no-support” days). Data from this study were hierarchically nested such that support day, the reports of daily support-seeking and efficacy were the Level 1 data, nested within participants at Level 2. Participants’ reports of their own and partner’s self-esteem were the Level 2 data.

Thus, for each of our dependent variables, the Level 1 equation was as follows, where Y_{ij} is the dependent variable and is predicted by each person’s intercept (b_0), the effect of support day (support vs. no support) (b_1) and random error:⁸

$$Y_{ij} = b_{0i} + b_{1i}X_{ij} + e_{ij}$$

I then tested whether or not perceptions of partner’s self-esteem (grand-mean centered) modeled at Level 2 predicted support-seeking and efficacy differentially on support vs. no support days. Thus, the Level 2 equations are:

$$b_{0i} = \gamma_{00} + \gamma_{01} (\text{perceived partner self-esteem}) + u_{0j}$$

$$b_{1i} = \gamma_{10} + \gamma_{11} (\text{perceived partner self-esteem}) + u_{1j}$$

Support-seeking. Results revealed an expected main effect of support days such that people sought more emotional and practical support from their partners on support

⁸ I also tested our hypotheses in multilevel models controlling for the Level 2 variables of participants’ own self-esteem and relationship quality. The results were unchanged, again suggesting that our effects cannot be attributed to these potentially confounding variables. However, I present the simplest model here for the sake of parsimony.

days than on no-support days, $b = 2.88$, $SE = .13$, $t = 22.69$, $p < .001$, 95% CI [2.63, 3.13]. There was no main effect of perceived partner self-esteem, $b = .01$, $SE = .11$, $t = .09$, $p = .925$ 95% CI [-.20, .22]. Critically, and as predicted, there was a significant cross-level interaction between perceived partner self-esteem and support day, $b = .30$, $SE = .13$, $t = 2.42$, $p = .016$, 95% CI [.06, .55]. As I predicted, on support days, participants sought relatively less emotional and practical support from partners who they perceived to have lower self-esteem, $b = .22$, $SE = .09$, $t = 2.59$, $p = .01$ (see Figure 4). On no-support days, as expected, perceived partner self-esteem was not related to emotional and practical support-seeking, $b = -.08$, $SE = .10$, $t = -.78$, $p = .435$.

Perceived efficacy. I then examined participants' perceptions of daily efficacy and found that people saw their partners as more efficacious on days they sought support from them relative to days they did not, $b = 1.75$, $SE = .13$, $t = 13.34$, $p < .001$, 95% CI [1.49, 2.01]. There was no main effect of perceived partner self-esteem, $b = .09$, $SE = .10$, $t = .92$, $p = .357$. As I hypothesized, there was a significant two-way interaction between partner self-esteem and support day, $b = .36$, $SE = .13$, $t = 2.80$, $p = .006$, 95% CI [.11, .62]. On support days, participants rated their partners as less efficacious to the extent they perceived them as being lower in self-esteem, $b = .33$, $SE = .09$, $t = 3.82$, $p < .001$. On no-support days, as expected, participants' perceptions of their partner's self-esteem was not related to perceptions of efficacy, $b = -.03$, $SE = .12$, $t = -.24$, $p = .80$ (see Figure 5).

Mediational analysis. As in Studies 1A through 2, I tested whether perceptions of efficacy mediated the effects of self-esteem on seeking emotional and practical support on days when participants reported seeking out their partners as support providers.

Because I was assessing whether efficacy at Level 1 mediated the effects of perceived partner self-esteem (Level 2) on our dependent variable (Level 1), I used the Monte Carlo method (20000 repetitions) for testing the significance of this 2-1-1 indirect effect (Bauer, Preacher, & Gil, 2006; Selig & Preacher, 2008). Results revealed that the indirect effect was significant, $b = .17$, 95% CI [.09, .26]. However, the direct effect of perceived partner self-esteem remained significant when controlling for perceptions of efficacy, $b = .15$, $SE = .06$, $t = 2.31$, $p = .022$, suggesting a pattern of partial mediation rather than full mediation observed in Studies 1A, 1B and 2.

The results of this study reveal that people's perceptions of their romantic partner's self-esteem influences the extent to which they turn to them for emotional and practical support, and how capable they see those partners when people face actual stressors in their lives. Importantly, people's evaluations of efficacy and support seeking were not influenced by perceived partner self-esteem on days where they did not have a support interaction with their partner, supporting our hypothesis that perceptions of self-esteem are particularly likely to influence judgments and behavior in support contexts where recipients are more dependent on providers.

Discussion

Both of the hypotheses were supported by the results of this study. It was found that if participants perceived their partner to have low self-esteem, they perceived them as less efficacious, and this influenced support seeking. In addition, it was found that if participants perceived their partner to have low self-esteem, they perceived them as less efficacious, and this influenced relationship quality. A limitation of this study is that

actual self-esteem of the provider is unknown, and that it is unknown whether assumptions about low self-esteem partners' efficacy are warranted.

Study 3 addressed questions from the previous studies because it had participants reflect on daily stressors over the course of 14 days to see how participants chose to seek support for their actual problems from their romantic partner. By having participants report on daily stressors and also report on the likelihood they were to seek support from their romantic partner, I was able to investigate how much support participants actually sought for their problems which gave real world evidence for the phenomena found in the previously presented studies.

General Discussion

Data from four studies reveal that perceiving a relationship partner to have lower (vs. higher) self-esteem leads people to seek less support from them in times of need because they view them as less efficacious. I replicated a similar pattern of results in hypothetical scenarios (Studies 1A, 1B and 2), and when assessing actual support seeking (Study 3).

Implications.

The present findings have several theoretical implications and suggest avenues for future research. These data contribute to a growing body of work demonstrating that self-esteem may serve as an interpersonal signal that informs others' judgements and behavior (Zeigler-Hill et al., 2013). People appear to use their perceptions of other's self-esteem as a gauge of their capability as support providers, and thus whether or not they should turn to them for assistance. Importantly, this effect held when controlling for perceived relationship quality in Studies 1A, 1B, 2, and 3, suggesting that perceptions of other's

self-esteem goes above and beyond more global evaluative processes that also stem from that status-signalling function of self-esteem.

Previous research has focused on characteristics of the help recipient that influence support seeking (Collins & Feeney, 2000), but the studies I conducted demonstrate how important perceptions of the help provider are. Instead of basing whether to ask for help on characteristics of the help recipient (such as degree of avoidant attachment), future research should focus on investigating perceptions of the help provider as my studies have shown that a perception of the help provider (whether the help provider is seen as having low or high self-esteem) drastically impacts the social support process.

My studies affect the literature on efficacy because they show how perceptions of efficacy can be influenced by a factor other than previous displays of efficacy. Previous research on efficacy has demonstrated that perceptions of other's efficacy can influence that other person's achievement (Bandura, 1993). Adding onto this the idea that perceptions of another person's efficacy can be influenced by the perception of their self-esteem really highlights how even though efficacy is about how capable one is, that inference can be based on a personality trait and not actual displays of competence. Furthermore, this inference can influence actual displays of efficacy.

Strengths and Limitations

In the present studies, I did not assess providers' actual self-esteem and thus am unable to determine the accuracy of participant's views about their partners. I did this for two reasons. Firstly, prior research has suggested that people are moderately accurate in gauging their partner's actual self-esteem, but also that people's perceptions play a larger role in shaping interpersonal interactions (see Zeigler-Hill et al., 2013). In addition,

research in the support literature has further suggested that *perceptions* of others personality traits may be more important than others' actual traits in regulating social support behavior. One notable investigation found that provider's self-reported personality traits had little bearing on how effective recipients saw the help they gave (Lakey et al., 2002). Critically, however, recipients' idiosyncratic perceptions of providers' personality had a relatively strong influence. Controlling for own self-esteem may interfere with matching effects between own self-esteem and perceived partner self-esteem, but the primary concern of the studies is in regards to the relationship between perceived partner self-esteem and support seeking. Although mate selection factors may be interesting, they are not part of the questions the studies have been design to address. I look forward to more research examining how provider's actual self-esteem shapes recipients' support seeking and importantly, whether or not provider self-esteem truly affects people's ability to offer effective support and thus whether recipients' support-seeking decisions are warranted.

In addition, manipulated problem stressfulness did not influence the results as much as originally hypothesized. This may be due to participants perceiving both the high and low stress scenarios as equally stressful (e.g. in Study 2, daily hassles may be reported in the low stress condition which in fact are rather stressful). Another explanation is that the effect of perceived partner self-esteem on support seeking may be so robust that it is not impacted by problem stressfulness. In that, maybe the relationship between perceived partner self-esteem on support seeking is so resistant to the influence of stress because it may be adaptive to the support recipient to not ask people perceived to have lower self-esteem for help. This would support the idea that problem stressfulness

should not have an effect because it would undermine the potential benefits to the recipient from not asking a perceived to be low self-esteem partner for help (i.e. maybe low self-esteem partners actually do not provide effective support and it may be more beneficial to the support recipient to ask someone who they perceived to have higher self-esteem for assistance). This is speculation, and future research should explore the degree to which low self-esteem individuals are actually able to provide effective support.

