A STUDY OF THE ASSOCIATIONS BETWEEN RELATIONSHIP CONTINGENT
SELF-ESTEEM, RELATIONSHIP FUNCTIONING, AND MENTAL HEALTH

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A STUDY OF THE ASSOCIATIONS BETWEEN RELATIONSHIP CONTINGENT SELF-ESTEEM, RELATIONSHIP FUNCTIONING, AND MENTAL HEALTH

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ABSTRACT

A STUDY OF THE ASSOCIATIONS BETWEEN RELATIONSHIP CONTINGENT SELF-ESTEEM, RELATIONSHIP FUNCTIONING AND MENTAL HEALTH

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There has been much research done on self-esteem in the field of psychology, and its effect on mental health, such as depression, has also been well-documented. More recently, the concept of contingent self-esteem has been introduced, and initial research suggests that individuals high in contingent self-esteem, meaning they base their self-esteem on external factors, have a higher rate of depressive symptoms. A relatively new type of contingent self-esteem, known as relationship contingent self-esteem (RCSE), is used to describe those who base their self-esteem predominately on their romantic relationships. Due to the research confirming the relationship between contingent self-esteem and depressive symptoms, it stands to reason that individuals high in RCSE would also experience higher levels of depressive symptoms. However, the association between RCSE and mental health had not yet been studied.

This study examined the direct relationship between RCSE and mental health. It also analyzed whether current relationship functioning could serve as a moderator between

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RCSE and mental health. The current study hypothesized a moderated mediation relationship in which general self-esteem would mediate the relationship between the interaction of RCSE and relationship functioning (RCSE*Relationship Functioning) and mental health. Participants (n=121) were recruited from introductory psychology courses at a mid-size Midwestern Catholic university. Participants were administered six self-report questionnaires in groups of no more than 30, and were instructed to complete each questionnaire independently, and silently. The questionnaires were randomized in terms of order, with the order of the questionnaires having been determined using Latin Square design.

Results indicated that the relationship between RCSE and depression was not significant as hypothesized. However, RCSE was found to be positively correlated with anxiety; meaning that the higher the individual is on RCSE, the higher their levels of anxiety. Relationship functioning did not serve as a moderator between RCSE and mental health. The indirect effect of RCSE on mental health was nonsignificant, and relationship functioning was not significantly related to the strength of this relationship. More research is needed with a larger, more diverse sample of participants, as well as more varied methods of data collection, in order to accurately determine the relationship between RCSE and mental health, as well as which other factors may strengthen or weaken this relationship.
Dedicated to my husband and my son
ACKNOWLEDGEMENTS

I would first like to thank Dr. Lee J. Dixon, my thesis chair, namely for being exceptionally patient with me, and for all the time and guidance he devoted in helping me reach this goal. I could not have accomplished any of this without his support.

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Finally, the biggest thanks go to my favorite two gentlemen – Nick Waggy and Greyson Dean Waggy, for being the motivation I needed to push myself and for always believing in me, even when I struggled to believe in myself. I did all of this because I hoped to make you both proud. I couldn’t have gotten this far without your love and support.
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INTRODUCTION

Self-esteem is a psychological construct that has been commonly understood to be a confidence and satisfaction in oneself, or one’s abilities (Merriam-Webster, 2003). Low levels of self-esteem can be associated with feelings of worthlessness or incompetence, and a negative overall view of self (e.g., Crocker & Park, 2004; Crocker, Lee, & Park, 2004). Given this fact, it is no surprise that modern research has shown self-esteem to be negatively linked to mental health (e.g., Mann, Hosman, Schaalma, & de Vries, 2004). For example, recent research has shown that those with lower self-esteem tend to have an increased vulnerability to depression, while higher self-esteem individuals tend to have increased resilience (Orth, Robins, & Roberts, 2008).

Self-esteem can be based on many things, and is often based on a combination of several factors. However, sometimes an individual bases their entire view of self on one particular domain, which is known as contingent self-esteem (James, 1890). This type of self-esteem has been associated with negative outcomes. For example, Crocker (2002) has shown that when one’s self-esteem depends entirely on one aspect of his or her life, that individual’s risk for depression is increased. One particular type of contingent self-esteem is relationship contingent self-esteem, which occurs when an individual’s self-esteem is dependent on his or her romantic relationship (Knee, Bush, Canevello, & Cook, 2008). While both self-esteem and contingent self-esteem have been shown to be associated with mental health, as of yet, little is known about the relationship between RCSE and mental health. Given the important role that one’s self-esteem plays in one’s
mental health and the lack of research studying this, in the current study, my goal is to examine this relationship. Specifically, I will be looking at the possible moderating effect of relationship variables, as well as the mediating effect of overall self-esteem on the relationship between RCSE and mental health.

**Self-esteem**

Self-esteem is a part of the self-concept that has been defined as “people’s evaluations of their own self-worth” or “the extent to which they view themselves as good, competent, and decent” (Aronson, Wilson, Akert, & Fehr, 2001, p.19). Individuals who are low in self-esteem are likely to feel more deficient, inadequate, and less worthy than average or high self-esteem individuals (Branden, 1969; 1994). With regard to romantic relationships, Cramer (2003) presented the notion that low self-esteem individuals will be more dissatisfied in their romantic relationship when they do not perceive their partner as highly accepting, due to their greater than normal need for acceptance. Along these lines, Knee et al. (2008) propose that low self-esteem individuals are more in tune to signs of rejection and disapproval from their partner than are high self-esteem individuals.

Research has shown a significant negative relationship between self-esteem and symptoms of mental illnesses, such as depression and anxiety. For example, in one study conducted by Rosenberg (1962), it was found that in all participants studied, those with lower self-esteem were more likely to experience symptoms of anxiety than others. Though the relationship sometimes varied in strength and regularity, it was present in all cases. One possible explanation for why this finding occurs can be traced back to a theory posited by Horney (1950). She suggested that a child develops a basic anxiety as a result
of negative family circumstances, and as a coping mechanism the child idealizes his or her self in order to feel more confident or better able to deal with their current stressful situation. The problem arises when the child compares the idealized self to the actual self, a comparison which can result in contempt or distress when it becomes clear that the idealization is not reality (Horney, 1950). Along those lines, but in a more general sense, individuals with low self-esteem may be more prone to anxiety due to their unstable self-images (Rosenberg, 1962).

