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## ADOLESCENTS' PERCEPTIONS OF SOCIAL SUPPORT: THE ROLE OF ESTEEM ENHANCING AND ESTEEM THREATENING RELATIONSHIPS

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Two studies investigated the relations among self-esteem enhancing and self-esteem threatening relationships, life stress, perceived social support, and psychological symptoms through the use of new measures of esteem enhancing and esteem threatening relationships. The studies included samples of 257 college students and 208 high school students. Participants selected the most helpful family member and friend and rated how their relationships with each of these persons enhanced and/or threatened their self-esteem in the previous four weeks. The esteem enhancement and threat measures were internally consistent and appeared to measure valid constructs that were separate from each other. Esteem threat was associated with psychological symptoms independent of stress, social support, and demographic variables cross-sectionally. Both esteem enhancement and esteem threat made independent contributions to predicting global self-esteem cross-sectionally and longitudinally, after controlling for initial levels of global self-esteem. These findings suggest that esteem enhancement and esteem threat processes may help explain the differential effects of social support on adolescents' psychological adjustment.

Research on the effects of social support on adolescent's mental health has yielded inconsistent results. A variety of studies have indicated positive, negative, and no effects of social support on various indices of psychological adjustment. For example, Cauce, Felner, and Primavera (1982), in a study of ninth- and eleventh-grade students, found that support from the family was positively related to scholastic self-concept. In contrast, support from friends and other adults was negatively related to scholastic achievement, but positively related to peer self-concept.

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Similarly, Barrera and Garrison-Jones (1992) found that the depression of adolescent inpatients was negatively related to family and paternal support, but was positively related to peer support. Also, Hirsch and Reischl (1985) found both positive and negative relations between support and adjustment in a study of high risk and low risk adolescents. They found that higher levels of support from both family and friends were related to better adjustment among the low risk group, but to poorer adjustment among the groups that were at high risk due to parental depression and parental arthritis.

Although both positive and negative effects of supportive relations have been documented, there is little research on the mechanisms by which they occur (Heller, Swindle, & Dusenbury, 1986). Heller et al. (1986) proposed two mechanisms to explain the effects of support: providing coping assistance and increasing people's generalized perception that they are cared for and supported by significant others. One should note that people's perceptions that they are supported are not tied to a particular stress-related transaction, but are derived from the more general nature of their relationships. Heller et al. (1986) proposed that the primary component of this support perception is esteem enhancement derived from the positive reflected appraisal of one's social contacts. Thoits (1985) similarly proposed that one of the mechanisms by which social relationships contribute to lower levels of psychological disturbance is by increasing positive self-evaluations. Consistent with the theoretical importance of the effects of support on self-esteem, most measures of social support functions include esteem enhancement components such as providing positive feedback (Barrera & Ainley, 1983; Cohen & McKay, 1984). In addition, DuBois, Felner, Sherman, and Bull (1994) have found evidence that adolescents' global self-esteem mediates the relationship between perceived social support (from family members, peer friends, and school personnel) and emotional problems.

One may understand the potential negative effects of support from the perspective of a self-esteem mediating process also. Thoits (1985) has pointed out that significant others do not always provide positive feedback to enhance one's self-esteem. Instead, they may communicate that one is not performing one's social roles adequately and thus threaten one's self-esteem. Fisher, Nadler, and Whitcher-Alagna (1982) have proposed a threat-to-self-esteem model of the recipient's reactions to aid which suggests that in a helping transaction there are esteem enhancing and esteem threatening possibilities. Aid is enhancing to the extent that it transmits a positive self-relevant message (e.g., highlights the donor's caring for the recipient), conforms with important socialized values (e.g., is a reward for excellence rather than an indication that one has failed to be independent and self-reliant), and contains instrumental qualities (e.g., information or

money). Conversely aid is threatening to the extent that it transmits a negative self-relevant message to the recipient (e.g., negative social comparison or incompetence), conflicts with important socialized values, and fails to contain instrumental benefits.

This article describes two studies that investigated the relations among self-esteem enhancing and self-esteem threatening relationships, life stress, perceived social support, and psychological symptoms through the use of new measures of esteem enhancing and esteem threatening relationships. It was hypothesized that esteem enhancement would relate positively to global self-esteem and negatively to psychological symptoms and that esteem threat would have the opposite relations consistent with the threat-to-self-esteem model of recipient's reactions to aid (Fisher et al., 1982). Further, it was hypothesized that the esteem enhancement and threat measures would account for significant variance in self-esteem and psychological symptoms beyond demographic, life stress, and social support measures. Also, it was hypothesized that these measures would be uncorrelated with each other because other measures of positive and negative social ties are largely uncorrelated (Finch, Okun, Barrera, Zautra, & Reich, 1989; Ruehlman & Wolchik, 1988; Sandler & Barrera, 1984). Since support derived from family members and friends both have important positive and negative effects on adolescents' psychological adjustment, the two studies examined esteem enhancement and esteem threat from both of these types of supporters.

