

PERCEIVED SOCIAL SUPPORT AND COLLECTIVE SELF-ESTEEM IN WOMEN:
IMPLICATIONS FOR COUNSELORS

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PERCEIVED SOCIAL SUPPORT AND COLLECTIVE SELF-ESTEEM IN WOMEN:
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ABSTRACT

The purpose of this study was to examine the relationship between perceived social support and collective self-esteem among women. To carry out this study, a national sample of 329 women completed the Multidimensional Social Support Scale (containing three subscales), the Collective Self-esteem Scale (containing four subscales), and a demographic questionnaire. Social Identity Theory (SIT) served as a theoretical frame for the study. Results of the three hierarchical multiple regressions and one simultaneous multiple regression demonstrated statistically significant relationships between social support and collective self-esteem. First, a statistically significant positive relationship between the friends subscale of social support and the private collective self-esteem subscale was found when controlling for education. Second, a statistically significant positive relationship between the friends subscale and the public collective self-esteem subscale existed when controlling for education, income, and ethnicity. Third, both the friends and family subscales of social support had a statistically significant positive relationships with the membership collective self-esteem subscale when controlling for education, income, and religion. Fourth, a statistically significant positive relationship between the friends subscale and the importance to identity subscale of collective self-esteem was found. Lastly, the significant other subscale of social support demonstrated a statistically significant negative relationship with the importance to identity subscale of collective self-esteem. This study's findings have important implications for counseling practice, counselor educators, and directions for future research.

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CHAPTER I

INTRODUCTION

Scholarship has demonstrated that women encounter unique obstacles including higher encounters of discrimination (Blau & DeVaro, 2007; Eagly & Carli, 2007; Harnois & Bastos, 2012; Harnois & Bastos, 2018). Women also experience depression and anxiety at higher rates compared to men (Kats et al., 2002; Moksnes & Espnes, 2012). In considering protective factors, research has indicated that higher levels of self-esteem can be helpful at buffering against the effects of discrimination.

Research has found that women report lower levels of self-esteem (Helwig & Ruprecht, 2017; Moksnes & Espnes, 2012; Rentzsch et al., 2016); and that women rate their identity of being a woman as more devalued than men rate their identity of being a man (Kats et al., 2002; Pew Research Center, 2019). In the development of self-esteem, both personal components such as traits and social components like group membership impact self-esteem (Tajfel, 1982; Du, King, & Chi, 2017).

People develop a sense of self based on the social groups they are a part of, which can impact on self-esteem (Abrams & Hogg, 1988; Hogg, 2018; Luhtanen & Crocker, 1992; Tajfel & Turner, 1979). Self-esteem can be threatened due to having an identity associated with a marginalized group (Crocker & Major, 1989; Jetten et al., 2017). Through this conceptualization, the repercussions of social support on collective self-esteem in women have been examined. Coopersmith (1967) defines self-esteem as:

The evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval and indicates the extent to which an individual believes himself to be capable, significant, successful and worthy. In short, self-esteem is a personal judgment of the worthiness that is expressed in the attitudes the individual holds towards himself. (p. 4–5)

Specific to group membership, Crocker and Major (1989) theorized that being a member of a marginalized population or devalued group can negatively influence emotions and identity, in turn impacting self-esteem. Additional research supported this notion that a devalued identity can negatively impact psychological well-being and self-esteem (Kats et al., 2002; Liang, 1984,1985; Moksnes et al., 2010). Psychological well-being can be defined as a construct consisting of positive (e.g., pride) and negative emotions (e.g., anxiety); and an individual's satisfaction in life (Bradburn, 1969; Liang, 1984, 1985).

In exploring gender identity, studies revealed that depression and anxiety symptoms are experienced at higher levels among women than men, with women also reporting lower levels of self-esteem (Kats et al., 2002; Moksnes et. al., 2010; Moksnes & Espnes, 2012). Social settings may perpetuate this emotional disturbance and threaten self-esteem if individuals find they are being devalued based on their affiliation with a particular group (Crocker et al., 1998; Inzlicht & Good, 2006; Jetten et al., 2017; Tajfel & Turner, 1986).

In the workforce, woman may experience sexual harassment at high rates (Fitzgerald, 2017); and segregation based on gender, lower pay, and more difficulty in job advancement (Blau & DeVaro, 2007; Eagly & Carli, 2007). In a recent study, Harnois

and Bastos (2018) found that when compared to men, women reported higher levels of discrimination and lower levels of self-reported mental health (Harnois & Bastos, 2018).

As women continue to face challenges including discrimination (Blau & DeVaro, 2007; Eagly & Carli, 2007; Harnois & Bastos, 2012; Harnois & Bastos, 2018), mental health concerns (Kats et al., 2002; Moksnes & Espnes, 2012), and lower levels of self-esteem (Helwig & Ruprecht, 2017; Moksnes & Espnes, 2012; Rentzsch, et al., 2016), it is important to investigate protective factors for women. Since studies demonstrated positive relationships among self-esteem and social support (Armstrong & Oomen-Early, 2009; Dang, 2014; Kong & You, 2013; Lee & Robbins, 1998, Walters & Moore, 2003), social support was explored in the present study.

Theoretical Frame

Social Identity Theory (SIT) implied that identity is derived from the groups to which one belongs (Tajfel & Turner, 1979; Turner, 1975). Identity can be thought of as the components of self that make a person who they are with unique beliefs, values, and qualities (Marcia, 1966; Waterman, 1999). SIT suggested that individuals obtain knowledge about their social identity and the value of their group by comparing and contrasting similar groups (i.e., in-group) and dissimilar groups (i.e., out-group). In order to secure a positive social identity, individuals can engage in three strategies which include: 1) individual mobility (i.e., disengage from in-group), 2) social creativity (e.g., affirm positive group attributes) and 3) social competition which aims to enhance the social group's status in society (Tajfel & Turner, 1986).

Basing the *self-esteem hypothesis* from SIT, Abrams and Hogg (1988) believed that self-esteem could improve through in-group bias (i.e., intergroup discrimination and

favoring one's own group). Coopersmith (1967) defined self-esteem as "... a personal judgment of the worthiness that is expressed in the attitudes the individual holds towards themselves" (p. 5). Lower levels of self-esteem may encourage individuals to participate in in-group bias to enhance the value and identity of their group leading to an increase in their self-esteem (Abrams & Hogg, 1988; Hogg & Abrams, 1990; Tajfel et al., 1971). In this way, self-esteem was viewed as a motive behavior. However, varying findings regarding the self-esteem hypothesis (Long & Spears, 1998) suggest that in-group bias is not always necessary for enhanced self-esteem.