It is interesting to note that self-perception theory, as proposed by Bem, may apply to the current studies. Self-perception theory is the notion that people determine their attitudes and preferences by interpreting the meaning of their own behavior (Bem, 1967). Applying self-perception theory to the present studies creates a model where support seeking is the mediator between perceived partner self-esteem and perceived partner efficacy. Although this new model does work, the direct effect of perceived partner self-esteem on perceived partner efficacy does not become eliminated in this model, whereas in the originally stated model (perceived partner self-esteem influences perceptions of partner's efficacy which in turn influences support seeking) it does become non-significant. Therefore, the original model appears to be a better fit for the data.

Future Research

Future research is also needed to examine how perceptions of low (vs. high) self-esteem people as less effective support providers are reinforced over time. By seeking less support from low self-esteem partners, support recipients may not afford sufficient opportunity for their partners to actually demonstrate their competence as support

providers. If a person experiencing a stressor does not provide their perceived low self-esteem partner an opportunity to help, this may lead to the partner providing poorly-tailored (or no) support and thereby reinforce recipients' perceptions of low efficacy. In this way, people's lack of support-seeking may ironically foster even less support-seeking in the future. It is important to note that people sought less support from low self-esteem partners in Studies 1 and 2 regardless of whether they faced a problem with minor or more serious consequences, suggesting that people may restrict opportunities to receive help from these partners even when they could reasonably benefit from it.

It may also be that people's impressions of low self-esteem others in support contexts are formed in part by people's own experiences as support providers. People often experience more negative support interactions when providing help to low self-esteem recipients (Marigold, Cavallo, Holmes, & Wood, 2014). It may be that because people have difficulty effectively supporting low self-esteem others, they may believe that these others will be equally ineffective when the roles are reversed, and thus are reluctant to ask them for help when it is needed. We look forward to more research examining these possibilities, as well as the downstream implications of our findings.

Support transactions are complex for both provider and recipient and this complexity is magnified when people seek less support than they feel they require. Evaluations of others' self-esteem may be one factor that leads people to moderate their support-seeking behavior in ways that make it more difficult to receive the support they need, and thus less likely to reap the intra- and interpersonal benefits of it.

Appendix A

Likelihood of Asking for Help 3-item scale

Instructions: Imagine you have experienced the situation you just read about, and now you are deciding to tell you romantic partner about it or not. This set of questions asks you HOW LIKELY you would complete these actions in real life in regards to the presented situation. Please indicate your answer to each question by selecting the appropriate number. Please indicate your answer to each question by selecting the appropriate number.

1 Very Unlikely 2 3 4 Moderately Likely 5 6 7 Very Likely

It is _____ that I would share this problem with my partner.

It is _____ that I would not share this problem with my partner.

It is _____ that I would share this problem with my partner if they asked me about it.

Appendix B

Likelihood of Support Seeking 2-item scale

Instructions: Imagine you have experienced the situation you just read about, and now you are deciding to tell you romantic partner about it or not. This set of questions asks you HOW LIKELY you would complete these actions in real life in regards to the presented situation. Please indicate your answer to each question by selecting the appropriate number. Please indicate your answer to each question by selecting the appropriate number.

1 Very Unlikely 2 3 4 Moderately Likely 5 6 7 Very Likely

It is _____ that in this situation I would turn to my partner for emotional support (for example: to be reassured and/or comforted)

It is _____ that in this situation I would turn to my partner for practical support (for example: to get ideas about what to do next)

Appendix C

Rosenberg Self-Esteem 10-item scale

Instructions: Please indicate the answer that best represents how you feel right now. Using the 7-point scale provided below enter the appropriate number beside the question.

1 Strongly Disagree	2	3 Moderately Disagree	4	5 Moderately Agree	6	7 Strongly Agree
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I take a positive attitude toward myself

On the whole, I am satisfied with myself.

All in all, I am inclined to think that I am a failure.

I am able to do things as well as most other people.

I feel that I do not have much to be proud of.

I feel that I'm a person of worth, at least on an equal basis with others.

At times I think I am no good at all.

I wish I could have more respect for myself.

I feel that I have a number of good qualities.

I certainly feel useless at times

Appendix D

Perceived Partner Self-Esteem 10-item scale based on the Rosenberg

Instructions: Please indicate the answer that best represents how your PARTNER feels right now. Using the 7-point scale provided below enter the appropriate number beside the question.

1 Strongly Disagree	2	3 Moderately Disagree	4	5 Moderately Agree	6	7 Strongly Agree
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They take a positive attitude toward themselves.

On the whole, they are satisfied with themselves.

All in all, they are inclined to think that they are a failure.

They are able to do things as well as most other people.

They feel that they do not have much to be proud of.

They feel that they are a person of worth, at least on an equal basis with others.

At times they think they are no good at all.

They wish they could have more respect for themselves.

They feel that they have a number of good qualities.

They certainly feel useless at times.

Appendix E

Perceived Partner Efficacy 3-item scale

Instructions: Please rate your partner on each item.

1 Not At All True	2	3 Hardly True	4	5 Moderately True	6	7 Exactly True
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In this situation, my partner could probably think of a solution.

Thanks to my partner's resourcefulness, they would know how to handle this situation.

My partner could remain calm in this situation because they could rely on their coping abilities

Appendix F

Perceived Relationship Quality Component 18-item Scale

Instructions: Rate your current partner and relationship on each item.

1 Not At All 2 3 4 Moderately 5 6 7 Extremely

- How satisfied are you with your relationship?
- How content are you with your relationship?
- How happy are you with your relationship?
- How committed are you to your relationship?
- How dedicated are you to your relationship?
- How devoted are you to your relationship?
- How intimate is your relationship?
- How close is your relationship?
- How connected are you to your partner?
- How much do you trust your partner?
- How much can you count on your partner?
- How dependable is your partner?
- How passionate is your relationship?
- How lustful is your relationship?
- How sexually intense is your relationship?
- How much do you love your partner?
- How much do you adore your partner?
- How much do you cherish your partner?

Appendix G

Distressing Scenarios (High Distress)

Instructions: In this section, you will be asked to read three situations and each situation will be presented on a separate page. Please read each situation carefully, and do your best to envision yourself in the situation. After each situation you will be asked some questions about the situation. Please use the scale provided to respond, and be as honest as you can (there are no right or wrong ways to answer the questions).

Academic Scenario

Imagine that you finally got into the class that you have been really wanting to take, and so far you have been excelling in this class. For the upcoming project, you have been randomly assigned to a group with three other people. You have already divided up the work and asked everyone to send you their parts a day before it is due so you can put them all together in a document. You get an email at 10 pm the night before your project is due from your other group members saying that they were really busy the past few days and did not complete their portions of the project. The project is worth 40% of your final grade.

Social Scenario

Imagine that you have been feeling a bit under the weather lately, and you get a call from your parents saying that they realized you might need a vacation. Next thing you know, you find out that they have booked a family vacation to your favourite tropical

destination for a week! The vacation is booked for a few weeks from now, but you have a big assignment due the week of your vacation. The professor for that class is known for giving extensions.

Health Scenario

Imagine that you have finally finished what has felt like the busiest few months you have had in years. You barely had anytime shower or do laundry, so you decide to take an extra long shower to celebrate. When washing your hair you notice that the small lump behind your ear seems to have gotten bigger. You know it could be nothing. You do have a history of cancer in your family.

Appendix H

Modified Distressing Scenarios (High Distress)

Instructions: In this section, you will be asked to read three situations and each situation will be presented on a separate page. Please read each situation carefully, and do your best to envision yourself in the situation. After each situation you will be asked some questions about the situation. Please use the scale provided to respond, and be as honest as you can (there are no right or wrong ways to answer the questions).

Workplace Scenario

Imagine that you finally got the job that you have really wanted, and so far you have been excelling. For an upcoming project, you have been assigned as team leader. You are supervising a team of people, and you all agree that each person will work independently until the day before the deadline your boss has given you. At that time, acting in your role as team leader, you will prepare a presentation based on everyone's work and give it the following day.

You are working right until the deadline, and you believe the other team members are on schedule to complete their work. The day before the presentation, you receive an email from two of your team members indicating that they will not be able to complete their portion of the work. This project is extremely important to your boss (and also to your career) and you will still have to give the presentation for which you are now unprepared.

Social Scenario

Imagine that one of your closest friends invited you over for a special dinner. They have been taking cooking lessons and are going to prepare a six-course meal. A week before the dinner, you check your calendar and realize that you made a mistake – the dinner party is actually tomorrow. You suddenly realize that you also promised a close relative that you would help them move that same day! They have rented a truck and are really counting on you. The move is going to take all day and there's no way you can do both things. You are going to have to call and give your friend who is hosting the dinner party the bad news and they are likely going to be upset since they have already bought and prepared some of the food and cannot reschedule.