## STUDY 1

Study 1 was conducted to provide an initial investigation of the relations between self-esteem enhancing and self-esteem threatening relationships, life stress, perceived social support, and psychological symptoms. The study also describes the development of an instrument to measure self-esteem enhancement and threat processes in social relationships.

## METHOD

*Participants and Procedure.* The participants were 257 students from a large, public university in a southeastern city who received course credit for participation. The majority were female (65%) and they ranged in age from 18 to 51. The ethnicity of the sample was 66% European American (white), 14% Asian American, 8% African American (black), 6% Hispanic, and 6% other ethnic identification. The students completed the battery of questionnaires in groups of five to ten students on two occasions, one week apart.

## MEASURES

*Esteem Enhancement and Threat Scales.* In order to assess participants' evaluations of interpersonal behaviors in social relationships as esteem enhancing and/or esteem threatening, the Esteem Enhancement and Threat Scales (EETS) were developed. Esteem enhancing relationships were defined as relationships that elicit self-evaluations of adequacy and positive self-cognitions. Esteem threatening relationships were defined as relationships that elicit self-evaluations of inadequacy and negative self-cognitions.

The items for each scale were developed to reflect the dimensions of self-esteem that several theorists (i.e., Coopersmith, 1967; Harter, 1983; Rosenberg, 1979) have suggested as contributing to global self-esteem. These dimensions are competence, control, and social acceptance. Ten items expressed esteem enhancement and ten items expressed esteem threat. Items included both self-image and social image, or how participants believe others think of them. The participants rated each item on a five-point scale from 0 (not at all) to 4 (extremely). Each item began with the stem, "During the past four weeks what this person said and did made me think I was:" (A copy of the items are presented in the Appendix.)

Participants were asked to "pick the most helpful family member and the most helpful friend and rate separately how interactions with each of these two people affected the way you thought about yourself during the past four weeks." Within the family, mothers (62%) and fathers (22%) were most often named as most helpful. Outside the family, same age peers were listed almost exclusively as most helpful (85%).

*Life Stress.* The College Chronic Life Stress Survey (CCLSS, Towbes & Cohen, in press) was used to measure life stress. The participants were asked to respond "no" or "yes" as to whether each of 54 stressful situations had happened a minimum of two or three times a week during the last four weeks. A "no" was scored 0 and a "yes" was scored 1. Towbes and Cohen (in press) reported a two-week test-retest reliability of .88. In the present study, coefficient alpha was .86.

*Perceived Support.* The Perceived Social Support from Friends (PSS-Fr) and Family (PSS-Fa) scales (Procidano & Heller, 1983) were used to measure social support. Procidano and Heller (1983) reported internal consistency reliabilities of .88 for PSS-Fr and .90 for PSS-Fa. The two 10-item scales were scored in a five-point Likert format from 0 (not at all) to 4 (extremely). In the present study, coefficient alpha was .91 for PSS-Fr and .95 for PSS-Fa.

*Social Desirability.* The Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1964) was used to measure the tendency to give test responses biased by the need for social approval. The 33 items were scored 0 for "false" responses and 1 for "true" responses. The coefficient alpha was .77 in the present study.

*Self-Esteem.* The Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used to measure global self-esteem. Rosenberg (1979) has reported two-week test-retest reliabilities of .85 and .88. Participants rated ten items on a four-point scale from 0 to 3 with higher scores indicating greater self-esteem. In the present study, coefficient alpha was .89.

*Psychological Symptoms.* The SCL-90-R (Derogatis, 1977) was used to measure psychological symptoms. The 90-item inventory has nine subscales and the items were rated on a five-point scale from 0 (not at all) to 4 (extremely). Derogatis (1977) reported that subscale test-retest reliability ranged from .78 to .90. The total scale was used in the present study and had a coefficient alpha of .96.

## RESULTS

Table 1 shows the means and standard deviations for all the major variables in this study. Item means were calculated for each scale, except for life stress which is a sum of the stressors that occurred.