As previously noted, individuals who are not deriving self-esteem or promoting their social identity due to the low status of their in-group may choose to engage in individual mobility, social creativity, and social competition to secure a positive social identity; therefore increasing their self-esteem. Whether choosing to promote in-group status, changing one's perception of the in-group, or removing self from the in-group and choosing to identify with a higher status group; all are means of deriving self-esteem from a social group (Tajfel & Turner, 1986).

In conceptualizing self-esteem through SIT and the self-esteem hypothesis, *collective self-esteem* emerged as social form of self-esteem (Luhtanen & Crocker, 1992). While Coopersmith's (1967) definition of self-esteem allowed for insight into self-appraisal, it did not recognize how social systems impact self-esteem (Luhtanen and Crocker, 1992). Collective self-esteem, then, can be thought of as one's worth based on the groups one belongs to.

Alongside one's social identity (Abrams & Hogg, 1988; Hogg, 2018; Luhtanen & Crocker, 1992; Tajfel & Turner, 1979), social acceptance and peer relationships also

influence the development and maintenance of self-esteem (Luhtanen & Crocker, 1992; Marshall et al., 2014; Tahir et al., 2015). Walters and Moore (2003) indicate that social support positively influences self-esteem, with the relationship being most significant with women. Social support can be defined as “perceived or actual instrumental and/or expressive provisions supplied by the community, social networks, and confiding partners” (Lin, 1986 p. 18). Jointly, higher levels of self-esteem along with high social support relate to higher levels of positive emotional affect and greater life satisfaction (Kong & You, 2013).

As women report lower levels of self-esteem (Helwig & Ruprecht, 2017; Moksnes & Espnes, 2012; Rentzch, et al., 2016), and self-esteem is impacted by social identity and social relations (Abrams & Hogg, 1988; Hogg, 2018; Luhtanen & Crocker, 1992; Marshall et al., 2014; Tajfel & Turner, 1979), it is important to consider how social support influences collective self-esteem in women (i.e., self-esteem derived based on group membership of being a woman). While studies have examined the psychological benefits and consequences of collective self-esteem (Corning, 2002; Detrie & Lease, 2007; Du et al., 2017; Kats et al., 2002); as well as protective factors for self-esteem among women such as group affirmation (Spencer-Rodgers et al., 2016), they do not specifically examine the influence of social support on collective self-esteem in women.

Purpose of the Study

Due to the lack of research on factors influencing collective self-esteem in women, the purpose of this study was to determine if there is a relationship between perceived social support and collective self-esteem in women. Since interpersonal relations and the social groups in which people are a part of influence self-esteem

(Abrams & Hogg, 1988; Hogg, 2018; Luhtanen & Crocker, 1992; Marshall et al., 2014; Tajfel & Turner, 1979); and women report lower levels of self-esteem (Rentzch, Wenzler, & Shutz, 2016; Helwig & Ruprecht, 2017), exploring the impact of social factors on women may provide insight on how to address this concern.

Research demonstrates that women encounter unique obstacles including higher encounters of discrimination (Blau & DeVaro, 2007; Eagly & Carli, 2007; Harnois & Bastos, 2018) and greater levels of anxiety and depression when compared to men (Kats et al., 2002; Moksnes & Espnes, 2012). This inequality in their experiences offers one explanation as to why research finds differences in self-esteem between men and women (Rentzch, Wenzler, & Shutz, 2016; Helwig & Ruprecht, 2017), as self-esteem can be negatively impacted by inequality (Pascoe & Richman, 2009; Schmitt et al., 2014).

As counselors, we are called to “empower diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (American Counseling Association [ACA], 2014, p. 2). In order to best assist those in achieving their various goals, there are inherent values promoted in the counseling identity (ACA, 2014). One of the values includes social justice. Social justice is not only a call to action, but an integral part of the counseling identity (ACA, 2014; Sue et al., 2019). The American Counseling Association’s (ACA, 2014) *Code of Ethics* defines social justice as “the promotion of equity for all people and groups for the purpose of ending oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems” (p. 21). Inherent in social justice is advocacy (ACA, 2014; Lee, 1998).

Counseling advocacy efforts began to take off in the 1900s when Frank Parsons and Clifford Beers started providing vocational guidance to underserved communities (ACA, 2010). In 2003, the ACA Governing Council proposed the *ACA Advocacy Competencies*. Since then, the competencies have been updated to reflect the need for our clients, community, and profession (Ratts et al., 2018). Advocacy is defined as “the promotion of the well-being of individuals, groups, and the counseling profession within systems and organizations” (ACA, 2014, p. 19). To promote the well-being of those they serve, advocacy aims to “address potential barriers and obstacles that inhibit access and/or the growth and development of clients” (ACA, 2014, p.5) while “aiming to identify factors that are protective of healthy development” (Ratts et al., 2018, p. 8).

Researchers have demonstrated that higher levels of self-esteem have been found to be helpful in coping with stressful events and contribute to positive affect (Campbell & Lavalley, 1993; Kong & You, 2013; Lee, 2020; Rosenberg et al., 1995). In addition, lower levels of self-esteem have been found to have negative consequences including heightened mental health concerns (Lee, 2020; Moksnes & Espnes, 2010; Kling et al., 1999). As literature has suggested that women report lower levels of self-esteem (Helwig & Ruprecht, 2017; Moksnes & Espnes, 2012; Rentzsch et al., 2016), examining protective factors that are related to self-esteem in women may help counselors assist women in meeting their mental health goals while fostering their development (ACA, 2014; Ratts et al., 2018).

As studies highlighted positive relationships among self-esteem and social support (Armstrong & Oomen-Early, 2009; Dang, 2014; Kong & You, 2013; Lee & Robbins, 1998), and there is no known study on this topic, the objective of this study was

to examine the relationship among social support and collective self-esteem in women. This aim was in line with advocacy efforts outlined by the *ACA Advocacy Competencies*: “...identify factors that are protective of healthy development as well as various avenues for enhancing these protective factors through the public arena, and share research and professional expertise with partner client groups and community members in developmentally and culturally appropriate ways” (Ratts et al., 2018, p. 8).

Research Question

Is there a relationship between perceived social support and collective self-esteem in women?

Definition of Terms

Coopersmith (1967) defines **self-esteem** as:

The evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval and indicates the extent to which an individual believes himself to be capable, significant, successful and worthy. In short, self-esteem is a personal judgment of the worthiness that is expressed in the attitudes the individual holds towards himself (p. 4–5).