Helping to clarify the relationship between self-esteem and mental health, a study by Sroufe, Carlson, Levy, & Egeland (1999) indicated that overall self-esteem level is not a strong predictor of psychopathological symptoms on its own. When looking at depression, other factors, like certain personality traits seemed to mediate the relationship. For example, individuals who are vulnerable to depression tend to base their self-worth on external or unstable sources. Roberts and Monroe (1994) found that these individuals also tend to hold negative self-views and suggested that priming theories might be responsible for developing traits that can influence depression. Priming theories can be activated by stressful life events and negative moods. Once activated, that individual is then more primed, or susceptible to depression. In those cases, self-esteem is thought to play a role in qualities of depression, like maintenance and severity (Roberts & Monroe, 1994). Since the abovementioned study suggested that self-esteem may not be acting alone to increase one’s likelihood of depressive symptoms, it seems it is beneficial to consider additional factors that may be adding to this relationship. Indeed, Brown, Bifulco, and Andrews (1990) found that psychological factors, like self-esteem, and environmental factors are so closely related that the writers were unable to determine
which was more influential toward depression. Due to this finding, these authors concluded that onset of depression is likely caused by a mutually reinforcing combination of environmental and psychological factors. (Brown et al., 1990). These findings suggest that when trying to understand self-esteem, it is beneficial to understand additional factors about the individual. One way to ascertain this is to question whether the individual’s self-esteem is contingent upon success or failure in a particular domain.

**Contingent self-esteem**

As mentioned above, when individuals base their self-esteem nearly entirely on a particular domain, it is known as contingent self-esteem, a concept termed by James (1890). Those individuals whose self-esteem is highly dependent on one domain are more likely to experience higher levels of self-esteem when they are successful in that domain, and lower self-esteem when they are not (Crocker, 2002; Crocker, Luhtanen, Cooper, & Bouvrette, 2003; Crocker & Wolfe, 2001; Wolfe & Crocker, 2003). This dependency, in combination with the fluctuation of positive and negative events that is common in many domains, leads to instability in self-esteem (Crocker & Park, 2004).

Research has found that self-esteem contingent on any one of many different domains can predict greater depressive symptoms (Crocker & Wolfe, 2001; Crocker, 2002). Depending on the individual’s performance in the contingent domain, whether success or failure, they tend to generalize these feelings to their own overall value as a person, thus affecting their self-esteem (Crocker, Karpinski, Quinn, & Chase, 2003). This finding might be occurring as a result of the fact that failure is especially hard to deal with when so much is dependent upon the contingent domain; failure can generalize to
feelings of overall failure, leading to felt worthlessness as a person (Crocker, Brook, Niiya, & Villacorta, 2006).

In exploring various types of contingent self-esteem, research has suggested several domains on which individuals might base their self-esteem. One study by Patrick, Neighbors, and Knee (2004) found that individuals who were high in self-esteem contingent on the domain of attractiveness and body image, and low in self-perceived attractiveness were more likely to experience decreases in positive affect after being asked to rate the attractiveness of models in popular women’s magazines. The authors’ results suggest that comparisons related to appearance are the most damaging for those people who base self-worth on a specific domain and feel that they are unattractive (Patrick et al., 2004). Some research has suggested that there may be differences in the way contingent self-esteem manifests itself in men and women. For example, higher overall contingent self-esteem was related to more weight and body image concerns in women, and more drive for muscularity in men (Grossbard, Lee, Neighbors, & Larimer, 2009). These authors also found that contingent self-esteem was higher in women overall. An interesting study on self-esteem that is contingent upon academics found that self-esteem and affect increased on days when students received good grades, and decreased on days when students received bad grades (Crocker, Karpinski, Quinn, & Chase, 2003). This dependence of self-esteem on the students’ grades led to an instability of self-esteem, which then led to increases in depressive symptoms in students who were already depressed to begin with, which hints at the negative consequences that contingent self-esteem might have (Crocker et al., 2003).
A study done by Cambron, Acitelli, & Steinberg (2010) introduced the construct of friendship contingent self-esteem. The authors define the concept of friendship contingent self-esteem as feelings about the self that are dependent on how well relationships with friends are going. In this study, individuals high in friendship contingent self-esteem were found to have an elevated risk for depressive symptoms. In other words, when considering other factors, subjects were only more vulnerable to depressive symptoms when their self-esteem was judged to be contingent on friendships (Cambron et al., 2010). One possible explanation that the authors suggested for this finding is that those persons who are high in friendship contingent self-esteem may engage more frequently in maladaptive interpersonal behaviors that will ultimately lead to more depressive symptoms by negatively affecting social relationships (Cambron & Acitelli, 2010). The reasoning behind this hypothesis comes from Coyne’s (1976) study that showed how individuals who are depressed engage in behavioral and cognitive patterns that form a cycle when they cause interpersonal consequences that exacerbate their depression. Continuing with the idea of friendship contingent self-esteem, Cambron et al. (2010) discovered a link between it and both self-esteem and depressive symptoms. In regards to self-esteem, individuals high in friendship contingent self-esteem were found to have greater instability in their self-esteem, which in turn predicted depressive symptoms (Cambron & Acitelli, 2010). Clearly, the research that has been done so far has provided support for the contention that friendship contingent self-esteem acts as a risk factor for the development of depressive symptoms. Similar to the concept of friendship contingent self-esteem is relationship contingent self-esteem, which recent research has been investigating.
**Relationship-contingent self-esteem (RCSE)**