*Internal Consistency.* The alpha coefficients for the esteem enhancement scale ratings were .90 for the most helpful family member and .90 for the most helpful friend. The alpha coefficients for the esteem threat scale were .82 for the family member and .80 for the friend. The ratings of family and friend esteem enhancement were correlated .56 and the ratings of family and friend esteem threat were correlated .61. However, the esteem enhancement ratings were only weakly related to esteem threat ratings (*rs* ranging from -.05 to -.22). The zero-order correlations among EETS subscales are presented in Table 1.

*Test-Retest Reliability* Test-retest reliability was assessed with autocorrelations of each EETS subscale score at a one-week interval. The reliabilities were:  $r(257) = .76, p < .001$ , for family member esteem enhancement;  $r(257) = .75, p < .001$ , for friend esteem enhancement;  $r(257) = .68, p < .001$ , for family member esteem threat; and  $r(257) = .66, p < .001$ , for friend esteem threat.

*Convergent and Discriminant Validity* Evidence for convergent validity was indicated by the findings that the EETS scores were moderately correlated with scores for perceived support and global self-esteem. Specifically, family and friend esteem enhancement correlated positively with perceived family and friend support and with global self-esteem (*rs* ranging from .27 to .47). Family and friend esteem threat correlated negatively with perceived family and friend support and with global self-esteem (*rs* ranging from -.17 to -.35). Evidence for discriminant validity was indicated by findings of differential correlations for esteem enhancement and threat scales with other scales. Esteem threat scores, unlike esteem enhancement scores, were correlated with life stress and psychological symptoms (*rs* ranging from .16 to .31). Also,

TABLE 1. Sample 1: Intercorrelations, Means, and Standard Deviations (N = 257)

	1	2	3	4	5	6	7	8	9	10
1. Family esteem enhancement	—									
2. Friend esteem enhancement	.56 <sup>c</sup>	—								
3. Family esteem threat	-.13 <sup>a</sup>	-.15 <sup>b</sup>	—							
4. Friend esteem threat	-.05	-.22 <sup>c</sup>	.61 <sup>c</sup>	—						
5. Perceived family support	.47 <sup>c</sup>	.27 <sup>c</sup>	-.20 <sup>c</sup>	-.17 <sup>b</sup>	—					
6. Perceived friend support	.29 <sup>c</sup>	.45 <sup>c</sup>	-.26 <sup>c</sup>	-.29 <sup>c</sup>	.38 <sup>c</sup>	—				
7. Life stress	-.05	-.04	.20 <sup>c</sup>	.16 <sup>b</sup>	-.17 <sup>b</sup>	-.10 <sup>a</sup>	—			
8. Social desirability	.14 <sup>a</sup>	.15 <sup>b</sup>	-.08	-.02	.21 <sup>c</sup>	.09	-.25 <sup>c</sup>	—		
9. Self-esteem	.30 <sup>c</sup>	.32 <sup>c</sup>	-.34 <sup>c</sup>	-.35 <sup>c</sup>	.41 <sup>c</sup>	.41 <sup>c</sup>	-.34 <sup>c</sup>	.12 <sup>a</sup>	—	
10. Symptoms	-.06	-.08	.31 <sup>c</sup>	.29 <sup>c</sup>	-.26 <sup>c</sup>	-.17 <sup>b</sup>	.58 <sup>c</sup>	-.24 <sup>c</sup>	-.48 <sup>c</sup>	—
M	2.64	2.88	0.54	0.52	2.46	2.74	18.98	0.44	2.18	0.68
SD	.79	.72	.49	.49	.88	.65	8.21	.14	.55	.53

<sup>a</sup>p < .05; <sup>b</sup>p < .01; <sup>c</sup>p < .001.

esteem threat scores were uncorrelated with social desirability, and esteem enhancement scores had weak correlations with social desirability (*rs* of .14 and .15), indicating little response bias. The intercorrelations of EETS and other study variables are presented in Table 1.