Collective self-esteem relates to one’s worth based on the groups he/she/they belong to (Luhtanen & Crocker, 1992).

Private collective self-esteem is a personal evaluation of one’s group.

Public collective self-esteem pertains to how others evaluate one’s group membership.

Membership collective self-esteem is one’s evaluation of their worthiness in the group.

Importance to identity is how important the group membership is to one’s identity.

Social support can be defined as “perceived or actual instrumental and/or expressive provisions supplied by the community, social networks, and confiding partners” (Lin, 1986 p. 18). Specifically, this study examined perceived support from friends, family, and/or significant other (i.e., external support).

Social identity addresses ways in which our self-concept is derived from our group membership (Cooley, 1902; Hornsey, 2008). Women develop a sense of self-worth based on being a woman which is also known as collective self-esteem (Hogg, 2018; Kats et al., 2002; Luhtanen & Crocker, 1992). In order for women to secure a positive social identity to maintain or enhance their self-esteem (Abrams & Hogg, 1988; Hogg & Abrams, 1990; Hogg, 2018; Tajfel & Turner, 1979; Turner, 1975), women may not value their membership of being a woman (i.e., membership self-esteem) if the social context does not value the social identity of being a woman. Research demonstrated that adopting detrimental stereotypes (Crocker & Major, 1989; Kats et al., 2002) and social comparison (Sherlock & Wagstaff, 2019) can impact how women view themselves (i.e., private self-esteem). Furthermore, experiencing mistreatment based on gender (Blau & DeVaro, 2007; Eagly & Carli, 2007; Harnois & Bastos, 2018) and inequality (Pascoe & Richman, 2009; Schmitt et al., 2014) impacts how women feel others view them (i.e., public self-esteem).

Women may only feel worthy as members of their social group (i.e., membership self-esteem) if they are meeting contingencies based in particular domains (Sanchez & Crocker, 2005). Contingencies of self-worth “represent people’s beliefs about what they must be or do to have value and worth as a person” (Sanchez & Crocker, 2005, p. 64). As these domains can consist of interpersonal components (Crocker et al., 2003; Thompson et al., 2012; Zeigler-Hill, 2014), social support was explored in the current study.

CHAPTER II

REVIEW OF RELATED LITERATURE

Social Identity Theory

In order to better understand the relationship between social groups and self-esteem, multiple theories emerged which examined the ways that individuals develop their sense of self from group membership (Abrams & Hogg, 1988; Tajfel & Turner, 1979; Turner & Brown, 1978). Following World War II, psychology sought to understand the interaction among groups (Hornsey, 2008). Between the 1960s and 1970s, hypotheses did not yet consider outside forces such as culture in explaining intergroup behaviors (Hogg & Williams, 2000; Hornsey, 2008). The social identity approach emerged as a way to explain the phenomena of group behavior, thus leading to the development of Social Identity Theory (SIT) in the 1970s.

There are several processes that define SIT, first beginning with categorization. Categorization occurs when people classify themselves as a part of particular social groups such as women or men (Tajfel & Wilkes, 1963; Tajfel & Turner, 1979; Trepte & Loy, 2017). Following categorization, the degree of group membership salience is determined based on the social context (Stryker, 1968; Stryker & Serpe, 1982; Trepte & Loy, 2017). If the social context is relevant to the social group, the salience will be greater. For example, the social group of being a mother may be more salient for a woman at home than at work.

After salience is established, the next process includes social comparison. People begin to evaluate their group by comparing themselves (i.e., in-group) to various out-groups (Tajfel & Wilkes, 1963; Turner, 1996; Trepte & Loy, 2017). If one's group membership is perceived well in comparison to the outside social groups, the group establishes positive distinctiveness (Trepte & Loy, 2017). Through this progression, individuals derive a sense of self based on their group membership which becomes a part of their *social identity*. Hornsey (2008) defined social identity as “those aspects of an individual's self-image that derive from the social categories to which one belongs, as well as the emotional and evaluative consequences of this group membership”(p. 3).

In addition, SIT posited that individuals tend to prefer their group over groups to which they do not belong which is understood as in-group bias and intergroup discrimination (Tajfel et al., 1971). Tajfel and Turner (1979) believed that individuals are motivated to participate in in-group bias as a means of enhancing a positive and secure view of self. If members are a part of a group that is not valued as highly as another group, different ways of securing a positive identity occur. Members of the group may choose to disengage from the group or come together with their group and try to promote their group's status in society (Abrams & Hogg, 1988; Hornsey, 2008; Tajfel & Turner, 1979; Turner & Brown, 1978). While these strategies may foster positive group identity, nondiscriminatory and affirming ways to secure a positive sense of self may take place through social creativity. Although social creativity may involve group members of a devalued group comparing their group characteristics to another group in society, which may perpetuate intergroup social conflict; group members can also change their

perception of their group value by focusing on group affirming characteristics irrespective of other social groups.

Deriving their concept from SIT, Abrams and Hogg (1988) proposed the *self-esteem hypothesis* which stated that self-esteem is improved through in-group bias (i.e., intergroup discrimination) and that lower levels of self-esteem will encourage individuals to participate in in-group bias. However, conflicting findings regarding the self-esteem hypothesis (Long & Spears, 1998) suggest that in-group bias may not be necessary to boost self-esteem. All in all, research has demonstrated that group membership impacts the development and maintenance of self-esteem through social interactions (Abrams & Hogg, 1988; Hogg, 2018; Luhtanen & Crocker, 1992; Marshall et al., 2014).

Self-Esteem

While concepts of self-esteem can be traced as far back as the 16th century, the term was introduced in psychology by William James (1890). They defined self-esteem as "success divided by pretensions" (p. 310), taking the view that self-esteem is derived from gaining success related to personal ambitions. In 1967, a simplistic definition of self-esteem was offered:

The evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval and indicates the extent to which an individual believes himself to be capable, significant, successful and worthy. In short, self-esteem is a personal judgment of the worthiness that is expressed in the attitudes the individual holds towards himself. (Coopersmith, 1967, p. 4–5)

As self-esteem became more popular to study in social science research, a scale was developed by Morris Rosenberg (1965) to study self-esteem, the Rosenberg Self-Esteem Scale (RSES). Similarly conceptualized, Rosenberg (1965, 1979) explored self-

esteem through one's worth and value. Some of the questions contained within the RSES include: "On the whole, I am satisfied with myself" and "I feel that I have a number of good qualities."