Health Scenario

Imagine you wake up one morning feeling under the weather. You have a severe headache and try taking some pain medication. When it doesn't seem to work, you decide to take a shower to try and relieve your discomfort. You feel nauseous, and start breathing heavily. Your heart rate seems to elevate quickly. After a few minutes, things pass and you start feeling normal again (for now). You do not know what is causing these symptoms, but you do have a history of heart disease in your family.

Appendix I

Create Own Distressing Scenarios (High Distress)

Instructions: In this section, you will be asked to imagine three situations and each situation will be presented on a separate page. Please read the instructions carefully, and do your best to envision yourself in the situation. After each situation you will be asked some questions about the situation. Please use the scale provided to respond, and be as honest as you can (there are no right or wrong ways to answer the questions).

Achievement

Please take a moment to imagine stressful event in your work or academic life you might experience that would be very distressing for you. This stress cannot involve/be caused by your relationship partner. For example, you might accidentally delete a file that you had spent over 50 hours to create, or you might receive negative feedback from your supervisor or your professor. Please take a minute to envision this scenario and describe it in the space below:

Social

Please take a moment to imagine a stressful event in your social life you might experience that would be very distressing for you. This stress cannot involve/be caused by your relationship partner. An example of a highly stressful social scenario could be having to tell your best friend that his/her partner has been unfaithful, or give your parents some terrible news. Please take a minute to envision this scenario and describe it in the space below:

Health

Please take a moment to imagine a stressful health-related event you might experience that would be very distressing for you. This stress cannot involve/be caused by your relationship partner. For example, you might experience sharp pain in your chest and shoulder and think you are having a heart attack, or you might discover that you have a form of cancer. Please take a minute to envision this scenario and describe it in the space below:

Appendix J

Diary Study Consent Form

WILFRID LAURIER UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
INFORMED CONSENT STATEMENT

Giving and Receiving Help – Diary

Investigator: Alexandra Hirniak
Faculty Supervisor: Dr. Justin Cavallo

You are invited to participate in a research study examining the effects of giving and receiving help in romantic relationships. The purpose of this study is to investigate the effects giving and receiving help can have on people in the context of their romantic life, and how this interacts with one's personality. All details of the study cannot be explained at this time, but you will receive a complete debriefing at the end of your participation. Alexandra Hirniak, a Masters Student and researcher in the Psychology Department at Wilfrid Laurier University, is completing this study under the supervision of Dr. Justin Cavallo, an Assistant professor in the Psychology Department at Wilfrid Laurier University.

INFORMATION

This study has two parts. In the first part, participants will be asked to fill out a survey with several questions assessing their personality and recall and describe times they gave or received help to/from their romantic partner. This will take place in the laboratory and will take approximately 30 minutes to complete. Participants will attend the in-lab session in small groups, but will complete all measures independently. It is worth 0.5 PREP credits.

In the second part, participants will complete a short questionnaire each night for the next 14 days. These questionnaires will be completed online and will take approximately 10 minutes each. For each questionnaire you complete, you will receive one ballot (i.e., up to a total of 14) that will be placed in a draw for \$100.

In both parts, participants will be asked to describe how they think and feel about their romantic relationship, and describe certain aspects from their partner's point of view. There are no right or wrong answers to these questions. Participants will be asked to provide demographic information such as age and gender. Data will be collected from 150 participants who are enrolled in the Wilfrid Laurier University PREP system. All participants must currently be involved in a romantic relationship lasting at least 3 months.

RISKS

There are minimal anticipated risks associated with participating in this study. However, it is possible that some people may experience discomfort when reporting on their romantic relationship. These feelings are normal and should be temporary. If you experience any lasting distress as the result of your participation in this study, please contact the researcher (at the information listed below) and/or Laurier Counselling Services c/o the Student Wellness Centre (2nd floor of the Student Services Building, 519-884-0710 ext. 3146, wellness@wlu.ca). Keep in mind that you are free to discontinue the study at any time without loss of compensation. You are also free to choose not to respond to any question on the computer based questionnaires.

BENEFITS

Participants will experience social psychology research first-hand which will enhance their educational experience. You will have the opportunity to directly observe and learn about methods commonly used in social psychology. Specifically, you will learn how researchers design studies to address psychological issues, thus enhancing your understanding of research methods. Overall, participants will benefit as they learn more about psychological research while doing the study and on the debriefing form received upon completion of the study. This study will benefit the scientific community by making a novel contribution to

existing psychological literature on close relationships. This knowledge may ultimately be useful for clinical and social psychologists.

CONFIDENTIALITY

As this project uses e-based data collection techniques, the confidentiality and privacy and data cannot be guaranteed during web based transmission. However, I have taken the best precautions possible to protect your information. All information you provide is considered completely confidential. Furthermore, because the interest of this study is in the average responses of the entire group of participants, data will be reported in aggregate form only. The researchers acknowledge that the host of the online survey (Qualtrics) may automatically collect participant data without their knowledge (i.e., IP addresses). Although this information may be provided or made accessible, the researchers will not use or save this information without participants' consent. Only Alexandra Hirniak and Dr. Justin Cavallo will have access to the data, which will be stored on a password protected computer in a locked room in the research area of the science building at WLU. The de-identified electronically submitted data will not be erased and will be stored indefinitely, and may be reanalyzed in the future as part of another project. You will be asked to provide your name and email address (and phone number, if you choose) for the purpose of assigning PREP credit and to contact you should you win the cash draw. This information will be collected and stored electronically, separate from the data, and will be destroyed by Alexandra Hirniak by April 30, 2016.

COMPENSATION

The first part of the study will take approximately 30 minutes to complete, and is worth 0.5 PREP credits. If you withdraw from the study prior to its completion, you will still receive the 0.5 PREP credits. An alternative way to earn PREP credits is to complete a critical review of a journal article (instructions are available on the psychology department website: <http://www.wlu.ca/documents/50647/PREP.alt.assignment.pdf>).

In the second part, participants will complete a short questionnaire each night for the next 14 days. These questionnaires will be completed online and will take approximately 10 minutes each. For each questionnaire you complete, you will receive one ballot (i.e., up to a total of 14) that will be placed in a draw for \$100. The odds of winning are 1 in 2100 if each participant completes all 14 questionnaires. The winner will be contacted by April 30, 2016.

CONTACT

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study) you may contact the researcher, Alexandra Hirniak at the psychology department in Wilfrid Laurier University, and (519) 884-0710 extension 2983 or by email at hirn5050@mylaurier.ca; Dr. Justin Cavallo at the psychology department in Wilfrid Laurier University, and (519) 884-0710 extension 4563 or by email at jcavallo@wlu.ca. This project has been reviewed and approved by the University Research Ethics Board (REB #4599), which is supported by the [Research Support Fund](#). If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 4994 or rbasso@wlu.ca.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be destroyed. After data collection is complete, your data cannot be withdrawn because the data will be stored without identifiers. If you withdraw from the study prior to completion, please e-mail the researcher so that you can be sent a copy of the project summary. You have the right to omit any question(s)/procedure(s) you choose.

FEEDBACK AND PUBLICATION

Results of the research may be presented at professional research conferences and published in journal articles, and may be available through Open Access. The results may also be included in Alexandra Hirniak's Master's thesis. Only aggregated data and no individual responses will be reported. A summary of the results will be posted in the psychology department on the bulletin board outside of N2005. You can also

request the feedback summary by emailing hirn5050@mylaurier.ca. Results will be available by April 1st, 2016.

CONSENT

I have read and understand the above information. I agree to participate in this study. Please check the box below to indicate your signature.

I choose to participate in this study
 I do not choose to participate in this study.

The researchers will provide you with a hardcopy of this consent form. We recommend that you retain this form for your records.

Appendix K

Diary Study Script

In Lab Script

Thank you for participating in our study. The aim of our research is to investigate giving and receiving help, so we designed a two-part study which has part one being today and part two being 14 daily diary entries that you would complete every evening for the next 14 days.

(Do consent form)

Now that you have consented to being a part of the study, we will first start by completing some baseline measures online and afterwards I will go into more detail about the second part of the study.

(show them how to complete the measures on the computer)

Since you have completed the baseline measures we are now going to discuss the second part of the study. Every evening for the next 14 days you will be sent via email a link to an online study. For the first online survey you will be asked to consent again to allow your information in the online diary surveys to be used as outlined in the consent form. If you choose to consent the survey will open, and we ask that you answer the questions as honestly as possible as there is no right or wrong answer.

Appendix L

Diary Intake Survey

SECTION I: PERSONALITY MEASURES

The first section of this survey is about your personality. Please read the instructions for each questionnaire carefully, and use the scales provided to respond. There are no right or wrong responses, so please be as honest as you can.

Self-Esteem

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

- | | | | | | | | |
|--|------------------------------|--------------------------------|----------|-----------------------------|----------|---------------------------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | strongly
disagree | moderately
disagree | | moderately
agree | | strongly
agree | |
1. I take a positive attitude toward myself.
 2. On the whole, I am satisfied with myself.
 3. All in all, I am inclined to think that I am a failure.
 4. I am able to do things as well as most other people.
 5. I feel that I do not have much to be proud of.
 6. I feel that I'm a person of worth, at least on an equal basis with others.
 7. At times I think I am no good at all.
 8. I wish I could have more respect for myself.
 9. I feel that I have a number of good qualities.
 10. I certainly feel useless at times.