*Psychological Adjustment and Esteem Enhancement and Esteem Threat.* Next, the total variation in measures of psychological symptoms and global self-esteem as accounted for by the EETS subscales after controlling for levels of stressful events and perceived support was calculated with two hierarchical multiple regressions. These regression results are presented in Table 2. No demographic variables were included as gender, age, and race were unrelated to EETS scores and other study variables. In both regressions, life stress was entered first and accounted for significant variance (34% in symptoms and 12% in self-esteem). Measures of perceived support from family and friends were entered second and accounted for significant incremental variance (3% in symptoms and 19% in self-esteem). Specifically, perceived support from family members was a significant predictor for both symptoms and self-esteem. Perceived support from friends was a significant predictor for self-esteem only. Family and friend esteem enhancement scores were entered third and accounted for significant incremental variance in self-esteem (2%), but did not for symptoms. Esteem enhancement from the most helpful friend was a significant predictor of self-esteem. Family and friend esteem threat scores were entered fourth and accounted for significant incremental variance (4% in symptoms and 4% in self-esteem). Esteem threat from the most helpful family member was a significant predictor of symptoms only, and esteem threat from the most helpful friend was a significant predictor of self-esteem only. The order of entry was also reversed for the last two sets of variables. Esteem threat scores were entered third before esteem enhancement scores (entered fourth) for both symptoms and self-esteem and accounted for the same amounts of variance as in the previous regression.

It might be argued that the measures of esteem threat only related to symptomatology because of the variance they shared with global self-esteem. In order to address this issue, the hierarchical regression analysis for psychological symptoms was repeated, but global self-esteem was entered as a predictor before esteem enhancement and esteem threat. Global self-esteem accounted for significant incremental variance (6%) in symptoms after the entry of life stress and perceived family and friend support. Esteem threat was entered after global self-esteem and still accounted for significant incremental variance (2%, *p* < .01) in psychological symptoms, suggesting esteem threat is different from global self-esteem.

Another possible relationship is that esteem enhancement and esteem threat might have interactive effects with each other or with

stress or social support to predict symptoms and global self-esteem. The predictor variables were zero-centered before testing their interactions. None of these interactions accounted for significant incremental variance when added after the previously described main effects. Also, there was no significant interaction between stress and social support to predict symptoms or self-esteem.

STUDY 2

The purpose of Study 2 was to attempt to replicate the findings of Study 1 with a somewhat younger age group and also examine the longitudinal predictiveness of the EETS.

METHOD

*Participants and Procedure.* The participants were 208 students (113 males and 95 females) in grades nine ( $n = 68$ ), ten ( $n = 87$ ), eleven ( $n = 31$ ), and twelve ( $n = 22$ ) at a public high school in a southwestern city who received course credit for participation. The majority were male (54%) and they ranged in age from 14 to 19. The ethnicity of the sample was 67% European American (white), 18% Hispanic, 10% African American (black), and 5% other ethnicity.

Participants completed questionnaires anonymously in groups of approximately 15 to 30 students during a 50 minute class period. Directions and items were read to the students for the first half of the questionnaire, which contained the most complex measures (the social support scales), and students finished the second half (the self-esteem and symptomatology scales) on their own during the class period. Students completed measures of self-esteem and psychological symptoms again three months later.

MEASURES

*Esteem Enhancement and Threat Scales.* Participants completed the EETS for the most helpful family member and the most helpful friend. Within the family, mothers (52%) and fathers (18%) were most often named as most helpful. Outside the family, same age peers were listed almost exclusively as most helpful (90%). The participants rated each item on a five-point scale from 0 (not at all) to 4 (extremely). The alpha coefficients for the esteem enhancement scales were .86 for the most helpful family member and .89 for the most helpful friend. The alpha coefficients for the esteem threat scales were .80 for the most helpful family member and .85 for the most helpful friend.

TABLE 2. Sample 1: Multiple Regression Analyses with Psychological Symptoms and Self-Esteem as the Criterion Variables (N = 257)

Predictor Variables (Step 1)	Symptoms			Self-Esteem		
	R <sup>2</sup> Change	F Change	$\beta$	R <sup>2</sup> Change	F Change	$\beta$
Life stress	.34	129.48***	.580***	.12	33.99***	-.342***
(Step 2)						
Perceived support	.03	5.96**	-.145**	.19	35.86***	.252***
From family			-.059			.287***
From friends						
(Step 3)						
Esteem enhancement	.00	0.76	.082	.02	3.44*	.057
From family member			-.034			.117*
From friend						
(Step 4)						
Esteem threat	.04	7.74***	.123*	.04	7.90***	-.090
From family member			.107			-.148*
From friend						

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

*Life Stress.* The General Life Events Schedule for Children (GLESC; Sandler, Ramirez, & Reynolds, 1986) was used to assess life stress. The GLESC includes 38 items that have been used in previous adolescent life events scales. GLESC items covered the past three months and were selected for inclusion if they were not indicators of mental health, were objectively verifiable in the adolescent's environment, and were generally beyond the adolescent's control. Sandler et al. (1986) reported test-retest reliability of .76 over two weeks. The participants were asked to respond "no" or "yes" if an event had happened. A "no" was scored 0 and a "yes" was scored 1 and a scale score was calculated by summing the responses.