Extending beyond a unidimensional and global conceptualization of self-esteem, self-esteem has been studied as a multidimensional construct (Rentzsch et al., 2016). The multifaceted approach began as an exploration of one's self-concept defined as one's perception of themselves (Shavelson et al., 1976). These researchers theorized that self-concept can be described as "organized, multifaceted, hierarchical, stable, developmental, evaluative, differentiable" (p. 411). It was suggested that self-perception, which is evaluative in nature, may be influenced by lifespan (i.e., developmental), one's categorization and meaning of experiences (i.e., organized); and domains of experience (i.e., multifaceted) including the relationship each domain shared with one's overarching (i.e., hierarchical) self-concept. Their attempt in understanding self-concept highlighted the importance of considering differences in individual experiences; and how such experiences including the context in which one resides influence one's view of self.

With context in mind, Luhtanen and Crocker (1992) explored how a social context, in particular one's identity derived from such (i.e., social identity), influenced self-esteem. They hypothesized that a relationship would exist between group membership and self-esteem. It has been suggested that both the personal self (i.e., unique traits) and social self (i.e., a view of self that is derived from group membership and interpersonal interactions) influence self-esteem (Du et al., 2017; Tajfel, 1982). Luhtanen and Crocker (1992) developed the term *collective self-esteem* which has been defined as one's worth based on the groups he/she/they belong to.

Additional research has discussed that self-concept may be comprised of personal, social, and interpersonal domains (Du et al., 2017; Sedikides & Brewer, 2001; Tajfel, 1982). From this notion emerged the concept of relational self-esteem. Relational self-esteem is related to one's attachment to others (Sedikides & Brewer, 2001). Sedikides, and colleagues (2013) found that personal, social, and interpersonal domains are important and meaningful to one's overall sense of self and the human experience.

Self-esteem has also been differentiated from competence and worth. Although competence and worth have been previously thought of as two components of self-esteem, it is important to differentiate between the terms. Competence is seen as feeling capable while worth is how valuable the individual feels; both contributing to self-esteem (Cast & Burke, 2002; Gecas 1982; Rosenberg, 1990). In sum, self-esteem can be conceptualized as one's worth derived from a multitude of sources including personal, social, and interpersonal domains (Du et al., 2017; Luhtanen & Crocker, 1992; Rosenberg, 1965, 1979; Sedikides & Brewer, 2001; Tajfel, 1982).

Self-Esteem and Women

Research has demonstrated differences in self-esteem between men and women, indicating a relationship between gender identity and self-esteem (Helwig & Ruprecht, 2017; Moksnes & Espnes, 2012; Rentzsch et al., 2016; Wise & Joy, 1982). Although some research has demonstrated small differences among men's and women's self-esteem (Bachman et. al., 2011; Kling et al., 1999), these studies have been limited to include participants solely from the United States. To expand the research on gender identity and self-esteem outside of the United States, Helwig and Ruprecht (2017) recruited 45,185 individuals from 171 countries to participate in a study examining the

difference in self-esteem based on gender, age, and demographic region. They identified that a gender gap exists in various geographical regions throughout the world during adolescence, with the largest differences between gender occurring during this stage of development. Although their research demonstrated similar trajectories in gender after age 30, Helwig and Ruprecht (2017) recognized that women's scores compared to men were lower from ages 10-30 in Western cultures.

One of the limitations discussed in the previous study included the research design. Helwig and Ruprecht (2017) discussed that due to using a cross-sectional design, they were unable to explore factors that impacted the difference in self-esteem. In an earlier longitudinal study examining self-esteem among adolescents and early adulthood, Sánchez-Queija et al. (2016) found that boys demonstrated an increase in their self-esteem levels over time at higher rates after the onset of adolescence compared to girls. Their study began by recruiting 136 participants between ages of 12 and 14 and concluded with participants' ages ranging from 21 to 23 years old. When exploring factors that influenced levels of self-esteem, their study found that for each gender self-esteem levels increased in those who identified as having higher levels of peer attachment as measured by the subscale of Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987). Peer attachment on this measure is explored through affection and cognitive domains including trust, communication, and alienation. Some limitations of the study include a small sample size, age range (ending before middle to late adulthood), and location (participants were recruited from 10 schools in Spain); however the study did shed light on the importance of attachment in relation to self-esteem.

While the aforementioned studies fostered discussion on the role of gender when studying self-esteem, the focus was on personal self-esteem as measured by the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965). To move beyond a unidimensional approach to exploring self-esteem, Rentzsch et al. (2016) explored differences in self-esteem based on gender through adolescence into adulthood by conceptualizing self-esteem as a multidimensional construct. Self-esteem was measured based on six domains contained within the Multidimensional Self-Esteem Scale (MSES; Schütz & Sellin, 2006) which included: a) self-regard, b) social contact, c) social criticism, d) academic, e) physical appearance, and f) physical ability. Specifically, the self-regard subscale measures self-esteem based on one's own evaluation of their self-worth and social contact is related to one's social skills. Rentzsch et al.'s (2016) study consisted of 672 adolescents and 348 adults aged 13 to 65. The authors found that girls and women reported lower levels of self-esteem within various domains (self-regard, social contact, academic, and performance self-esteem) when compared with boys and men. However, the sample was limited to include participants from Germany.

It is important to consider the implications of self-esteem differences, because of the powerful influence of self-esteem. Higher levels of self-esteem have been found to be helpful in coping with stressful events and contribute to positive affect (Campbell & Lavalley, 1993; Kong & You, 2013; Lee, 2020; Rosenberg et al., 1995). In addition, lower self-esteem has been found to have negative consequences which included heightened depressive symptoms (Kling et al., 1999; Lee, 2020).

Research with adolescents supported this view when the differences between gender, self-esteem, anxiety states, and depression states were examined among

adolescents (Moksnes & Espnes, 2010). These researchers found a significant inverse relationship between self-esteem and both anxious and depressive states suggesting that as self-esteem increased both depressive and anxiety states decreased (and vice versa). Overall, their study found that girls reported higher levels of anxious and depressive symptoms, and lower levels of self-esteem.

Another study conducted by Moksnes and Espnes in 2013 explored the relationship between self-esteem, gender, life satisfaction, subjective health, and stress. Participants included 1,239 students in the 1st through 10th grade. Again, it was found that girls reported higher levels of stress, lower levels of self-esteem, lower subjective health (i.e., self-reported health & chronic illness), and lower life satisfaction. One limitation to note in the previous two studies is the exclusion of adult participants.