Regulatory Focus

This set of questions asks you HOW FREQUENTLY specific events actually occur or have occurred in your life. Please indicate your answer to each question by circling the appropriate number below it

1. Compared to most people, are you typically unable to get what you want out of life?

1	2	3	4	5
Never or seldom		Sometimes		Very often

2. Growing up, would you ever “cross the line” by doing things that your parents would not tolerate?

1	2	3	4	5
Never or seldom		Sometimes		Very often

3. How often have you accomplished things that got you “psyched” to work even harder?

1	2	3	4	5
Never or seldom		Sometimes		Very often

4. Did you get on your parents’ nerves often when you were growing up?

1	2	3	4	5
Never or seldom		Sometimes		Very often

5. How often did you obey rules and regulations that were established by your parents?

1	2	3	4	5
Never or seldom		Sometimes		Very often

6. Growing up, did you ever act in ways that your parents thought were objectionable?

1	2	3	4	5
Never or seldom		Sometimes		Very often

7. Do you often do well at different things that you try?

1	2	3	4	5
Never or seldom		Sometimes		Very often

8. Not being careful enough has gotten me into trouble at times.

1	2	3	4	5
Never or seldom		Sometimes		Very often

9. When it comes to achieving things that are important to me, I find that I do not perform as well as I ideally would like to do.

1	2	3	4	5
Never true		Sometimes true		Very often true

10. I feel like I have made progress toward being successful in my life.

1	2	3	4	5
Certainly false				Certainly true

11. I have found very few hobbies or activities in my life that capture my interest or motivate me to put effort into them.

1	2	3	4	5
Certainly false				Certainly true

Read each of the following statements and decide how much you agree with each according to your beliefs and experiences. Please respond according to the following scale:

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

1. ___ I don't mind doing things even if they involve extra effort.
2. ___ I never evaluate my social interactions with others after they occur.
3. ___ I am a "workaholic."
4. ___ I feel excited just before I am about to reach a goal.
5. ___ I enjoy actively doing things, more than just watching and observing.
6. ___ I spend a great deal of time taking inventory of my positive and negative characteristics.
7. ___ I like evaluating other people's plans.
8. ___ I am a "doer."
9. ___ I often compare myself with other people.
10. ___ I don't spend much time thinking about ways others could improve themselves.
11. ___ I often critique work done by myself and others.
12. ___ I believe one should never engage in leisure activities.
13. ___ When I finish one project, I often wait awhile before getting started on a new one.
14. ___ I have never been late for work or for an appointment.
15. ___ I often feel that I am being evaluated by others.
16. ___ When I decide to do something, I can't wait to get started.
17. ___ I always make the right decision.
18. ___ I never find faults with someone I like.
19. ___ I am a critical person.
20. ___ I am very self-critical and self-conscious about what I am saying.
21. ___ By the time I accomplish a task, I already have the next one in mind.
22. ___ I often think that other people's choices and decisions are wrong.
23. ___ I have never hurt another person's feelings.
24. ___ I am a "low energy" person.
25. ___ Most of the time my thoughts are occupied with the task that I wish to accomplish.
26. ___ I feel that there is no such thing as an honest mistake.
27. ___ I rarely analyze the conversations I have had with others after they occur.
28. ___ When I get started on something, I usually persevere until I finish.
29. ___ I am a "go-getter."
30. ___ When I meet a new person I usually evaluate how well he/she is doing on various dimensions

(e.g., looks, achievements, social status, clothes).

SECTION II: Your Romantic Relationship

The second section of this survey is about your relationship with your partner. Please read the instructions for each questionnaire carefully, and use the scales provided to respond. There are no right or wrong responses, so please be as honest as you can.

Partner name: _____

1. How many **MONTHS** have you been dating your current partner?

2. What is your current relationship status? (Check One)

Exclusively dating one person (my partner) ___

Non-exclusively dating (seeing my partner and others) ___

Common-Law ___

Engaged ___

Married ___

Single ___

PRQC - Self

Rate your current partner and relationship on each item.

	1	2	3	4	5	6	7
Not At All	Moderately						Extremely

1. How satisfied are you with your relationship?

2. How content are you with your relationship?

3. How happy are you with your relationship?

4. How committed are you to your relationship?

5. How dedicated are you to your relationship?

6. How devoted are you to your relationship?

7. How intimate is your relationship?

8. How close is your relationship?

9. How connected are you to your partner?

10. How much do you trust your partner?

11. How much can you count on your partner?
12. How dependable is your partner?
13. How passionate is your relationship?
14. How lustful is your relationship?
15. How sexually intense is your relationship?
16. How much do you love your partner?
17. How much do you adore your partner?
18. How much do you cherish your partner?

Perceived Responsiveness

- ___ 1. My partner sees the 'real' me.
- ___ 2. My partner often focuses on the best sides of me.
- ___ 3. My partner is often aware of what I am truly thinking or feeling.
- ___ 4. My partner understands me.
- ___ 5. My partner really listens to me.
- ___ 6. My partner expresses how much he/she likes me.
- ___ 7. My partner often encourages me.
- ___ 8. My partner values my abilities and opinions.
- ___ 9. My partner respects me.
- ___ 10. My partner is responsive to my needs.

Partner's Self-Esteem

Please indicate the answer that best represents how your **PARTNER** feel right now. Using the 7-point scale provided below enter the appropriate number beside the question.

	1	2	3	4	5	6	7
	strongly disagree	moderately disagree		moderately agree		strongly agree	

1. They take a positive attitude toward themselves.
2. On the whole, they are satisfied with themselves.
3. All in all, they are inclined to think that they are a failure.
4. They are able to do things as well as most other people.

5. They feel that they do not have much to be proud of.
6. They feel that they are a person of worth, at least on an equal basis with others.
7. At times they think they are no good at all.
8. They wish they could have more respect for themselves.
9. They feel that they have a number of good qualities.
10. They certainly feel useless at times.

GSES – Partner

Please **rate your partner** on each item.

1	2	3	4	5	6	7
Not at All True		Hardly True		Moderately True		Exactly True

1. My partner can always manage to solve difficult problems if they try hard enough
2. If someone opposes my partner, my partner can find the means and the way to get what they want.
3. It is easy for my partner to stick to their aims and accomplish their goals
4. My partner is confident that they could deal efficiently with unexpected events
5. Thanks to my partner's resourcefulness, they know how to handle unforeseen situations
6. My partner can solve most problems if they invest the necessary effort
7. My partner can remain calm when facing difficulties because they can rely on their coping abilities
8. When my partner is confronted with a problem, they can usually find several solutions
9. If my partner is in trouble, they can usually think of a solution
10. My partner can usually handle whatever comes their way

General Support Seeking and Support Receiving

This set of questions asks you **HOW FREQUENTLY** specific events actually occur or have occurred in your life. Using the 7-point scale provided below enter the appropriate number beside each question.

	1	2	3	4	5	6	7
Never	Sometimes					Very Often	

1. How often do you ask your partner for emotional support (for example: to be reassured and/or comforted)?
2. How often do you ask your partner for instrumental support (for example: to get ideas about what to do next)?
3. How often do you receive support from your partner when you ask for it?
4. How often do you find your partner's help to be beneficial to you emotionally (for example: helps you feel calmer)?
5. How often do you find your partner's help to be beneficial to you instrumentally (for example: helps you decide what to do next)?
6. How often do you need help but do not ask your partner to help you?

SECTION III: Other Support Systems

Other than your romantic partner, who are 3 other people in your life that you are likely to seek support from when you are having a problem? List 3 people:

Person 1: _____

Person 2: _____

Person 3: _____

Person 1

The following Section involves questions about Person 1. Please answer as honestly as possible, as there is no right or wrong answer.

Person 1:

What is your relationship with ____?

- a) Friend
- b) Sibling
- c) Parent
- d) Roommate
- e) Other relative
- f) Other (please specify)

Person 1's Self-Esteem

Using the 7-point scale provided below enter the appropriate number beside the question. Please **rate PERSON 1**.

1	2	3	4	5	6	7
strongly disagree	moderately disagree			moderately agree		strongly agree

11. They take a positive attitude toward themselves.
12. On the whole, they are satisfied with themselves.
13. All in all, they are inclined to think that they are a failure.
14. They are able to do things as well as most other people.
15. They feel that they do not have much to be proud of.
16. They feel that they are a person of worth, at least on an equal basis with others.
17. At times they think they are no good at all.
18. They wish they could have more respect for themselves.
19. They feel that they have a number of good qualities.
20. They certainly feel useless at times.

GSES – Other

Please **rate Person 1** on each item.