Relationship-contingent self-esteem, or RCSE, is a type of self-esteem that depends on the individual’s relationship (Knee, Canevello, Bush, & Cook, 2008). This type of self-esteem has been found to be maladaptive, due to the tendency of those high in RCSE to overemphasize negative relationship events in terms of their impact on the individual’s self-worth. These authors further explained the maladaptive nature of high RCSE by stating that it is likely the result of a thwarting of the basic psychological needs autonomy, competence, and relatedness (Knee et al, 2008). For this study, they recruited over 300 undergraduates to test their four hypotheses, all of which had been in heterosexual romantic relationships for at least 1 month. The samples used were all ethnically diverse. In this study, Knee et al. (2008) found that “the degree to which the self is contingent upon one’s relationship, in part, determines how one is affected by relationship events and outcomes.” (p. 608). Additionally, they found that RCSE acted as a moderating variable in the relationship between self-esteem and relationship events. Specifically, they found that when a participant was higher in RCSE, negative relationship events predicted self-esteem level. In other words, RCSE can result in extreme fluctuations in affect that lead to the individual evaluating him or herself as generally “good” or “bad” (Crocker & Wolfe, 2001). Knee et al. (2008) also found that individuals higher in RCSE tended to have more social anxiety, possibly due to their tendency to be hypervigilant about how they are being evaluated by others.

It is important to note that in their study, Knee et al. (2008) found no significant gender differences in the prevalence of RCSE. However, there were some gender differences in what RCSE was related to. In women, RCSE was related to higher levels
of attachment anxiety, and higher contingent self-worth as a function of others’ approval. However, women also tended to report higher levels of satisfaction in the relationship. For men, RCSE was only correlated with feeling closer in the relationship.

It is clear that many factors can increase an individual’s propensity for depression and anxiety. Self-esteem appears to be particularly influential on this domain, though more research is needed. Given the research done by Knee et al. (2008), it is clear that there is a link between RCSE and negative emotion. These researchers found that high RCSE individuals tended to view situations as hopeless and amotivating. They also felt less autonomous and competent in the relationship. These feelings of helplessness in the relationship could be part of the reason RCSE is related to negative emotion, however, these researchers did not directly measure mental health. Negative events in the relationship could also play a part. Specifically, when negative relationship events occur, high RCSE individuals are more affected and experience more negative emotion and affect, which in turn, leads to lower levels of general self-esteem. In other words, negative relationship events predict general self-esteem, especially when the individual was high in RCSE. Though the abovementioned study found indirect correlations between RCSE and depressive symptoms, no formal research has been done on the relationship between RCSE and overall mental health. Also, this study did not specifically study mental health as an outcome variable. Additionally, there has been no study done that takes into account the possible moderating effect of relationship events on the relationship between RCSE and mental health. This is the aim of the current study.
The current study

Based on the abovementioned research, I propose three hypotheses for the present study. First, based on findings outlined above, it is hypothesized that RCSE will be correlated with mental health (please see Figure 1). Specifically, I predict that depression and anxiety will be related to RCSE. Secondly, it is hypothesized that the relationship between RCSE and mental health will be moderated by relationship variables, or events currently occurring in the individual’s relationship (please see Figure 2). When the current state of the relationship is poor, the mental health of an individual high in RCSE is more likely to be affected. With regard to the third hypothesis, because self-esteem is contingent upon the relationship, comparatively lower levels of relationship functioning may lead to lower levels of self-esteem, which could lead to increased symptoms of depression or anxiety. To explain further, because these individuals base their self-worth on the state of their relationship, when the present state of the relationship is poor, these individuals are likely to judge themselves more harshly, creating a more negative self-view, which has been linked to depression. Thus, my third hypothesis is that general self-esteem will mediate the relationship between the interactions of RCSE and relationship variables and mental health (please see Figure 3).
METHOD

Participants

This study included 121 undergraduate students (56 male, 65 female) enrolled in introductory psychology courses at a medium-sized Midwestern Catholic University. In order to participate, these students were required to have been involved in a romantic relationship for at least one month. This sample size was deemed necessary to achieve adequate statistical power. This power analysis was calculated by using the G*3 general power analysis program (Faul, Erdfelder, Lang, & Buchner, 2007). Participants were recruited via a university website that is used to display opportunities for students to earn experimental credit. The students ranged in age from 18 – 23. The majority of students were Caucasian (90.9%); 3.3% were Asian, 2.5% were Latino, 1.7% were African American, 0.8% were American Indian, and 0.8% identified themselves as Other. After participating in the study, students received an experimental credit toward their introductory psychology course.
Measures

Participants completed multiple self-report questionnaires including measures of demographic/background information, relationship contingent self-esteem, overall self-esteem, mental health, and negative relationship events. These measures are described below.

**Demographic/Background Information.** Each participant completed a questionnaire evaluating demographic information. Items related to gender, race, and relationship status (please see Appendix A).

**Relationship contingent self-esteem.** The relationship contingent self-esteem scale (Knee, Patrick, & Neighbors (2001) is an 11-item scale that was inspired by both the General Contingent Self-Esteem Scale (Kernis & Goldman, 2006) and the Contingencies of Self-Worth Scale (Crocker & Wolfe, 2001), and it assesses the extent to which an individual’s self-esteem is dependent upon their romantic relationship. Items 6, 7 and 9 are reverse-scored to protect against response bias. Cronbach’s alpha in the sample examined by Knee et al. (2008) was found to be .90. Construct validity was established by examining correlations between RCSE and other related constructs. For example, in this study, a .61 correlation between RCSE and general contingent self-esteem was indicated. Additionally, RCSE was found to be moderately related to anxious attachment, with a correlation of .52. Please see Appendix B for complete questionnaire.

**Overall self-esteem.** The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) consists of 10 items that assess global self-esteem. Responses are scored on a 4-point Likert scale ranging from 1 (strongly agree) to 4 (strongly disagree). Scoring for half of
the items is reversed in order to control for response bias. Higher scores on this scale represent higher levels of self-esteem. Rosenberg (1965) reported internal consistency reliability ranging from .85 to .88 for college samples. Cronbach’s alpha for various samples has ranged from .77 to .88. Evidence for construct validity was presented in a study examining Canadian high school students. Using the RSES, self-esteem was found to be negatively correlated with somatic problems, conduct disorder, and emotional disorders for both males and females of all ages (Bagley, Bolitho, & Bertrand, 1997). Specifically, for all groups in this study, all correlations between scores on the DASS and emotional disorders were greater than -.50, indicating construct validity. Additionally, correlations ranging from -.38 - -.51 with the McMaster measure of family relationships further indicates construct validity, as lower self-esteem seemed to be indicative of positive family relationships (Bagley et al., 1997). Please see Appendix C.