As the social self is critical to the development of self-esteem (Abrams & Hogg, 1988; Hogg, 2018; Harter, 1989; Luhtanen & Crocker, 1992; Moran & Eckenrode, 1991), it is also important to consider other factors that may impact gender differences in self-esteem including ethnicity. Ethnicity is a construct that has been studied in relation to self-esteem research. Sprecher et al. (2013) found that Caucasian, Hispanic, and Asian men scored higher on self-esteem than Caucasian, Hispanic, and Asian women in young adulthood. However, African American women reported higher levels of self-esteem compared to African American men.

Zeigler-Hill (2007) suggested that the differences in self-esteem among ethnicity may be due to what areas self-esteem is derived from. Research has suggested that self-esteem may be derived from domains (i.e., contingencies of self-worth) including family love and support, outdoing others in competition, physical appearance, God's love,

academic competence, being a virtuous or moral person, and other's approval (Crocker et al., 2003). Contingencies of self-worth can also "represent people's beliefs about what they must be or do to have value and worth as a person" (Sanchez & Crocker, 2005, p 64).

Studies on contingencies of self-worth have found that worth based on external factors such as academic competence versus internal facets such as having sound morality are related to more detrimental outcomes (Cambron et al., 2010; Crocker, 2002; Greenberg, & Goldenberg, 2003; Liu et al., 2017; Pyszczynski et al., 2005). Detriments may include decreased self-esteem as worth may be more difficult to validate since external domains may be easily influenced (Chang, 2020; Crocker, 2002; Crocker & Wolfe, 2001).

Religiosity and economic status also impact self-esteem (Thompson et al., 2012; Zeigler-Hill, 2014). In research examining the impact of religiosity and socioeconomic status on self-esteem amongst African Americans and Caucasians, research concluded that belief in the bible and higher socioeconomic status related to higher levels of self-esteem (Thompson et al., 2012). Authors found that for African Americans, belief in the bible was the highest predictor of self-esteem, whereas Caucasians' self-esteem was most predicted by socioeconomic status. In another study, Zeigler-Hill (2014) observed in their research that Caucasians self-esteem was derived more from physical appearance, support of family, approval of others, and competition than these factors were for African Americans. African Americans' self-esteem was more largely based on the domain of God's love.

Expanding on the notion that self-esteem has various influencers, Orth et al. (2010) sought to examine how self-esteem differs among health experiences, marital status, gender, education, stressful life events, income, employment status, social support, and ethnicity over time. The participants consisted of 3,617 individuals ages 25-104 years old living in the United States. The scores of the participants covered a 16-year interval. Orth et al. (2010) found that until the convergence of women's and men's self-esteem scores in older age (i.e., 90 years and older), women reported lower levels of self-esteem throughout adulthood. While self-esteem scores appeared similar in the trajectory of self-esteem among Caucasians and African Americans during adulthood, a sharp decline in African Americans' self-esteem scores was found in older age (i.e., 60 years and up). Higher levels of self-esteem were found throughout the lifespan in those who had higher levels of education compared to those with lower levels of education. Self-esteem was also significantly impacted by socioeconomic status and health. Marital status, social support, and stressful life events were not found to impact the trajectory of self-esteem.

Despite these variations in self-esteem, research continues to explore gender differences among various cultures and ages (Bleidorn et al., 2016; Helwig & Ruprecht, 2017; Rentzch et al., 2016). Bleidorn and colleagues (2016) recruited a sample of 985,937 participants ages 16-45 from 48 nations to participate in a study examining self-esteem. Results revealed that across the 48 nations men reported higher levels of self-esteem than women, with an increase in overall reported self-esteem during late adolescence and adulthood.

As self-esteem appears to be impacted by gender affiliation (Helwig & Ruprecht, 2017; Rentzsch et al., 2016), it is worth exploring factors that may contribute to these differences. Makin (1995) implied that differences between men and women could be accounted for by “superwoman” syndrome as women may feel pressure to perform and excel in all roles. For example, while more women are in the workforce now than ever, women still engage in many domestic duties such as household chores and caretaking. A recent study revealed that across the globe 75% of unpaid care and domestic duties fall on women and girls (Moreira da Silva, 2019). A detriment of “doing it all” can include heightened stress (Sumra & Schillaci, 2015) which may negatively impact self-esteem as stress is negatively correlated to self-esteem (Galanakis et al., 2016).

Research has also demonstrated media’s influence on self-esteem among gender. In a study examining adolescents’ self-esteem and gender while taking media influence, emotional expression, body image, and sexual harassment into consideration, Polce-Lynch et al. (2000) found that girls reported a higher media influence as compared to boys, with girls also reporting a more negative body image. Media influence was conceptualized as adapting messages from television, movies, and advertisements. The media messages that were associated with poorer body image negatively impacted levels of self-esteem (i.e., lower body image related to lower self-esteem).

To contribute to the literature by exploring the particular influence of Instagram (i.e., social media platform) on self-esteem and psychological well-being among adults, 129 women were recruited with ages ranging between 18 and 25 years old to participate in a study (Sherlock & Wagstaff, 2019). In line with previous research on adolescents (Polce-Lynch et al., 2000), higher media use negatively impacted self-esteem, body

dissatisfaction, and general and physical appearance anxiety. Higher levels of media (including frequency and followers) negatively contributed to depressive symptoms. Furthermore, social comparison mediated the relationship between media and each dependent variable. Although the study did not examine differences in self-esteem levels based on gender, it provided further discussion on the harmful effects of social comparison.

When taken together, studies have shown that variables of culture, age, and media all have effects on self-esteem, but that women are more powerfully impacted by men (Bleidorn et al., 2016; Helwig & Ruprecht, 2017; Lynch et al., 2000; Rentzsch et al., 2016). Consistent with SIT (Tajfel & Turner, 1979; Turner, 1975), the social identity of being a woman has profound effects on the psyche of the individual. This may be due to adopting detrimental stereotypes or experiencing different treatment opposed to others not affiliated with the devalued group, in turn leading to distress (Crocker & Major, 1989; Kats et al., 2002).