1	2	3	4	5	6	7
Not at All True	Hardly True			Moderately True		Exactly True

1. They can always manage to solve difficult problems if they try hard enough
2. If someone opposes them, they can find the means and the way to get what they want.
3. It is easy for them to stick to their aims and accomplish their goals
4. They are confident that they could deal efficiently with unexpected events

5. Thanks to their resourcefulness, they know how to handle unforeseen situations
6. They can solve most problems if they invest the necessary effort
7. They can remain calm when facing difficulties because they can rely on their coping abilities
8. When they are confronted with a problem, they can usually find several solutions
9. If they are in trouble, they can usually think of a solution
10. They can usually handle whatever comes their way

General Support Seeking and Support Receiving

This set of questions asks you **HOW FREQUENTLY** specific events actually occur or have occurred in your life. Using the 7-point scale provided below enter the appropriate number beside each question. **These questions are about PERSON 1.**

	1	2	3	4	5	6	7
Never	Sometimes						Very Often

1. How often do you ask them for emotional support (for example: to be reassured and/or comforted)?
2. How often do you ask them for instrumental support (for example: to get ideas about what to do next)?
3. How often do you receive support from them when you ask for it?
4. How often do you find their help to be beneficial to you emotionally (for example: helps you feel calmer)?
5. How often do you find their help to be beneficial to you instrumentally (for example: helps you decide what to do next)?
6. How often do you need help but do not ask them to help you?

Person 2

The following Section involves questions about **Person 2**. Please answer as honestly as possible, as there is no right or wrong answer.

Person 2:

What is your relationship with ____?

- g) Friend
- h) Sibling
- i) Parent
- j) Roommate
- k) Other relative
- l) Other (please specify)

Person 2's Self-Esteem

Using the 7-point scale provided below enter the appropriate number beside the question. Please **rate PERSON 2**.

1	2	3	4	5	6	7
strongly disagree	moderately disagree			moderately agree		strongly agree

- 21. They take a positive attitude toward themselves.
- 22. On the whole, they are satisfied with themselves.
- 23. All in all, they are inclined to think that they are a failure.
- 24. They are able to do things as well as most other people.
- 25. They feel that they do not have much to be proud of.
- 26. They feel that they are a person of worth, at least on an equal basis with others.
- 27. At times they think they are no good at all.
- 28. They wish they could have more respect for themselves.
- 29. They feel that they have a number of good qualities.
- 30. They certainly feel useless at times.

GSES – Other

Please **rate Person 2** on each item.

1	2	3	4	5	6	7
Not at All True	Hardly True		Moderately True		Exactly True	

11. They can always manage to solve difficult problems if they try hard enough
12. If someone opposes them, they can find the means and the way to get what they want.
13. It is easy for them to stick to their aims and accomplish their goals
14. They are confident that they could deal efficiently with unexpected events
15. Thanks to their resourcefulness, they know how to handle unforeseen situations
16. They can solve most problems if they invest the necessary effort
17. They can remain calm when facing difficulties because they can rely on their coping abilities
18. When they are confronted with a problem, they can usually find several solutions
19. If they are in trouble, they can usually think of a solution
20. They can usually handle whatever comes their way

General Support Seeking and Support Receiving

This set of questions asks you **HOW FREQUENTLY** specific events actually occur or have occurred in your life. Using the 7-point scale provided below enter the appropriate number beside each question. **These questions are about PERSON 2.**

	1	2	3	4	5	6	7
Never	Sometimes						Very Often

7. How often do you ask them for emotional support (for example: to be reassured and/or comforted)?
8. How often do you ask them for instrumental support (for example: to get ideas about what to do next)?
9. How often do you receive support from them when you ask for it?
10. How often do you find their help to be beneficial to you emotionally (for example: helps you feel calmer)?
11. How often do you find their help to be beneficial to you instrumentally (for example: helps you decide what to do next)?
12. How often do you need help but do not ask them to help you?

Person 3

The following Section involves questions about **Person 3**. Please answer as honestly as possible, as there is no right or wrong answer.

Person 3:

What is your relationship with ____?

- m) Friend
- n) Sibling
- o) Parent
- p) Roommate
- q) Other relative
- r) Other (please specify)

Person 3's Self-Esteem

Using the 7-point scale provided below enter the appropriate number beside the question. Please **rate PERSON 3**.

1	2	3	4	5	6	7
strongly disagree		moderately disagree		moderately agree		strongly agree

31. They take a positive attitude toward themselves.
32. On the whole, they are satisfied with themselves.
33. All in all, they are inclined to think that they are a failure.
34. They are able to do things as well as most other people.
35. They feel that they do not have much to be proud of.
36. They feel that they are a person of worth, at least on an equal basis with others.
37. At times they think they are no good at all.
38. They wish they could have more respect for themselves.
39. They feel that they have a number of good qualities.
40. They certainly feel useless at times.

GSES – Other

Please **rate Person 3** on each item.

1	2	3	4	5	6	7
Not at All True		Hardly True		Moderately True		Exactly True

21. They can always manage to solve difficult problems if they try hard enough
22. If someone opposes them, they can find the means and the way to get what they want.
23. It is easy for them to stick to their aims and accomplish their goals
24. They are confident that they could deal efficiently with unexpected events
25. Thanks to their resourcefulness, they know how to handle unforeseen situations
26. They can solve most problems if they invest the necessary effort
27. They can remain calm when facing difficulties because they can rely on their coping abilities
28. When they are confronted with a problem, they can usually find several solutions
29. If they are in trouble, they can usually think of a solution
30. They can usually handle whatever comes their way

General Support Seeking and Support Receiving

This set of questions asks you **HOW FREQUENTLY** specific events actually occur or have occurred in your life. Using the 7-point scale provided below enter the appropriate number beside each question. **These questions are about PERSON 3.**

1	2	3	4	5	6	7
Never		Sometimes			Very Often	

13. How often do you ask them for emotional support (for example: to be reassured and/or comforted)?
14. How often do you ask them for instrumental support (for example: to get ideas about what to do next)?
15. How often do you receive support from them when you ask for it?
16. How often do you find their help to be beneficial to you emotionally (for example: helps you feel calmer)?
17. How often do you find their help to be beneficial to you instrumentally (for example: helps you decide what to do next)?
18. How often do you need help but do not ask them to help you?

SECTION IV: DEMOGRAPHICS**Demographics**

Sometimes people's responses can be influenced by their age, gender and identity. In order to investigate the effects that these factors might have, please answer the following items. You may decline to answer any of the following questions. All of these responses are totally confidential and will not be linked to you in any way.

1. Do you identify as Male or Female or Other? (Check One)

Male ___

Female ___

Other ___

2. How old are you (age in years)?

3. What is your racial or ethnic identification? (Select all that apply.)

First Nations or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Other (please specify): _____

Appendix M

Daily Diary Study

Each day of the study you will be asked to fill out a number of questionnaires about events that happened that day (Today). Please read the instructions for each questionnaire carefully, and use the scales provided to respond. There are no right or wrong responses, so please be as honest as you can.

14 Daily Diary Entries**PROFILE OF MOOD STATES – SHORT FORM (POMS – 15)**

Below is a list of words that describe feelings people have. Please read each one carefully. Then select the number that best describes HOW YOU HAVE BEEN FEELING DURING THE LAST 24 HOURS for each statement.

	1	2	3	4	5	6	7
Not At	A Little		Moderately		Quite A		Extremely
All					Bit		

1. Angry
2. Worn out
3. Lively
4. Sad
5. On edge
6. Hopeless
7. Uneasy
8. Fatigued
9. Discouraged
10. Resentful
11. Annoyed
12. Cheerful

- 13. Exhausted
- 14. Anxious
- 15. Vigorous

PRQC – Self (shortened)

Rate your current partner and relationship on each item.

	1	2	3	4	5	6	7
Not At All	Moderately						Extremely
	All						
19. How satisfied are you with your relationship?							
20. How committed are you to your relationship?							
21. How connected are you to your partner?							

Please briefly describe the most stressful personal event that occurred to you during your day in the space below.

Please rate the problematic event through the questions bellow. Use the scales provided.

1. How much stress did this issue cause you?

1	2	3	4	5	6	7
None						A lot

2. How significantly does this issue affect your overall well-being?

1	2	3	4	5	6	7
Not at all						Very Much

3. For how long will this issue affect your overall well-being?

1	2	3	4	5	6	7
Only for today				For years to come		

2. Please rate the quality of the support you NEEDED, or if you did not need support please select the “I did not NEED support” button equivalent:

What kind of support did you need? Check all that apply.

- information or advice
- reassurance, love, or validation
- direct or indirect assistance in solving a problem
- I did not need support

R.R. Share – Modified

Please indicate the answer that best represents how you feel right now. Using the 9-point scale provided below enter the appropriate number beside the question.

1	2	3	4	5	6	7
Very Unwillingly/Did not		Moderately Willingly			Very Willingly	

1. I _____ shared this problem with my partner.
2. I _____ shared this problem with my partner because they asked me about it.
3. I _____ turned to my partner for emotional support (for example: to be reassured and/or comforted)
4. I _____ turned to my partner for practical support (for example: to get ideas about what to do next)

R.P. GSES

Please your partner on each item.