**Mental health.** The Lovibond and Lovibond (1995) Depression Anxiety and Stress scale (DASS) was used to measure participants’ present state of mental health, as evidenced by levels of depression and anxiety. The DASS is comprised of three subscales: the Depression subscale, the Anxiety subscale, and the Stress subscale. However, only the Depression subscale and the Anxiety subscale were used for this study. The DASS has been found to be a reliable measure using nonclinical (e.g., Ahmet & Bayram, 2007; Lovibond & Lovibond, 1995) and clinical samples (e.g., Brown & Chorpita, 1997). Cronbach’s alpha was also found to be acceptable for each of the subscales using the nonclinical sample (depression = .96, anxiety = .89, entire measure = .96). Using confirmatory factor analysis, Crawford and Henry (2003) demonstrated strong support for the construct validity of the DASS. In this study, with only one
exception, all items loaded onto their intended scales. Further, the items on each subscale (depression and anxiety) were at least moderately with the construct they intended to measure. Correlations for these items ranged from $.36-.82$ (Crawford & Henry, 2003). Please see Appendix D to view the full scale.

**Current relationship functioning.** This scale was developed for the purpose of this study in order to evaluate the current state of functioning in the individual’s romantic relationship. To examine this construct, this scale assesses various aspects of the relationship, including levels of commitment, communication, stability, trust, closeness, and conflict. Participants were asked to respond to a set of questions rating their relationship in the past week. Responses fall along a Likert scale ranging from 1 (e.g., extremely uncommitted) to 5 (extremely committed). This is important to note for this study, as I hypothesized that decreased relationship functioning would be related to the individual’s RCSE and mental health (please see Appendix E for the full scale). All analyses in this study used this measure to assess relationship functioning.

**Relationship satisfaction.** The Relationship Assessment Scale (RAS) is a measure of general relationship satisfaction (Hendrick, 1988; Hendrick, Dicke, & Hendrick, 1998). Construct validity has been found to be strong, as evidenced by moderate to high correlations with measures of marital satisfaction. The RAS was also found to be strongly correlated with the Dyadic Adjustment Scale (DAS; Spanieck, 1976), which is a respected measure of dyadic satisfaction (Hendrick et al., 1998). Reliability was established by Hendrick (1988), who found that the mean inter-item correlation was $.49$, with an alpha of $.86$. This study also reported strong validity scores as the RAS was
effective in determining between couples who will remain in a relationship and couples who will not (Hendrick, 1988). Please see Appendix F for the full scale.

Procedure

All measures detailed above were administered to participants in groups of no more than 30 students. Participants were instructed to complete each questionnaire independently, and to remain silent during the process. Before they began, participants were asked to review and sign an informed consent form (please see Appendix G), which specified the nature of the study, their right to discontinue the study at any time if they chose to do so, and the confidentiality and anonymity that was given to their responses. The six questionnaires were randomized in terms of order, and were compiled into a packet for each participant, the order of the questionnaires having been determined using Latin Square design. After the participants had finished the six questionnaires, the administrator distributed a debriefing form (please see Appendix H).
RESULTS

Preliminary Analyses

The means and standard deviations were computed using SPSS for all the variables in order to describe the central tendency and variability of the sample. Mean values, standard deviations, and ranges are shown in Table 1. Bivariate correlations between each of the six measures were also computed and are outlined in Table 2.

Table 1

*Summary of Descriptive Statistics*

<table>
<thead>
<tr>
<th>Measure</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>6.65</td>
<td>8.41</td>
<td>0-38</td>
</tr>
<tr>
<td>A</td>
<td>6.86</td>
<td>6.71</td>
<td>0-32</td>
</tr>
<tr>
<td>RCSE</td>
<td>39.32</td>
<td>7.28</td>
<td>19-55</td>
</tr>
<tr>
<td>SE</td>
<td>32.57</td>
<td>5.29</td>
<td>15-40</td>
</tr>
<tr>
<td>CRF</td>
<td>41.56</td>
<td>8.57</td>
<td>15-52</td>
</tr>
<tr>
<td>RAS</td>
<td>28.11</td>
<td>5.44</td>
<td>9-35</td>
</tr>
</tbody>
</table>

*Note.* Depression (D); Anxiety (A)=The Lovibond and Lovibond Depression, Anxiety and Stress Scale (1995); Relationship-Contingent Self-Esteem (RCSE)=Eleven-item measure; Self-Esteem (SE)=Rosenberg’s Self-Esteem Scale (1965); Current Relationship Functioning (CRF)=Sixteen-item measure; Relationship Satisfaction, Relationship Assessment Scale (RAS)=Hendrick’s Relationship Assessment Scale (1988).
Table 2

Summary of Intercorrelations for all Study Variables

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Length of Relationship</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. DEP</td>
<td>.04</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. ANX</td>
<td>-.06</td>
<td>.76**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. RAS</td>
<td>.05</td>
<td>-.21*</td>
<td>-.36**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. RCSE</td>
<td>.15</td>
<td>.15</td>
<td>.18*</td>
<td>.09</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. SES</td>
<td>.01</td>
<td>-.61**</td>
<td>-.53**</td>
<td>.35**</td>
<td>-.25**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>7. CRF</td>
<td>.03</td>
<td>-.25**</td>
<td>-.33**</td>
<td>.78**</td>
<td>.06</td>
<td>.33**</td>
<td></td>
</tr>
</tbody>
</table>

Note. Depression (DEP); Anxiety (ANX)=The Lovibond and Lovibond Depression, Anxiety and Stress Scale (1995); Relationship Satisfaction, Relationship Assessment Scale (RAS)=Hendrick’s Relationship Assessment Scale (1988); Relationship-Contingent Self-Esteem (RCSE)=Eleven-item measure; Self-Esteem (SES)=Rosenberg’s Self-Esteem Scale (1965); Current Relationship Functioning Total (CRF); Current Relationship Functioning Recent (CRFrec)=Sixteen-item measure. *p<0.05 (2-tailed). **p<0.01 (2-tailed).