*Social Networks.* A self-report adaptation of the Arizona Social Support Interview Schedule (ASSIS; Barrera, 1981) was used to assess social network parameters. The ASSIS includes six social support functions: (1) Material Aid; (2) Physical Assistance; (3) Intimate Interaction; (4) Guidance; (5) Feedback; and (6) Positive Social Interaction and participants reported whether they received any of these types of help over the past four weeks. Participants also reported the helper's relationship to them and the family network size and non-family network size were calculated by summing the number of helpers. Barrera (1981) has reported test-retest reliability of .88 for network size over a period of two days.

*Self-Esteem.* Global self-esteem was measured by the Rosenberg Self-Esteem Scale (Rosenberg, 1965). Participants rated ten items on a four-point scale from 0 to 3 and higher scores indicated greater self-esteem. The alpha coefficient was .84 in this study.

*Psychological Symptoms.* Two subscales, anxiety (7 items) and depression (10 items), of the Hopkins Symptom Checklist (HSCL; DeRogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974) were used to assess psychological symptoms. Respondents rated themselves on each symptom using a four-point scale of distress, with a score of 0 representing "not at all" and a score of 3 representing "extreme" distress. Since the two subscales were highly correlated ( $r = .71$ ), and had a greater alpha coefficient with all items together, rather than separate, they were combined. The alpha coefficient was .91 for the combined scales in this study.

## RESULTS

Table 3 displays information on the means and standard deviations of the major variables in this study. Item means were calculated for each scale, except network size and life stress scales which are sum scores.

Analysis of variance was used to test for the effects of demographic variables (gender, age, grade level, and ethnicity) on the EETS for the two people rated. One significant difference emerged. Females ( $M = 2.85$ )

TABLE 3. Sample 2: Intercorrelations, Means, and Standard Deviations ( $N = 208$ )

	1	2	3	4	5	6	7	8	9	10
1. Family esteem enhancement	—									
2. Friend esteem enhancement	.55 <sup>c</sup>	—								
3. Family esteem threat	-.18 <sup>b</sup>	-.01	—							
4. Friendesteem threat	-.05	-.21 <sup>b</sup>	.62 <sup>c</sup>	—						
5. Gender	.04	.27 <sup>c</sup>	-.02	-.06	—					
6. Family network size	.22 <sup>b</sup>	.11	-.20 <sup>b</sup>	-.13	.10	—				
7. Non-family network size	.17 <sup>a</sup>	.31 <sup>c</sup>	-.07	-.07	.21 <sup>b</sup>	.00	—			
8. Life stress	-.05	.08	.25 <sup>c</sup>	.20 <sup>b</sup>	.16 <sup>a</sup>	-.08	.27 <sup>c</sup>	—		
9. Self-esteem	.33 <sup>c</sup>	.24 <sup>b</sup>	-.47 <sup>c</sup>	-.38 <sup>c</sup>	-.20 <sup>c</sup>	.16 <sup>a</sup>	.02	-.32 <sup>c</sup>	—	
10. Symptoms	-.14	.07	.30 <sup>c</sup>	.26 <sup>c</sup>	.37 <sup>c</sup>	-.10	.17 <sup>a</sup>	.36 <sup>c</sup>	-.58 <sup>c</sup>	—
M	2.52	2.64	0.73	0.64	1.46	3.34	4.82	3.64	2.01	0.71
SD	.81	.81	.67	.64	.50	2.10	3.52	2.39	.51	.59

Note: Gender was scored as males = 1 and females = 2.

<sup>a</sup> $p < .05$ ; <sup>b</sup> $p < .01$ ; <sup>c</sup> $p < .001$ .

rated the most helpful friend as more esteem enhancing than did males ( $M = 2.42$ ) ( $F = 13.28, p < .001$ ).

*Convergent and Discriminant Validity.* Evidence for convergent validity was indicated by the findings that the EETS subscales all were significantly correlated with global self-esteem ( $r$ s ranging from .24 to .47). Also, family member esteem enhancement was significantly related to family and non-family network size. In addition, friend esteem enhancement was significantly related to non-family network size. Also, family member esteem threat was negatively related to family network size. Similar to Study 1, the ratings of esteem enhancement were correlated .55 and the ratings of esteem threat were correlated .62. However, the esteem enhancement ratings were only weakly related to esteem threat ratings ( $r$ s ranging from -.01 to -.21). Evidence for discriminant validity was indicated by findings of differential correlations for esteem enhancement and threat with other scales. Similar to Study 1, the measures of esteem threat from family and friends were significantly related to both life stress and psychological symptoms. The esteem enhancement measures were not related to life stress or symptoms. The intercorrelations among EETS and other study variables are presented in Table 3.