1	2	3	4	5	6	7
Not At All True		Hardly True	Moderately True		Exactly True	

1. When the situation happened, I thought my partner could think of a solution.
2. Thanks to my partner's resourcefulness, I thought they could handle this situation.
3. I thought my partner could remain calm in this situation because they could rely on their coping abilities

R.P. Interf



If you shared this situation with your partner, how likely is each statement below to be true. Please use the scale provided.

1	2	3	4	5	6	7
Very False		Moderately True			Very True	

1. I thought my partner would be upset by this situation
2. I thought my partner would experience emotional distress in this situation
3. I thought my partner would make me more upset.
4. I thought my partner would add to my emotional distress in this situation.
5. I thought my partner would make this problem more difficult for me to solve.
6. I thought my partner would interfere with my ability to resolve this problem

Did you seek support from your romantic partner?

YES or NO

Did you receive support from your romantic partner?

YES or NO

IF "YES" TO "SEEK SUPPORT"

R. P. Upset

Please answer the questions using the scale provided

1	2	3	4	5	6	7
None or Very Little		Moderate Amount			A Great Deal	

1. Even though this situation happened to you, how much emotional distress did this situation cause your partner
2. Even though this situation happened to you, how upset did this situation make your partner feel

R.P. Confid

Please answer the questions using the scale provided

1	2	3	4	5	6	7
Strongly Agree		Moderately Agree		Moderately Disagree		Strongly Disagree

1. I don't think my partner contributed much to help me solve this problem
2. When I asked my partner to help with this problem they suggested I ask someone else for help me
3. My partner didn't feel confident enough in their abilities to be able to help me with this problem
4. When my partner tried to help me solve this problem, they felt they would do more harm than help
5. My partner thought it was difficult to solve this problem because the negative outcomes are more likely than the positive outcomes

IF NO TO “SEEK SUPPORT”

1. From whom did you seek support for this experience? (**check one**)

Person 1 (from intake survey survey) _____

Person 2 (from intake survey) _____.

Person 3 (from intake survey) _____

-parent

-sibling

-roommate

-other relative

-other (specify)

- I did not seek support

R.R. Share – Modified

Please indicate the answer that best represents how you feel right now. Using the 9-point scale provided below enter the appropriate number beside the question.

1	2	3	4	5	6	7
Very Unwillingly/Did not		Moderately Willingly			Very Willingly	

5. I _____ shared this problem with (Person selected in question above).
6. I _____ shared this problem with (Person selected in question above) because they asked me about it.
7. I _____ turned to (Person selected in question above) for emotional support (for example: to be reassured and/or comforted)
8. I _____ turned to (Person selected in question above) for practical support (for example: to get ideas about what to do next)

R.P. GSES

Please rate the **Person selected in question above** on each item.

1	2	3	4	5	6	7
Not At All True		Hardly True	Moderately True		Exactly True	

1. When the situation happened, I thought (Person selected in question above) could think of a solution.
2. Thanks to (Person selected in question above)’s resourcefulness, I thought they could handle this situation.
3. I thought (Person selected in question above) could remain calm in this situation because they could rely on their coping abilities

R.P. Interf

If you shared this situation with (Person selected in question above), how likely is each statement below to be true. Please use the scale provided.

1	2	3	4	5	6	7
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Very False	Moderately True	Very True
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1. I thought (Person selected in question above) would be upset by this situation
2. I thought (Person selected in question above) would experience emotional distress in this situation
3. I thought (Person selected in question above) would make me more upset
4. I thought (Person selected in question above) would add to my emotional distress in this situation.
5. I thought (Person selected in question above) would make this problem more difficult for me to solve
6. I thought (Person selected in question above) would interfere with my ability to resolve this problem

DID YOU RECEIVE SUPPORT FROM THIS PERSON?

YES OR NO

IF ANSWERED 'yes' to RECEIVING SUPPORT FROM PARTNER or another person
Then complete these questions.

1. To what extent did this person acknowledge and validate your thoughts and feelings?

1	2	3	4	5	6	7
Not at all			Very much			

2. To what extent did the person try to reframe your experience more positively and cheer you up?

1	2	3	4	5	6	7
Not at all			Very much			

3. How well did the support fit with your needs at the time?

1	2	3	4	5	6	7
Not at all			Very much			

4. How satisfied were you with the support you received?

1	2	3	4	5	6	7
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Not at all

Very much

Table 1

Zero-order Correlations (Study 1A)

	Perceived Partner	Mean	Standard Deviation
	Self-Esteem		
Own Self-Esteem	$r = .43^{**}$	5.09	1.15
Perceived Partner Self-Esteem		5.06	1.18
Perceived Partner Efficacy	$r = .40^{**}$	5.29	1.09
Likelihood of Disclosure	$r = .31^{**}$	5.96	1.06
Likelihood of Support Seeking	$r = .29^{**}$	5.56	1.25
Support Seeking (Disclosure + Support Seeking)	$r = .32^{**}$	5.76	1.06

* $p < .05$, ** $p < .01$

Table 2
Zero-order Correlations (Study 1B)

	Perceived Partner	Mean	Standard Deviation
	Self-Esteem		
Own Self-Esteem	$r = .43^{**}$	5.09	1.15
Perceived Partner Self-Esteem		5.13	1.14
Perceived Partner Efficacy	$r = .40^{**}$	5.29	1.09
Likelihood of Disclosure	$r = .31^{**}$	5.96	1.06
Likelihood of Support Seeking	$r = .29^{**}$	5.56	1.25
Support Seeking (Disclosure + Support Seeking)	$r = .32^{**}$	5.76	1.06

* $p < .05$, ** $p < .01$

Table 3
Zero-order Correlations (Study 2)

	Perceived Partner	Mean	Standard Deviation
	Self-Esteem		
Own Self-Esteem	$r = .42^{**}$	5.01	1.35
Perceived Partner Self-Esteem		5.10	1.31
Perceived Partner Efficacy	$r = .47^{**}$	4.96	1.16
Likelihood of Disclosure	$r = .31^{**}$	5.62	1.20
Likelihood of Support Seeking	$r = .33^{**}$	5.25	1.30
Support Seeking (Disclosure + Support Seeking)	$r = .34^{**}$	5.43	1.16

* $p < .05$, ** $p < .01$

Perceived partner efficacy as a mediator of the relationship between perceived partner self-esteem and support-seeking in Study 1A. Participants' own self-esteem (not pictured) was a covariate in all analyses. All coefficients are unstandardized regression coefficients. * $p < .05$, ** $p < .01$

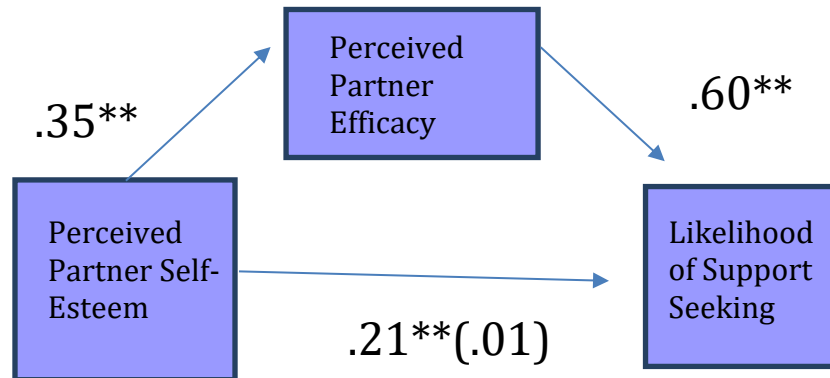


Figure 1. Meditation Model for Study 1A. Indirect effect: .21

Perceived partner efficacy as a mediator of the relationship between perceived partner self-esteem and support-seeking in Study 1B. Participants' own self-esteem (not pictured) was a covariate in all analyses. All coefficients are unstandardized regression coefficients. * $p < .05$, ** $p < .01$

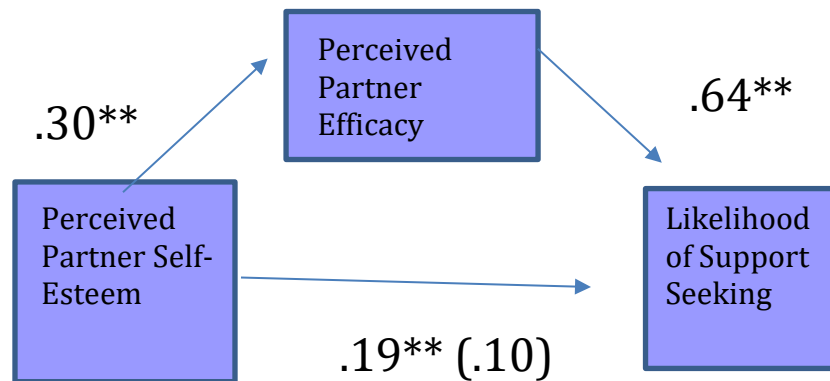


Figure 2. Mediation Model for Study 1B. Indirect effect: .19

Perceived partner efficacy as a mediator of the relationship between perceived partner self-esteem and support-seeking in Study 2. Participants' own self-esteem (not pictured) was a covariate in all analyses. All coefficients are unstandardized regression coefficients. * $p < .05$, ** $p < .01$