In examining self-esteem in relation to gender identity, Kats and colleagues (2002) explored differences between men and women on self-reported levels of collective self-esteem (based on group membership of being a man or woman), personal self-esteem, anxiety, and depression levels in 182 undergraduate students ages 18 - 25 years old. Within collective self-esteem, four categories emerged. These included membership collective self-esteem, or one's worthiness in the group; private collective self-esteem, which is a personal evaluation of one's group; public self-esteem, or how others evaluate one's group membership; and importance to identity, which is concerned with how important the social group is to one's identity (Luhtanen & Crocker, 1992). Kats and

colleagues (2002) concluded that women overall reported lower levels of personal self-esteem measured by Rosenberg's Self-Esteem Scale (RSES; Rosenberg, 1965) and higher levels of anxiety and depressive symptoms measured by the Beck Depression Inventory (BDI; Beck, 1967) and the Beck Anxiety Inventory (BAI; Beck et al., 1988). Women felt their group membership of being a woman was devalued more than men but valued the identity of being a woman more so than men valued the identity of being a man. Public collective self-esteem, private collective self-esteem, and membership collective self-esteem influenced depression and anxiety levels. The relationships between anxiety and the domains of public, private, and membership collective self-esteem were no longer found when controlling for personal self-esteem in men and women. However, when controlling for personal self-esteem, the domains of public, private, and membership collective self-esteem still shared a relationship with depression for women but not men. The study offered support that a devalued social identity, including that of being a woman, may contribute to lower levels of psychological well-being including symptoms of depression.

Alternately, research has indicated that higher levels of self-esteem can be helpful at buffering against effects of discrimination. In a study exploring perceived discrimination, collective self-esteem, personal self-esteem, and psychological distress (indicated by presence of anxiety, depressive, and somatic symptoms) among women, it was found that personal and collective self-esteem impacted the relationship among distress and discrimination (Corning, 2002). More specifically, as personal self-esteem increased, anxiety, depressive, and somatic symptoms (e.g., headache) decreased. Low levels of personal self-esteem did not impact distress associated with discrimination,

however the impact that discrimination had on symptoms of depression decreased in those with higher levels of personal self-esteem. As collective self-esteem increased, depression and anxiety decreased. Depression was more negatively impacted by discrimination among women who reported lower levels of collective self-esteem. The impact discrimination had on somatic symptoms, depression, and anxiety lessened as collective self-esteem increased.

In sum, the studies highlight the importance of self-esteem, as it can buffer against distress in higher levels (Corning, 2002), and contribute to an increase in anxiety, depression, and somatic symptoms in lower levels (Corning, 2002; Kats et al., 2002; Lee, 2020). Taking into consideration that studies have indicated that women report lower levels of self-esteem (Helwig & Ruprecht, 2017; Moksnes & Espnes, 2012; Rentzsch et al., 2016), it is important to identify factors that promote women's self-esteem.

Social Identity Theory and Self-Esteem

The concept of identity is something that continues to draw attention in the social and behavioral sciences, where it is considered to be the components of self that make a person who they are with unique beliefs, values, and qualities, all of which are developed from a variety of factors (Marcia, 1966; Waterman, 1999). Stable identities may aid in the functioning of society. "Loss of identity is a specifically human danger, and maintenance of identity a specifically human necessity" (Lichtenstein, 1997, p 77).

Developed in the 1970s, SIT proposed that identity is derived from the groups one belongs to (Tajfel & Turner, 1979; Turner, 1975). *Social identity* arises by individuals acknowledging the resemblances within members of their group and dissimilarities in

groups they do not belong (Turner, 1996). Tajfel and Turner (1979) theorized that in comparing groups of which they are a part of and distinct from, individuals make judgments about the groups. Individuals then engage in various behaviors such as in-group bias to enhance the value and identity of the group.

From this idea, researchers proposed the *self-esteem hypothesis* which stated that self-esteem is improved through in-group bias and intergroup discrimination; and that lower levels of self-esteem will encourage individuals to participate in this process (Abrams & Hogg, 1988; Hogg & Abrams, 1990). This form of securing self-esteem is problematic, as it can lead to an “us” versus “them” mentality. Rather than engaging in social competition, individuals can foster a secure and positive social identity by engaging in social creativity which may include focusing on positive attributes of the group. Fundamentally, social groups contribute to the formation of identity (Tajfel & Turner, 1979; Turner, 1975) and self-esteem is then impacted based on how one engages with their social groups (Abrams & Hogg, 1988; Hogg & Abrams, 1990).

Literature has also highlighted differences in the influence of social groups based on types of self-esteem (Rubin & Hewstone, 1988; Martiny & Rubin, 2016). The categories of self-esteem include: global self-esteem which pertains to one’s overall evaluation of self (Rosenberg, 1965), specific self-esteem which relates to a particular construct (Rosenberg et al., 1995), and social self-esteem which is thought of as the self-worth derived from a social context (Breckler & Greenwald, 1986; Crocker & Luhtanen, 1990; Long et al., 1994; Luhtanen & Crocker, 1991, 1992; Rosenberg et al., 1995). In addition, Kline (1993) suggested that self-esteem can also exist in two categories which

include state (i.e., self-esteem in the moment) and trait (i.e., feeling about one's self-esteem most of the time).

Research has demonstrated conflicted findings in support of the self-esteem hypothesis using social, global, and specific self-esteem (Martiny & Rubin, 2016; Rubin & Hewstone, 1988). In an extensive review of literature regarding SIT's self-esteem hypothesis, Rubin and Hewstone (1998) found that the proportion of evidence was better accounted for by specific self-esteem over global, and social over personal. They argued for a revised self-esteem hypothesis which is explained as followed:

Successful competitive intergroup discrimination enhances social identity and thus increases the specific state self-esteem associated with that identity.

Low specific social state self-esteem promotes competitive discrimination because of a need for this type of self-esteem (p. 57-58).

Contrary to Rubin and Hewstone (1998), Long and Spears (1998) found that participants who reported higher levels of personal self-esteem demonstrated more in-group bias, however the opposite was true for collective self-esteem (i.e., social self-esteem). Another conflicting finding occurred in a study by Aberson et al. (2000), who found that social self-esteem did not foresee in-group bias more so than personal self-esteem. Their study demonstrated that for both social and personal self-esteem, higher self-esteem was associated with more in-group bias.

The conceptions of *self-concept* and *self-definition* may account for the conflicted findings as related to the self-esteem hypothesis (Long & Spears, 1998). Specifically, the perceived value and emotional attachment related to the group membership could explain why people obtain self-esteem in differing ways. In relation to social interactions, an early study by Cooley (1902) defined self-concept as the *looking glass self*. Cooley

(1902) felt that individuals self-assessed by considering who they are in a social context. Essentially, how others perceived the individuals would promote how the individual felt about themselves and impact their self-concept. SIT built on this idea of self-concept and introduced *self-definition*. Self-definition is “that part of the individual’s self-concept which derives from knowledge of their membership of a social group (or groups) together with the value and emotional significance attached to that membership” (Tajfel, 1981, p. 255). To sum, if a group membership makes an individual feel good about who they are and the group is important to the individual, the members of the ingroup influence one another’s behavior (Turner, 1991). If other members are promoting the status of the group through in-group bias, individuals within that group membership may choose to do the same. However, if the perceived value and support gained from that group membership is not significant, the individual may not be as impacted by the members within the group and choose to engage in other strategies outside of in-group bias to foster their self-esteem.