Analyses of Major Study Questions

Hypothesis 1. Bivariate correlations were computed to investigate the relationship between RCSE and mental health concerns – specifically evaluating measures of depression and anxiety. Participants’ scores on the DASS were predicted to be correlated with their scores on the RCSE scale. Contrary to hypothesis 1, RCSE was not significantly related to depression. However, anxiety was found to be positively correlated with RCSE. Therefore, individuals who are higher in RCSE, also reported higher levels of anxiety.
**Hypothesis 2.** Moderation analysis (Cohen, Cohen, West, & Aiken, 2003) was used to assess whether the current state of the romantic relationship moderates the relationship between RCSE and mental health. To test this hypothesis, we regressed the outcome variable (mental health) onto the predictor variable (RCSE), relationship functioning and the interaction term, which was created between the participants’ score on RCSE and their current level of relationship functioning. In order to control for potential confounds from multicollinearity, the RCSE and level of relationship functioning scores were centered before forming the interaction term and running the equation (Cohen et al., 2003). It was hypothesized that the level of relationship functioning would significantly moderate the effect of RCSE on mental health. I specifically predicted that for individuals high in RCSE, when the state of the relationship is poor, the likelihood of that individual to experience mental health concerns would be significantly increased. Conversely, when relationship functioning is higher, I predicted that the association between RCSE and mental health would not be as strong or would be statistically nonsignificant (Please see Figure 2). Contrary to hypothesis 2, relationship functioning did not significantly affect the relationship between RCSE and mental health.

**Hypothesis 3.** Moderated mediation analysis was used to determine the mediating role of general self-esteem in the relationship between the interaction of RCSE and relationship functioning (RCSE*Relationship Functioning) and mental health. I first hypothesized a simple mediation relationship in which RCSE exerts its effect on mental health indirectly through general self-esteem. Additionally, I predicted that this indirect effect may vary in strength depending on a moderating variable. Relationship functioning was examined as the possible moderator of the abovementioned mediating relationship.
In other words, I predicted that the strength of the relationship between RCSE on mental health through general self-esteem would be conditional on the value of a moderating variable (relationship functioning).

Using statistical methods described by Preacher, Rucker, and Hayes (2007), I conducted 2 regression analyses in order to test a) whether the indirect effect of RCSE on mental health was significant, and b) whether it was moderated by relationship functioning. The general self-esteem model was a simple regression predicting general self-esteem (the mediating variable) from RCSE (the independent variable). The mental health model was a multiple regression predicting mental health (the dependent variable) from RCSE, general self-esteem, relationship functioning (the moderating variable) and the interaction between RCSE and general self-esteem. To avoid limitations that have been linked to moderated mediation analyses (Hayes, 2009), we utilized statistical methods and syntax that were outlined by Preacher and colleagues (2007).

Confidence intervals for population values of the conditional indirect effect were derived using bias-corrected and acceleration (BCa) bootstrapping methods (Efron & Tibshirani, 1993). In utilizing these methods, we were able to avoid power problems that can arise from asymmetric or otherwise non-normal sample distributions of an indirect effect. The indirect effect of RCSE on mental health was nonsignificant, and relationship functioning was not significantly related to the strength of this relationship.
DISCUSSION

The purpose of this study was to learn more about the relatively new concept of relationship-contingent self-esteem. Specifically, my goal was to research whether individuals with high RCSE had increased symptoms of depression or anxiety, and further, whether the current state of the relationship affected this hypothesized relationship. Studies have shown that contingent self-esteem, or self-esteem that is dependent on external variables, can have negative implications, such as increased depressive symptoms (Crocker, 2002). Several external variables which individuals base their self-esteem on have been researched, including academics, and body image (Crocker et al., 2003; Patrick et al., 2004). A study on friendship-contingent self-esteem (FCSE), introduced by Cambron et al. (2010), clearly showed that individuals who based their self-esteem on the current state of their friendships were more likely to be depressed than individuals who did not. Additionally, these individuals were likely to have a more unstable self-image, as satisfaction with friendships is constantly changing based on the current events of the friendship. These findings suggest that the individual’s self-esteem would be constantly fluctuating, and this instability could be responsible for the higher levels of depression that Cambron et al.’s 2010 study found.

Due to the findings that depression was positively correlated with FCSE, my goal was to research whether the same would be true for relationship-contingent self-esteem (RCSE), in which one’s self-esteem would be based on their romantic relationship.
Previous studies have shown that high RCSE leads to overemphasizing negative relationship events and what they mean about them as a person. In other words, a small argument in the relationship of someone high in RCSE might mean to them that they are a bad person (Crocker & Wolfe, 2001). I predicted that this overgeneralization present in high RCSE individuals would lead to increased symptoms of depression or anxiety.

Contrary to previous findings and to my current hypothesis, RCSE was not significantly related to depression. I partially attribute this discrepancy to our small sample size, which reduced the statistical power. Another limitation of this study is that the participants were all students at a medium-sized Midwestern Catholic University. There was not much variance in race or age of the participants. It is my hope that in the future, this study could be repeated with a much larger subject pool, including more diversity in age, race, religion, socioeconomic status, and more relationship experiences.

Despite the insignificant relationship between depression and RCSE, I did find that RCSE was positively correlated with anxiety. The higher someone is in RCSE, the higher the likelihood they will experience symptoms of anxiety. This could be explained by the instability of self-esteem and self-image mentioned above, as relationship satisfaction is constantly changing, resulting in a constantly fluctuating self-image, and thus, a higher level of anxiety. These results are consistent with previous research showing that self-esteem contingent upon outside forces can have negative implications (Crocker et al., 2003).