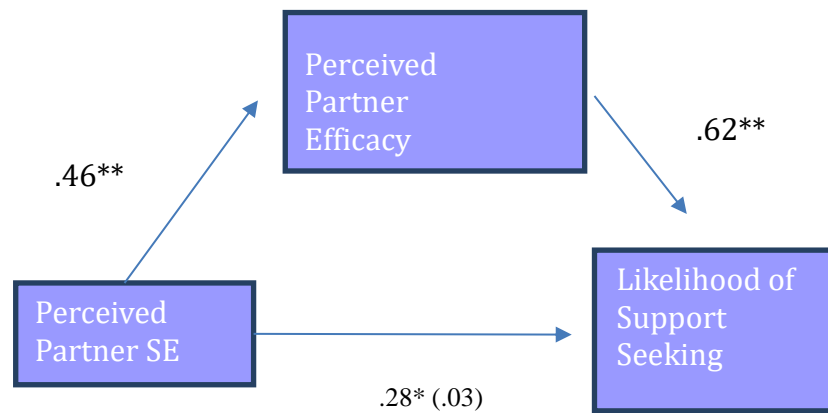


Figure 3. Meditation Model for Study 2. Indirect effect: .28*.

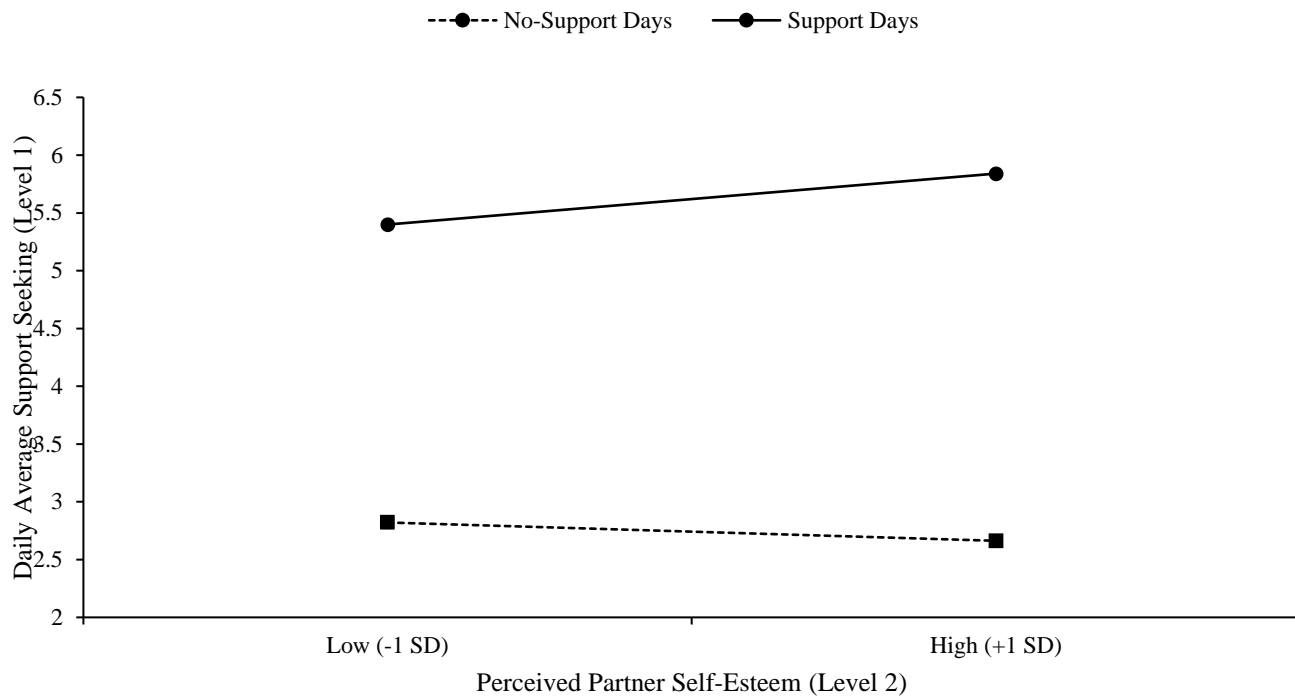


Figure 4. Daily support seeking as a function of support day and perceived partner self-esteem in Study 3.

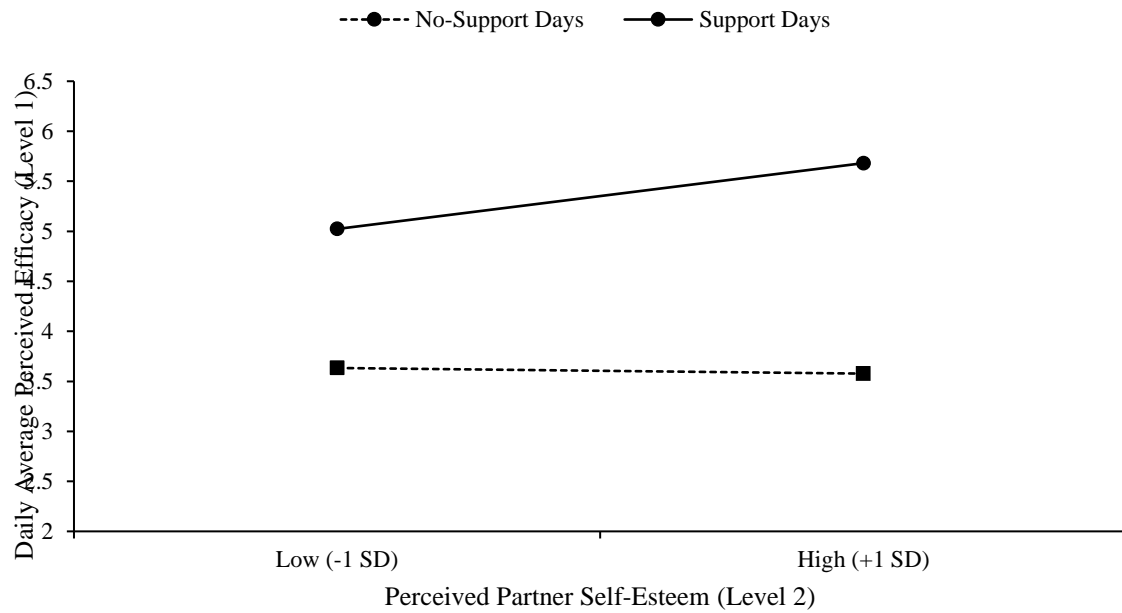


Figure 5. Daily perceived efficacy as a function of support day and perceived partner self-esteem in Study 3.

References

- Affleck, G., Tennen, H., Rowe, J., Roscher, B., & Walker, L. (1989). Effects of Formal Support on Mothers' Adaptation to the Hospital-to-Home Transition of High-Risk Infants: The Benefits and Costs of Helping. *Child Development*, 60(2), 488–501.
- Almeida, D. M., Wethington, E., & Kessler, R. C. (2002). The daily inventory of stressful events: an interview-based approach for measuring daily stressors. *Assessment*, 9(1), 41–55. <http://doi.org/10.1177/1073191102091006>
- Bandiera, F. C., Atem, F., Ma, P., Businelle, M. S., & Kendzor, D. E. (2015). Post-quit stress mediates the relation between social support and smoking cessation among socioeconomically disadvantaged adults. *Drug and Alcohol Dependence*, 163, 71–76. <http://doi.org/10.1016/j.drugalcdep.2016.03.023>
- Bandura, A. (1993). Perceived self efficacy in cognitive development and functioning. *Educational Psychologist*, 28(2), 117–148.
- Bem, D. J. (1967). Self-perception: An alternative interpretation of cognitive dissonance phenomena. *Psychological Review*, 74(3), 183–200. <http://doi.org/10.1037/h0025146>
- Bohns, V. K., & Flynn, F. J. (2010). “Why didn't you just ask?” Underestimating the discomfort of help-seeking. *Journal of Experimental Social Psychology*, 46(2), 402–409. <http://doi.org/10.1016/j.jesp.2009.12.015>