Self-esteem as it relates to social identity is then seen as a motive behavior, as the identity of the individual along with the identity of the group membership influences how one interacts with others and perceives themselves (Cooley, 1902; Tajfel, 1981). These identities together influence the individual’s self-concept. It has been argued that the *clarity* of the self-concept (i.e., beliefs about self are well-defined) is related to greater psychological well-being (e.g., positive affect) and increased self-esteem (Baumgardner, 1990; Campbell, 1990; Erickson, 1968; Marcia, 1980; Stinson et al., 2008). It has also been suggested that a lack of a distinct social identity can impede a defined formation of a personal identity and thus decrease psychological well-being (Taylor, 1997, 2002).

Usborne and Taylor (2010) tested Taylor's (1997, 2002) assumption by examining self-esteem, affect, and self-concept as it relates to cultural identity across various cultures including Anglophone Quebecers, Francophone Québécois, Chinese North Americans, and Aboriginal Canadians. Campbell et al.'s (1996) Self-Concept Clarity Scale was used to measure self-concept and affect was measured using the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988). The PANAS includes negative (e.g., ashamed) and positive (e.g., inspired) affect descriptors. Researchers found that those who demonstrated a clearer self-concept displayed higher levels of self-esteem and a more positive affect.

Keeping SIT (Tajfel & Turner, 1979; Turner, 1975), the self-esteem hypothesis (Abrams & Hogg, 1998, 1999), and Taylor's (1997, 2002) concept in mind, it could then be hypothesized that the need for self-esteem leads to changes in behavior (e.g., social creativity) boosting self-concept leading to greater psychological well-being and self-esteem. However, this may only hold true based on the perceived value and support gained from that group membership.

Perceived Social Support and Self-Esteem

Social support is a construct that has been studied in various fields and can be defined as "perceived or actual instrumental and/or expressive provisions supplied by the community, social networks, and confiding partners" (Lin, 1986 p. 18). This speaks to one way social support is measured, which is by the extent to which an individual perceives their support (i.e., perceived social support). The study of social support in relation to its effect on health became prevalent in the 1970s. Two hypotheses were used to determine how social support influences health outcomes. The first is the main effect

hypothesis, which assumes that social support is beneficial at all times. The second is the buffering hypothesis which assumes that social support is meaningful predominately during times of stress (Cohen & Wills, 1985).

Since Lin's (1986) definition of social support, literature has continued to define social support in various ways. Types of social support can include support from friends, family, significant others and/or romantic partners. Types of support may also include emotional, instrumental, informational, appraisal, and financial (Glantz et al., 2008; Wong et al., 2014). Emotional support is conveyed by others providing empathy. Instrumental support is visible and could include others providing an act of service. Informational support consists of others giving recommendations or advice. Appraisal is expressed when others provide content to the individual that may aid them in evaluating themselves which may include affirmations or feedback (Glantz, et al., 2008). Lastly, financial support includes monetary assistance provided to help assist others (Wong et al., 2014). For the purpose of the present study, perceived social support from family, friends, and significant others was explored.

Studies have suggested that in developing self-esteem, social acceptance and peer relationships are important (Harter, 1989; Moran & Eckenrode, 1991). When examining the influence of the social support on self-esteem, research has supported a positive relationship between these two factors (Causey et al., 2015; Maddy III et al., 2014; Marshall et al., 2014; Walters & Moore, 2003). This would mean that as social support increases, self-esteem also increases (i.e., self-esteem decreases as social support decreases). In addition to receiving social support, giving social support has been found to positively influence self-esteem (Peng et al., 2013).

Social support can also impact self-esteem differently based on who is providing the support (Nguyen et al., 2015; Tahir et al., 2015). For adolescents, family and friends both positively influenced self-esteem, with adolescents preferring seeking support from their family (Tahir et al., 2015). In older adults (e.g., age 55 and older), closeness with friends but not family positively impacted self-esteem (Nguyen et al., 2015). In conclusion, various social support factors such as who is providing the support and the perceived closeness to those who provide the social support can impact self-esteem.

In a study conducted by Detrie and Lease (2007), the relationship between social support, connectedness, collective self-esteem (i.e., self-esteem related to lesbian, gay, and bi-affectional [LGB] group membership), and psychological well-being among lesbian, gay, and bisexual youth (LGB) was examined. The researchers found that the perception of social support was positively related to psychological well-being, and when controlling for perceived social support, psychological well-being was positively impacted by social connection and collective self-esteem (Detrie & Lease, 2007). In sum, their study found that as social connection, social support, and collective self-esteem increased, psychological well-being also increased.

Additional research has indicated the relationship between self-esteem and social support is reciprocal. Marshall et al. (2014) recruited 961 adolescents to participate in a study that examined self-esteem and social support over a period of four years.

Researchers found that self-esteem influences the breadth of one's social network and how one perceives the quality of their social support. In short, higher self-esteem enables one to have a broader social network and feel more supported.

Research has also indicated that groups value types of social support differently. In the study conducted by Wong et al., (2014), 1,074 women were recruited from various ethnic backgrounds (e.g., African American, Latina, Chinese, and Caucasian) to examine the relationship between social support, mental health, and physical health (e.g., vitality, social functioning, role-emotional, and emotional well-being). Increased emotional support was associated with increased physical health for Caucasians, Latinas, and Chinese. Emotional support also shared a positive relationship with mental health for Latinas, African Americans, Chinese, and Caucasians. For Chinese women, informational support was negatively related to mental health. In all the racial/ethnic groups, emotional support was considered to be the most significant type of social support in relation to its impact on emotional and physical health.

In addition to variation among groups based on the type of social support, research has shown differences in the benefits gained based on the source of social support. Lee and colleagues (2017) recruited 628 undergraduate students to participate in a study exploring the influence of social support (from friends, family, and romantic partners) on perceived stress and characteristics linked to well-being (loneliness, depressive symptoms, and physical health). Social support received from friends and romantic partners helped reduce stress and its impact on the characteristics of well-being. Social support from friends mediated the relationship among stress and loneliness, while romantic partners helped mediate the relationship between stress and depressive symptoms and stress and loneliness. The relationship between self-reported physical health (i.e., 1= poor health, 5= excellent health) and stress was mediated by support received from family. While the study concluded that men's and women's stress level

shared a negative relationship with well-being, authors found that women were more negatively impacted when perceived social support from friends was low. This supports a previous finding in that women place greater emphasis on relationships and connection with others as compared to men (Josephs et al., 1992).