My second hypothesis was that the relationship between RCSE and mental health would be affected by the current events in the relationship. This hypothesis was unsupported. Again, I believe further research is needed with a larger and more diverse
sample, as it stands to reason that if the relationship is currently going badly, the individual high in RCSE would be even more affected by depression or anxiety than if the relationship was going well. It is also possible that some of the respondents had not yet experienced many negative relationship events to accurately test this hypothesis, as the majority of them were in their early 20’s and also in the early stages of their relationships.

Lastly, I predicted that when a relationship was going badly, high RCSE individuals would experience lower levels of general self-esteem, which has been linked with negative self-view, a symptom of depression. In other words, I expected to find higher levels of depression or anxiety in someone with high RCSE whose general self-esteem had decreased due to negative events in the relationship. Unfortunately, this proposed moderated mediation was found to be insignificant.

Though some of my predictions were unsupported, I believe that this subject warrants further research and could have strong clinical implications if it is continued to be studied. The results and data could help clinicians structure therapy sessions around the client’s romantic relationship if they determine their symptoms to be a direct result of any discord in their relationship. Additionally, if evidence supports that RCSE is indeed detrimental to mental health, clinicians may choose to focus on helping clients learn to shift their focus internally to determine their self-worth, rather than depending on the state of their relationship. In this study, I have only been able to demonstrate a positive correlation between RCSE and anxiety, but as mentioned above, further studies with larger sample size and more diversity could be enlightening and could provide vastly different results. Additionally, there are limitations to our research methods that could be
addressed and could have affected our results. For example, we used self-report questionnaires that could be biased or inaccurate. Future research could employ other methods to collect data, like behavioral observation by other people who would be impartial. Students in this study were rewarded with school credit for participating, and may have been uninterested in the actual research topic, which could have affected their truthfulness or attention to detail on the survey. Future studies may benefit from requesting participation only from those who take an interest in the concept of RCSE, or feel they may gain some insight by participating, and as a result the data received may be more accurate or authentic.

The current study serves to explore the recently-introduced concept of relationship-contingent self-esteem and the effect it may have on mental health. Preliminary data gathered looks promising, however much more research is needed to fully understand this correlation and what it means for clinicians seeking to help their clients deal with mental health concerns, such as depression and anxiety. If the above hypotheses are supported, it would allow us to understand more about the root causes of these symptoms, and thus, help us to know how best to alleviate them, as well as to provide the client with valuable insight into him or herself.


FIGURES

Figure 1: Correlation between RCSE and mental health: Hypothesis 1.

Figure 2: Moderation model of relationship functioning on the relationship between RCSE and mental health: Hypothesis 2.
Figure 3: Moderated mediation model. Investigating the mediating role of general self-esteem on the relationship between RCSE and mental health, and the moderating effect of relationship functioning on the aforementioned relationship: Hypothesis 3.
Please complete the following questionnaire by checking or circling the appropriate number. All of your responses will remain confidential. Please do not place your name on this questionnaire.

1. Gender:  Male ____  Female ____

2. Age: ____

3. Race:
   1. ____ Caucasian (White)  2. ____ Asian or Pacific Islander
   3. ____ African American   4. ____ Latino
   5. ____ American Indian   6. ____ Other (Specify)

4. Are you currently in a romantic relationship?
   Yes ____  No ____

5. Is this a long distance relationship?
   Yes ____  No ____

6. What is the nature of your current romantic relationship?
   1. Friends with Benefits
   2. Dating (open relationship)
   3. Dating (exclusively)
   4. Dating (living together)
   5. Engaged (not living together)
   6. Engaged (living together)
   7. Married
7. How long have you been with your romantic partner?
   
   Years ___  Months ____
APPENDIX B
Relationship Contingent Self-Esteem Scale

These next several questions are in regard to romantic relationships. Please read each statement and circle the number (1-5) that indicates to extent to which that statement applies to you.

1. I feel better about myself when it seems like my partner and I are getting along.

   1 2 3 4 5
   Not at all like me Somewhat like me Very much like me

2. I feel better about myself when it seems like my partner and I are emotionally connected.

   1 2 3 4 5
   Not at all like me Somewhat like me Very much like me

3. An important measure of my self-worth is how successful my relationship is.

   1 2 3 4 5
   Not at all like me Somewhat like me Very much like me

4. My feelings of self-worth are based on how well things are going in my relationship.

   1 2 3 4 5
   Not at all like me Somewhat like me Very much like me
5. When my relationship is going well, I feel better about myself overall.

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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Not at all like me</td>
<td>Somewhat like me</td>
<td>Very much like me</td>
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</table>

6. If my relationship were to end tomorrow, I would not let it affect how I feel about myself. (r)

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<tbody>
<tr>
<td>Not at all like me</td>
<td>Somewhat like me</td>
<td>Very much like me</td>
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7. My self-worth is unaffected when things go wrong in my relationship. (r)

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<th>5</th>
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<td>Not at all like me</td>
<td>Somewhat like me</td>
<td>Very much like me</td>
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8. When my partner and I fight, I feel bad about myself in general.

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<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Not at all like me</td>
<td>Somewhat like me</td>
<td>Very much like me</td>
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</table>

9. When my relationship is going bad, my feelings of self-worth remain unaffected. (r)

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<tbody>
<tr>
<td>Not at all like me</td>
<td>Somewhat like me</td>
<td>Very much like me</td>
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10. I feel better about myself when others tell me that my partner and I have a good relationship.