- Bolger, N., & Amarel, D. (2007). Effects of social support visibility on adjustment to stress: Experimental evidence. *Journal of Personality and Social Psychology, 92*(3), 458–475. <http://doi.org/10.1037/0022-3514.92.3.458>
- Bolger, N., Zuckerman, A., & Kessler, R. C. (2000). Invisible support and adjustment to stress. *Journal of Personality and Social Psychology, 79*(6), 953–961. <http://doi.org/10.1037/0022-3514.79.6.953>
- Brunstein, J. C., Dangelmayer, G., & Schultheiss, O. C. (1996). Personal Goals and Social Support in Close Relationships : Effects on Relationship Mood and Marital Satisfaction. *Journal of Personality and Social Psychology, 71*(5), 1006–1019. <http://doi.org/10.1037//0022-3514.71.5.1006>
- Cameron, J. J., MacGregor, J. C. D., Hole, C., & Holmes, J. G. (2011). *The stigma of low self-esteem: Pervasive and extreme.*
- Cameron, J., MacGregor, J., & Kwang, T. (2013). Badge of honor or mark of shame: Self-esteem as an interpersonal signal. In *Self-esteem* (pp. 145–162). New York, Ny, US: Zeigler-Hill. <http://doi.org/10.4324/9780203587874>
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56*(2), 267–283. <http://doi.org/10.1037/0022-3514.56.2.267>
- Collins, N. L., & Feeney, B. C. (2000). A safe haven: An attachment theory perspective on support seeking and caregiving in intimate relationships. *Journal of Personality and Social Psychology, 78*(6), 1053–1073. <http://doi.org/10.1037/0022-3514.78.6.1053>

- Collins, N. L., & Feeney, B. C. (2004). Working Models of Attachment Shape Perceptions of Social Support: Evidence From Experimental and Observational Studies. *Journal of Personality and Social Psychology*, 87(3), 363–383.
<http://doi.org/10.1037/0022-3514.87.3.363>
- Cohen, S., & Pressman, S. (2004). Stress Buffering Hypothesis. *Encyclopedia of Health and Behavior 2*.
- Cohen, S., & Wills, T. a. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357. <http://doi.org/10.1037/0033-2909.98.2.310>
- Cowie, Helen; Naylor, Paul; Talamelli, Lorenzo; Chauhan, Preet; Smith, P. k. (2002). Cowie 2002. *Journal of Adolescence*. Retrieved from
<http://www.sciencedirect.com/science/article/pii/S0140197102904987>
- Cutrona, C., Hessling, R., & Suhr, J. (1997). The influence of husband and wife personality on marital social support interactions. *Personal Relationships*, 4, 379–393. <http://doi.org/10.1111/j.1475-6811.1997.tb00152>.
- Cutrona, C. E., Shaffer, P. a, Wesner, K. a, & Gardner, K. a. (2007). Optimally matching support and perceived spousal sensitivity. *Journal of Family Psychology : JFP : Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 21(4), 754–758. <http://doi.org/10.1037/0893-3200.21.4.754>
- Donato, S., Pagani, A., Parise, M., Bertoni, A., & Iafrate, R. (2014). The Capitalization Process in Stable Couple Relationships: Intrapersonal and Interpersonal Benefits. *Procedia - Social and Behavioral Sciences*, 140, 207–211.
<http://doi.org/10.1016/j.sbspro.2014.04.411>

- Fiske, S. T., Cuddy, A. J. C., Glick, P., & Xu, J. (2002). A model of (often mixed) stereotype content: competence and warmth respectively follow from perceived status and competition. *Journal of Personality and Social Psychology*, *82*(6), 878–902. <http://doi.org/10.1037/0022-3514.82.6.878>
- Fletcher, G. J. O., Simpson, J. a., & Thomas, G. (2000). The Measurement of Perceived Relationship Quality Components: A Confirmatory Factor Analytic Approach. *Personality and Social Psychology Bulletin*, *26*(3), 340–354. <http://doi.org/10.1177/0146167200265007>
- Folkman, S., Lazarus, R. S., Gruen, R. J., & DeLongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. *Journal of Personality and Social Psychology*, *50*, 571–579. <http://doi.org/10.1037/0022-3514.50.3.571>
- Gable, S. L., Reis, H. T., Impett, E. a, & Asher, E. R. (2004). What do you do when things go right? The intrapersonal and interpersonal benefits of sharing positive events. *Journal of Personality and Social Psychology*, *87*(2), 228–245. <http://doi.org/10.1037/0022-3514.87.2.228>
- Gecas, V. (2004). Self-Agency and the Life Course. In M. Mortimer, JT; Shanahan (Ed.), *Handbook of the Life Course* (pp. 369–90). New York: Springer.
- Holahan, C. J., & Moos, R. H. (1981). Social support and psychological distress: A longitudinal analysis. *Journal of Abnormal Psychology*, *90*(4), 365–370.
- Krause, N. (1997). Received Support, Anticipated Support, Social Class, and Mortality. *Research on Aging*, *19*(4), 387–422.

- Lakey, B., Adams, K., Neely, L., Rhodes, G., Lutz, C. J., & Sielky, K. (2002). Perceived Support and Low Emotional Distress: The Role of Enacted Support, Dyad Similarity, and Provider Personality. *Personality and Social Psychology Bulletin*, 28(11), 1546–1555. <http://doi.org/10.1177/014616702237582>
- Lent, R. W., & Lopez, F. G. (2002). Cognitive Ties That Bind: A Tripartite View Of Efficacy Beliefs In Growth-promoting Relationships. *Journal of Social and Clinical Psychology*, 21(3), 256–286. <http://doi.org/10.1521/jscp.21.3.256.22535>
- Lepore, S. J., Evans, G. W., & Schneider, M. L. (1991). Dynamic role of social support in the link between chronic stress and psychological distress. *Journal of Personality and Social Psychology*, 61(6), 899–909. <http://doi.org/10.1037/0022-3514.61.6.899>
- MacGregor, J. C. D., & Holmes, J. G. (2011). Rain on My Parade: Perceiving Low Self-Esteem in Close Others Hinders Positive Self-Disclosure. *Social Psychological and Personality Science*, 2(5), 523–530. <http://doi.org/10.1177/1948550611400098>
- Marigold, D. C., Cavallo, J. V., Holmes, J. G., & Wood, J. V. (2014). You can't always give what you want: The challenge of providing social support to low self-esteem individuals. *Journal of Personality and Social Psychology*, 107(1), 56–80. <http://doi.org/10.1037/a0036554>
- McDowell, T. L., & Serovich, J. M. (2007). The effect of perceived and actual social support on the mental health of HIV-positive persons. *AIDS Care*, 19(10), 1223–9. <http://doi.org/10.1080/09540120701402830>

McPherson, C. J., Wilson, K. G., Chyurlia, L., & Leclerc, C. (2010). The balance of give and take in caregiver-partner relationships: An examination of self-perceived burden, relationship equity, and quality of life from the perspective of care recipients following stroke. *Rehabilitation Psychology, 55*(2), 194–203.

<http://doi.org/10.1037/a0019359>

Neff, L. A., & Karney, B. R. (2005). Gender differences in social support: a question of skill or responsiveness? *Journal of Personality and Social Psychology, 88*(1), 79–90. <http://doi.org/10.1037/0022-3514.88.1.79>

Rafaeli, E., & Gleason, M. (2009). Skilled Support Within Intimate Relationships. *Journal of Family Theory & Review, 1*(March), 20–37.

<http://doi.org/10.1111/j.1756-2589.2009.00003.x>

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.

Seidman, G. (2006). Why is enacted social support associated with increased distress? Using simulation to test two possible sources of spuriousness. *Personality and Social Psychology Bulletin, 32*(1), 52–65.

<http://doi.org/10.1177/0146167205279582>

- Tafarodi, R. W., & Swann, W. B. (2001). Two-dimensional self-esteem: Theory and measurement. *Personality and Individual Differences, 31*(5), 653–673.
[http://doi.org/10.1016/S0191-8869\(00\)00169-0](http://doi.org/10.1016/S0191-8869(00)00169-0)
- Tessler, R. C., & Schwartz, S. H. (1972). Help seeking, self-esteem, and achievement motivation: an attributional analysis. *Journal of Personality and Social Psychology, 21*(3), 318–326. <http://doi.org/10.1037/h0032321>
- Uchino, B., Cacioppo, J., Kiecolt-Glaser, J., & Anonymous. (1996). The relationship between social support and physiological processes: A review with emphasis on underlying mechanisms and implications for health. *Psychological Bulletin, 119*(3), 488–531. <http://doi.org/10.1037/0033-2909.119.3.488>
- Williams, L., O'Connor, R. C., Howard, S., Hughes, B. M., Johnston, D. W., Hay, J. L., ... O'Carroll, R. E. (2008). Type-D personality mechanisms of effect: The role of health-related behavior and social support. *Journal of Psychosomatic Research, 64*(1), 63–69. <http://doi.org/10.1016/j.jpsychores.2007.06.008>
- Zeigler-Hill, V., Besser, A., Myers, E. M., Southard, A. C., & Malkin, M. L. (2013). The Status-Signaling Property of Self-Esteem: The Role of Self-Reported Self-Esteem and Perceived Self-Esteem in Personality Judgments. *Journal of Personality, 81*(2), 209–220. <http://doi.org/10.1111/j.1467-6494.2012.00790.x>
- Zeigler-Hill, V., & Myers, E. M. (2011). An implicit theory of self-esteem: The consequences of perceived self-esteem for romantic desirability. *Evolutionary Psychology, 9*(2), 147–180.