*Psychological Adjustment and Esteem Enhancement and Esteem Threat.* Next, the total variation in measures of psychological symptoms and global self-esteem as accounted for by the EETS subscales after controlling for gender, life stress, and family and non-family network size was calculated with two hierarchical multiple regressions. In both regressions, gender was entered first and accounted for significant variance (13% in symptoms and 3% in self-esteem), with females reporting more symptoms and lower self-esteem than males. Life stress was entered second and accounted for significant incremental variance (8% in symptoms and 6% in self-esteem). Measures of family and non-family network size were entered third and accounted for significant incremental variance in self-esteem (4%), but not for symptoms. Specifically, only family network size was a significant predictor of self-esteem. Family and friend esteem enhancement scores were entered fourth and accounted for significant incremental variance in self-esteem (9%), but not for symptoms. Both the most helpful family member and friend were significant predictors of self-esteem. Family and friend esteem threat scores were entered fifth and accounted for significant incremental variance (6% in symptoms and 13% in self-esteem). Esteem threat from the most helpful friend was a significant predictor of symptoms only, and esteem threat from the most helpful family member was a significant predictor of self-esteem only. These regression results are presented in Table 4. The order of entry was also reversed for the last two sets of variables. Esteem threat scores were entered fourth before esteem enhancement scores (entered fifth) for both symptoms and self-esteem and accounted for the same amounts of variance as in the previous regression.

Also, the possibility that esteem enhancement and esteem threat might have interactive effects with each other or with stress or social support to predict symptoms and global self-esteem was tested. In addition, the stress by social support interaction was tested. Similar to Study 1, none of these interactions accounted for significant incremental variance when added after the previously described main effects.

*Longitudinal Prediction of Psychological Adjustment.* Finally, the total variation in measures of psychological symptoms and global self-esteem at Time 2 as accounted for by gender and Time 1 criterion, life stress, family and non-family network size, and esteem enhancement and threat scores were calculated with two hierarchical multiple regressions. In both regressions, gender was entered first and accounted for significant variance in Time 2 scores (5% in symptoms), but not for self-esteem. Time 1 criterion scores were entered second and accounted for significant incremental variance (28% in symptoms and 25% in self-esteem) in their Time 2 scores. Life stress was entered third and accounted for no significant incremental variance. Measures of family and non-family network size were entered fourth and accounted for no significant incremental variance. Family and friend esteem enhancement scores were entered fifth and accounted for significant incremental variance in Time 2 self-esteem (2%), but not for symptoms. Neither the most helpful family member nor friend alone were significant predictors of self-esteem. Family and friend esteem threat scores were entered sixth and accounted for significant incremental variance in Time 2 self-esteem (3%), but not for symptoms. Specifically, esteem threat from the most helpful family member was a significant predictor of self-esteem. These regression results are presented in Table 5. The order of entry was also reversed for the last two sets of variables. Esteem threat scores were entered fifth before esteem enhancement scores (entered sixth) for both symptoms and self-esteem and accounted for the same amounts of variance as in the previous regression.

## DISCUSSION

The two studies described here provide evidence for the reliability and validity of the scales designed to measure self-esteem enhancement and self-esteem threat. The results suggest that esteem enhancement and esteem threat are relatively independent aspects of social relationships, even when these dimensions are assessed for individual network members. Further, esteem enhancement and esteem threat made independent contributions to the cross-sectional and longitudinal prediction of global self-esteem, but only esteem threat was related to psychological symptoms cross-sectionally and did not account for additional variance in Time 2 symptoms after controlling for Time 1 symptoms. Finally, the results show the value of assessing the individual contributions of

TABLE 4. Sample 2: Multiple Regression Analyses with Time 1 Psychological Symptoms and Self-Esteem as the Criterion Variables (N = 208)

Predictor Variables	Symptoms			Self-Esteem		
	R <sup>2</sup> Change	F Change	β	R <sup>2</sup> Change	F Change	β
(Step 1)						
Gender	.13	31.72***	.365***	.03	7.42**	-.186**
(Step 2)						
Life stress	.08	19.95***	.280***	.06	13.29***	-.245***
(Step 3)						
Social network	.01	1.62		.04	4.12*	
Family network			-.109			.147*
Non-family network			.030			.125
(Step 4)						
Esteem enhancement	.01	1.81		.09	11.35***	
From family member			-.132			.184***
From friend			.026			.178***
(Step 5)						
Esteem threat	.06	7.93***		.13	19.19***	
From family member			.110			-.297***
From friend			.172*			-.120