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<th>5</th>
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<tbody>
<tr>
<td>Not at all like me</td>
<td>Somewhat like me</td>
<td>Very much like me</td>
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11. When my partner criticizes me or seems disappointed in me, it makes me feel really bad.
Note. (r) reverse-scored item. Items are rated on a scale from 1 to 5, with anchors of 1 (not at all like me), 3 (somewhat like me), and 5 (very much like me).
APPENDIX C

Rosenberg Self-Esteem Scale

Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

1. On the whole, I am satisfied with myself. SA A D SD
2. At times, I think I am no good at all. SA A D SD
3. I feel that I have a number of good qualities. SA A D SD
4. I am able to do things as well as most other people. SA A D SD
5. I feel I do not have much to be proud of. SA A D SD
6. I certainly feel useless at times. SA A D SD
7. I feel that I’m a person of worth, at least on an equal plane with others. SA A D SD
8. I wish I could have more respect for myself. SA A D SD
9. All in all, I am inclined to feel that I am a failure. SA A D SD
10. I take a positive attitude toward myself. SA A D SD
APPENDIX D
The Lovibond and Lovibond Depression Anxiety and Stress Scale (DASS)

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>1</td>
<td>I found myself getting upset by quite trivial things</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>I was aware of dryness of my mouth</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>I couldn't seem to experience any positive feeling at all</td>
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<tr>
<td>4</td>
<td>I experienced breathing difficulty (eg, excessively rapid breathing,</td>
<td></td>
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<tr>
<td></td>
<td>breathlessness in the absence of physical exertion)</td>
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<tr>
<td>5</td>
<td>I just couldn't seem to get going</td>
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<td>6</td>
<td>I tended to over-react to situations</td>
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<td>7</td>
<td>I had a feeling of shakiness (eg, legs going to give way)</td>
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<tr>
<td>8</td>
<td>I found it difficult to relax</td>
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<tr>
<td>9</td>
<td>I found myself in situations that made me so anxious I was most</td>
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<td></td>
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<tr>
<td></td>
<td>relieved when they ended</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10</td>
<td>I felt that I had nothing to look forward to</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>11</td>
<td>I found myself getting upset rather easily</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>12</td>
<td>I felt that I was using a lot of nervous energy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>13</td>
<td>I felt sad and depressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>-------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>15</td>
<td>I had a feeling of faintness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>I felt that I had lost interest in just about everything</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>I felt I wasn't worth much as a person</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>I felt that I was rather touchy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19</td>
<td>I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20</td>
<td>I felt scared without any good reason</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21</td>
<td>I felt that life wasn't worthwhile</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*Please turn the page*
### Reminder of rating scale:

| Rating | Description                                                                 |
|--------|-----------------------------------------------------------------------------|---|---|---|---|---|---|---|
| 0      | Did not apply to me at all                                                  |   |   |   |   |   |
| 1      | Applied to me to some degree, or some of the time                          |   |   |   |   |   |
| 2      | Applied to me to a considerable degree, or a good part of time             |   |   |   |   |   |
| 3      | Applied to me very much, or most of the time                                |   |   |   |   |   |

| 22     | I found it hard to wind down                                               | 0 | 1 | 2 | 3 |
| 23     | I had difficulty in swallowing                                             | 0 | 1 | 2 | 3 |
| 24     | I couldn't seem to get any enjoyment out of the things I did               | 0 | 1 | 2 | 3 |
| 25     | I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat) | 0 | 1 | 2 | 3 |
| 26     | I felt down-hearted and blue                                               | 0 | 1 | 2 | 3 |
| 27     | I found that I was very irritable                                          | 0 | 1 | 2 | 3 |
| 28     | I felt I was close to panic                                                | 0 | 1 | 2 | 3 |
| 29     | I found it hard to calm down after something upset me                      | 0 | 1 | 2 | 3 |
| 30     | I feared that I would be "thrown" by some trivial but unfamiliar task      | 0 | 1 | 2 | 3 |
| 31     | I was unable to become enthusiastic about anything                          | 0 | 1 | 2 | 3 |
| 32     | I found it difficult to tolerate interruptions to what I was doing         | 0 | 1 | 2 | 3 |
| 33     | I was in a state of nervous tension                                        | 0 | 1 | 2 | 3 |
| 34     | I felt I was pretty worthless                                              | 0 | 1 | 2 | 3 |
| 35     | I was intolerant of anything that kept me from getting on with what I was doing | 0 | 1 | 2 | 3 |
| 36     | I felt terrified                                                           | 0 | 1 | 2 | 3 |
| 37     | I could see nothing in the future to be hopeful about                      | 0 | 1 | 2 | 3 |
| 38     | I felt that life was meaningless                                           | 0 | 1 | 2 | 3 |
| 39     | I found myself getting agitated                                           | 0 | 1 | 2 | 3 |
| 40     | I was worried about situations in which I might panic and make a fool of myself | 0 | 1 | 2 | 3 |
| 41     | I experienced trembling (eg, in the hands)                                 | 0 | 1 | 2 | 3 |
| 42     | I found it difficult to work up the initiative to do things                | 0 | 1 | 2 | 3 |
APPENDIX E

Current Relationship Functioning Scale

These next several questions are in regard to romantic relationships. Please read each prompt and respond by circling an answer between 1 and 7.

1. **In general, over the length of your relationship, how satisfied have you been?**
   
   1--------------2-------------3-------------4-------------5-------------6-------------7
   
   *Extremely dissatisfied*                                      *Extremely satisfied*

2. **How satisfied have you been in the past week?**
   
   1--------------2-------------3-------------4-------------5-------------6-------------7
   
   *Extremely dissatisfied*                                      *Extremely satisfied*

3. **In general, over the length of your relationship, how frequently have you argued with your partner?**
   
   1--------------2-------------3-------------4-------------5-------------6-------------7
   
   *Extremely frequently*                                      *Not at all*

4. **How frequently have you argued with your partner in the past week?**
   
   1--------------2-------------3-------------4-------------5-------------6-------------7
   
   *Extremely frequently*                                      *Not at all*
5. In general, over the length of your relationship, how well have you communicated with your partner?

1-----------------2-----------------3-----------------4-----------------5-----------------6-----------------7
Extremely poorly

6. How well have you been communicating with your partner in the past week?

1-----------------2-----------------3-----------------4-----------------5-----------------6-----------------7
Extremely poorly

7. In general, over the length of your relationship, how emotionally close have you felt to your partner?

1-----------------2-----------------3-----------------4-----------------5-----------------6-----------------7
Extremely distant

8. How emotionally close have you felt in the past week?

1-----------------2-----------------3-----------------4-----------------5-----------------6-----------------7
Extremely distant

9. In general, over the length of your relationship, how have you rated your likelihood of staying with this partner?

1-----------------2-----------------3-----------------4-----------------5-----------------6-----------------7
Extremely unlikely

10. How have you rated your likelihood of staying together over the past week?
1. In general, over the length of your relationship, how committed have you felt to your partner?