\*p < .05. \*\*p < .01. \*\*\*p < .001

TABLE 5. Sample 2: Multiple Regression Analyses with Time 2 Psychological Symptoms and Self-Esteem as the Criterion Variables (N = 189)

Predictor Variables	Symptoms			Self-Esteem		
	R <sup>2</sup> Change	F Change	β	R <sup>2</sup> Change	F Change	β
(Step 1)						
Gender	.05	10.09***	.216***	.01	1.52	-.086
(Step 2)						
Time 1 score of criterion	.28	87.02***	.573***	.25	69.24***	.510***
(Step 3)						
Life stress	.00	0.00	.004	.00	0.48	-.043
(Step 4)						
Social network	.01	0.81		.02	2.60	
Family network			-.053			.052
Non-family network			-.053			.135
(Step 5)						
Esteem enhancement	.00	0.24		.02	3.06*	
From family member			-.035			.080
From friend			-.012			.108
(Step 6)						
Esteem threat	.01	1.18		.03	3.77*	
From family member			.110			-.076
From friend			-.034			-.132*

\*p < .05; \*\*p < .01; \*\*\*p < .001.

network members on psychological adjustment since the esteem enhancement and threat measures explained additional variance beyond the global perceptions of support and the network.

Similar to previous research examining the positive and negative aspects of support (Barrera, Chassin, & Rogosch, 1993; Ruehlman & Wolchik, 1988), esteem enhancement and threat were weakly related even for individual network members. These findings parallel two-factor models of affect (Watson & Tellegen, 1985) and psychosocial resources and liabilities (Zautra & Reich, 1983) that have found positive and negative features of constructs. However, esteem threat was not exclusively related to negative outcomes; it was significantly related to global self-esteem. This pattern has been found with similar positive and negative measures of social relationships with college students (Ruehlman & Wolchik, 1988) and the elderly (Finch, Okun, Barrera, Zautra, & Reich, 1989; Rook, 1984). Also, the ratings of most helpful family members and friends appeared to have approximately the same magnitude of impact on symptoms and self-esteem in both the high school and college groups. More study of the developmental context of reaction to aid (Shell & Eisenberg, 1992) might help explain which psychological outcomes are most likely to be affected by esteem enhancement and threat at different ages.

Several theories have suggested that threats to self-esteem help to account for one's experience of negative affect. According to Epstein's self-theory (1973), self-concept develops out of experience, particularly out of social interaction with significant others. The purpose of the self-theory is to optimize the pleasure/pain balance of the individual, to facilitate the maintenance of self-esteem, and to organize the data of experience in a more predictable manner so that it can be coped with effectively. To the extent that the self-system succeeds or fails to accomplish any of its functions, the person experiences pleasant or unpleasant emotional arousal. Perhaps adolescent's relationships with family and friends can weaken their self-theories when they receive aid that carries the implicit messages of incompetence or dependence. The weaker self-theories, in turn, may make individuals more anxious by making it more difficult to understand and predict information about life experience. Also, the social exclusion theory of anxiety (Baumeister & Tice, 1990) suggests that events that implicate the self as incompetent, guilty, or unattractive to others should create anxiety. In this theory, anxiety is viewed as a pervasive form of distress that arises in response to actual or threatened exclusion from important social groups. Esteem threatening relationships may foster cognitions about social exclusion that trigger anxiety. Similarly, the sociometer model of self-esteem (Leary, Tambor, Terdal, & Downs, 1995) suggests that the self-esteem system may have developed to monitor the social environment in an automatic fashion for cues that connote rejection and exclusion. When this

sociometer detects real or potential rejection, it alerts the individual via negative affect such as anxiety, jealousy, loneliness, or depression and motivates behavior that restores the individual's standing in others' eyes. Finally, the hopelessness theory of depression (Abramson, Metalsky, & Alloy, 1989) suggests that lowered self-esteem plays a role in depression. Abramson et al. (1989) hypothesized that depressed individuals make more internal-stable-global attributions for failure than do their nondepressed counterparts. It may be that esteem threatening social relations lead adolescents to make internal-stable-global attributions for negative outcomes or to reinforce such attributions.