2. How committed have you felt in the past week?

3. In general, over the length of your relationship, how stable has the relationship felt?

4. How stable has the relationship felt in the past week?

5. In general, over the length of your relationship, how would you rate the level of trust in the relationship?
16. How would you rate the level of trust in the relationship in the past week?

1-----------------2-----------------3-----------------4-----------------5-----------------6-----------------7

Extremely weak           Extremely strong
APPENDIX F

Hendrick’s Relationship Assessment Scale

Please mark on the answer sheet the letter for each item which best answers that item for you.

How well does your partner meet your needs?
A B C D E
Poorly Average Extremely well

In general, how satisfied are you with your relationship?
A B C D E
Unsatisfied Average Extremely satisfied

How good is your relationship compared to most?
A B C D E
Poor Average Excellent

How often do you wish you hadn’t gotten in this relationship?
A B C D E
Never Average Very often

To what extent has your relationship met your original expectations:
A B C D E
Hardly at all Average Completely

How much do you love your partner?
A B C D E
Not much Average Very much
How many problems are there in your relationship?

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very few</td>
<td>Average</td>
<td></td>
<td>Very many</td>
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NOTE: Items 4 and 7 are reverse scored. A=1, B=2, C=3, D=4, E=5. You add up the items and divide by 7 to get a mean score.
APPENDIX G

Informed Consent to Participate in a Research Project

Project Title: Self-Esteem and Romantic Relationships

Investigator(s): Kelly Callahan and Lee J. Dixon, Ph.D. (Faculty Advisor)


Adverse Effects and Risks: No adverse effects are anticipated. However, you will be asked to think about the functioning of your current romantic relationship, which may possibly raise minor negative emotions. In addition, you will be asked to reflect on feelings regarding anxiety and depression. If at any time while completing the questionnaires you begin to feel uncomfortable, please discontinue your participation, knowing that doing so will not affect your receiving credit for participating. Students who are experiencing distress are further encouraged to schedule an appointment at the university counseling center at 937.229.3141. There is no charge for counseling services to undergraduates at U.D.

Duration of Study: The study consists of one session that will take approximately 60 minutes.

Confidentiality of Data: You will not be asked to place your name on any of the questionnaires, and your responses will be identified with a research code.
Consent to Participate:

I have voluntarily decided to participate in this study. The investigator named above has adequately answered any and all questions I have about this study, the procedures involved, and my participation. I understand that the investigator named above will be available to answer any questions about research procedures throughout this study. I also understand that I may voluntarily terminate my participation in this study at any time and still receive full credit. I also understand that the investigator named above may terminate my participation in this study if s/he feels this to be in my best interest. In addition, I certify that I am 18 (eighteen) years of age or older.

____________________  ____________________
Signature of Student   Student’s Name (printed)
Date

____________________
Signature of Witness    Date
APPENDIX H

Debriefing Form

Information about the Study

Self-esteem is an important factor in the overall well-being of an individual. Those who suffer from low self-esteem may feel worthless or hopeless, and are often highly critical of themselves (Branden, 1965). For people who base their self-esteem on one specific domain, like academic achievement or physical attractiveness, the outcome might be even more negative. This concept is called contingent self-esteem, and it has been found to be related to depressive symptoms (Crocker & Wolfe, 2001; Crocker, 2002). One specific type of contingent self-esteem, known as relationship contingent self-esteem (RCSE), may play a particularly important role in the development of depressive symptoms (Knee, Bush, Canevello, & Cook, 2008). In a romantic relationship, there are bound to be conflicts or times when the relationship isn’t functioning at its best. It is thought that during times like these, individuals high in RCSE are likely to be more affected. The purpose of this study is to investigate this relationship between RCSE and mental health, specifically looking into other factors that might influence this relationship.

In this study, you responded to several questionnaires addressing the hypotheses that we are testing. First, I hypothesize that RCSE will be positively related to mental health concerns, such as depression, anxiety and stress. Secondly, I predict that if indeed there is a relationship between RCSE and mental health, the state of the relationship will have an effect on it. We also feel that individuals high in RCSE who are having difficulty in their relationships are more likely to have lower levels of general self-esteem. You completed questionnaires that investigated the abovementioned factors. To assess how well your relationship is currently functioning, you were asked several questions related to commitment, satisfaction, trust, communication and conflict. We asked you to rate these constructs over the entire length of the relationship, and also over the past week. We will compare these two ratings in order to determine whether your relationship is currently better, worse, or the same as usual. You also answered questions related to psychological concerns such as depression, anxiety and stress. Your responses on this measure will be used in combination with your responses on the RCSE scale to determine whether levels of RCSE do in fact have an impact on mental health. Your responses on the above measures will be analyzed and applied to my hypotheses, in hopes of gaining insight into the complex relationship between RCSE, relationship functioning, and mental health.

For more information on these topics please see the following references:


**Assurance of Privacy**

Your responses will be confidential and they will only be identified by a participant number in the data along with other participant’s numbers.

**Contact Information**

If you have questions or problems regarding the study, you can contact Kelly Callahan at (724.456.5862) callahank1@notes.udayton.edu, the faculty advisor, Lee J. Dixon, Ph.D. at (937.229.2160) Lee.Dixon@notes.udayton.edu, or the chair of the Research Review and Ethics Committee, Greg C. Elvers at (937.229.2171) greg.elvers@notes.udayton.edu.

Some items from the surveys you completed measured levels of depression (e.g., “I felt downhearted and blue”), anxiety (e.g., “I felt I was close to panic”), and stress (e.g., “I found it hard to calm down after something upset me”). Additionally, some questions asked you to reflect on potential poor self-esteem (e.g., “I feel I do not have much to be proud of”) and poor relationship functioning. Individuals who endorse that they have experienced these items (or similar items) many times during the last week may benefit from receiving counseling. You can schedule an appointment at the university counseling center at 937.229.3141. Counseling services are free for U.D. undergraduates.

**Thanks and Credit**

Thank you for your participation in this study. I will award you one research credit for your participation.