Further research is needed to better understand the constructs of esteem threat and esteem enhancement. Since this study is correlational in nature, one cannot determine the directions of causation. Even longitudinal data has limitations in determining cause and effect since it is likely there is bidirectionality between psychological adjustment and social relationships. Experimental studies in the context of planned interventions between family members and friends would provide greater evidence of causation. Also, the present findings are subject to possible bias and distortion associated with the use of self-report measures. The use of multiple informants about the same relationships and naturalistic or controlled observation of social exchanges would add to the validity of self-reports. Also, one might examine whether esteem enhancement and threat are related to other indices of psychological adjustment, such as externalizing behavior problems and substance use, as Barrera et al. (1993) have found for measures of support and conflict.

One needs to identify the nature of the interpersonal exchanges that lead to the development of esteem threatening and enhancing relationships. Two recent studies (Lakey, Tardiff, & Drew, 1994; Ruehlman & Karoly, 1991) have identified types of negative social behaviors, such as criticism, hostility, and interference that are likely to generate high levels of esteem threat. Other studies have identified positive social behaviors (Barrera, Sandler, & Ramsay, 1981; Cohen & Hoberman, 1983), such as material support, positive feedback, and physical affection, that are likely to generate high levels of esteem enhancement. Different behaviors are likely to be esteem enhancing or threatening depending on the type of personal relationship. There are several other questions one might ask. For example, what are the characteristics of families which lead to esteem enhancing or esteem threatening relationships? Similarly, what leads adolescents to select and maintain esteem threatening or esteem enhancing relationships with friends? Is this a continuation of patterns of relationships developed within the family?

At a more general level, one can view the study of how social relationships affect adolescents' self-esteem as an approach to improving our theoretical

understanding of the intervening processes between social support and adolescents' psychological adjustment. Sandler, Miller, Short, and Wolchik (1989) have suggested that studying these intervening processes between social support and adjustment will provide information of how and under what conditions support may either protect adolescents from the negative effects of stress or exacerbate their stress.

**APPENDIX. Esteem Enhancement and Threat Scales.** Please indicate in the blank below the initials and relationship to you of the family member (friend) who was the MOST HELPFUL to you in the PAST FOUR WEEKS. During the past four weeks, what \_\_\_\_\_ (indicate person) said and did made me think I was:

Use the following scale to make your ratings for each item.

0. Not at all
1. A little
2. Moderately
3. Very much
4. Extremely.

#### Esteem Enhancement Items

1. More competent (better able to do things).
3. That others think highly of me.
4. More satisfied with myself.
6. Like I could adjust well to future problems.
9. Like I could do things as well as other people.
12. That others think I am competent.
15. That I am a likeable person.
16. That I could do the right thing about my problems.
18. More confident about the way I do things.
19. That I have a number of good qualities.

#### Esteem Threat Items

2. Less in control.
5. That others are smarter than I am.
7. That others are better able to handle their problems than I am.
8. Like I needed more help.
10. Less competent.
11. That others are happier with themselves than I am.
13. More dependent on others to solve my problems.
14. That others are more sure of themselves than I am.
17. That others think I am weak.
20. That others are more talented than I am.

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## THE IMPACT OF TRAUMA ON WORLD VIEWS

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The impact of diverse traumas on world views was assessed with a community sample ( $N = 3,617$ ) interviewed in 1986 and 1989. Four types of world views were examined including fatalism, justice, vulnerability, and self-view. Types of trauma included the death of a spouse, parent, or child, job loss, life-threatening illness, and physical assault. Overall, fatalism and justice were not greatly affected by trauma. Perceptions of vulnerability and self-view were significantly altered for all subjects who had experienced any type of trauma.

Theorists have suggested people hold certain beliefs about the world and that traumatic events shatter these world views. However, very few studies have examined these issues empirically. This article will review relevant literature and report on research which examined two questions: (1) Do world views change after trauma? and (2) How do different types of trauma affect world views?

World views were first broadly defined by Parkes (1971, 1972) who referred to them as the "assumptive world" and Bowlby (1980), who viewed them as a world model. These terms refer to internal systems that enable the individual to function by providing expectations and assumptions about the world. Having particular expectations about the world allows the individual to develop goals, plan for the future, and function daily.

Janoff-Bulman and Frieze (1983) argue that assumptions about the world are developed and solidified over many years and that the individual has a need for reliability, clarity, and stability in his or her model of the world. World views represent an internally consistent and systematic means for organizing and interpreting experiences. Thus, a negative event not readily explained by the existing world view may produce distress because it implies the world model is inaccurate and inadequate.