In sum, research has demonstrated the profound influence of social support on factors including mental and physical well-being (Lee et al., 2017; Wong et al., 2014) and self-esteem (Marshall et al., 2014; Tahir et al., 2015). However, up to date most of the literature examining social support's influence on self-esteem has been largely focused on personal self-esteem (Causey et al., 2015; Harter, 1989; Maddy III et al., 2014; Marshall et al., 2014; Peng et al., 2013; Walters & Moore, 2003). Although personal self-esteem and collective self-esteem are related (Luhtanen & Crocker 1992), examining the influence of social support on collective self-esteem in women can further address the gap in literature.

In their attempt to bridge the gap by examining factors that influence collective self-esteem, Nguyen (2017) sought out to explore how mosque-based social support impacted personal and collective self-esteem among Muslim American adults. Mosque-based support was evaluated based on emotional support received and negative interaction with congregants. To measure mosque-based emotional support participants were asked two questions, which included: "How often do the people in your congregation: (1) make you feel loved and cared for and (2) listen to you talk about your private problems and concerns?" Negative interaction with congregants was also assessed using two questions which included: "How often do the people in your

congregation make too many demands on you?” and “How often are the people in your congregation critical of you and the things you do?”

In conclusion, Nguyen (2017) found that mosque-based emotional support enhanced participants’ collective self-esteem but not personal self-esteem. Furthermore, participants in the study who reported experiencing more negative interactions with fellow congregants experienced lower levels of personal self-esteem. The study offered additional backing on the importance of considering collective self-esteem outside of personal self-esteem when exploring the influence of social support on such constructs. Nyugen’s research also highlighted the unique ways that social interactions (e.g., others offering emotional support or criticism) can impact one’s worth associated with a particular identity and their personal self-worth. And while Nguyen’s study demonstrated how personal self-esteem and collective self-esteem exist as two separate constructs (as each were impacted differently based on the positive or negative social interactions), research remains limited on how social support can impact one’s evaluation and worthiness as a woman.

Due to the lack of research on factors influencing collective self-esteem in women, the purpose of this study is to determine if there is a relationship between perceived social support and collective self-esteem in women. Examining this relationship can address the existing gap in literature. Exploring this relationship is also important to the counseling field, as adding to the literature in this way is in line with advocacy efforts outlined by the *ACA Advocacy Competencies*:

Recognize the impact of oppression, other barriers, and environmental factors that interfere with healthy development, identify factors that are protective of healthy development as well as various avenues for enhancing these protective factors

through the public arena, and share research and professional expertise with partner client groups and community members in developmentally and culturally appropriate ways. (Ratts et al., 2018, p. 8)

Summary of Literature Review

The purpose of this literature review was to further define and connect variables related to collective self-esteem including social support. Self-esteem as it has been discussed can be impacted by innumerable factors including one's social identity (Abrams & Hogg, 1988; Hogg & Abrams, 1999; Harter, 1989; Luhtanen & Crocker, 1992; Moran & Eckenrode, 1991; Tajfel & Turner, 1979; Turner, 1970). Crocker and Major (1989) suggested that being a member of a marginalized population (e.g., ethnic minorities, women, LGBTQ +, low SES, and individuals with mental health concerns) or devalued group may negatively influence emotions and personal identity, in turn impacting self-esteem. Research finds that women report lower levels of self-esteem when compared to men (Rentzch et al., 2016; Helwig & Ruprecht, 2017).

It is important to understand factors that contribute or impede the development of self-esteem, as studies have supported the link between depression symptoms and self-esteem. Kats et al. (2002) and Moksnes et al. (2010) found that women not only report lower levels of self-esteem, but also reported a high level of depression symptoms when compared to men. In addition, studies have shown that women report higher levels of anxiety compared to men (Kats et al., 2002; Moksnes & Espnes, 2012). Identifying variables that protect or boost self-esteem among marginalized groups including women can be a form of advocacy.

To further expand on the literature, this study explored the relationship among perceived social support and collective self-esteem in women. In conclusion, with supported literature above, the hypothesis of the study was as follows: There will be a statistically significant relationship among perceived social support and collective self-esteem in women.

CHAPTER III

METHODOLOGY

This chapter outlines the research purpose, research questions, study variables, research design, and procedures. The sampling method, participants, and instruments utilized to carry out the research are also discussed. The chapter concludes by providing an overview of the data analysis.

Research Purpose

The purpose of this study was to determine whether there is a relationship between perceived social support and collective self-esteem in women. In order to achieve this purpose, this study investigated the relationship between self-reported scores of perceived social support as measured by the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) and self-reported collective self-esteem scores as measured by the Collective Self-esteem Scale (CSES; Luhtanen & Crocker 1992) in women. The study also considered demographic characteristics to control for potential covariates.

Research Questions

The main research question was investigated by exploring the relationship between self-reported scores of perceived social support as measured by the MSPSS (Zimet et al., 1988) and self-reported collective self-esteem scores as measured by the

CSES (Luhtanen & Crocker 1992) in women. The collective self-esteem instrument has four subscales. Each will be measured as an outcome variable. The study also considered demographic characteristics to control for potential covariates.

The following research sub-questions were additionally explored in this study:

Is there a relationship between perceived social support and collective self-esteem in women?

1a: Is there is a relationship between perceived social support as measured by MSPSS and private self-esteem as measured by CSES in women while controlling for relevant demographic variables?

1b: Is there a relationship between perceived social support as measured by MSPSS and public self-esteem as measured by CSES in women while controlling for relevant demographic variables?

1c: Is there a relationship between perceived social support as measured by MSPSS and membership self-esteem as measured by CSES in women while controlling for relevant demographic variables?

1d: Is there a relationship between perceived social support as measured by MSPSS and importance to identity self-esteem as measured by CSES in women while controlling for relevant demographic variables.?

Hypotheses

Social Support and Private Self-Esteem

Directional hypothesis 1a: There is a statistically significant positive relationship between perceived social support as measured by MSPSS and private self-esteem as measured by CSES in women while controlling for relevant demographic variables.

Social Support and Public Self-Esteem

Directional hypothesis 1b: There is a statistically significant positive relationship between perceived social support as measured by MSPSS and public self-esteem as measured by CSES in women while controlling for relevant demographic variables.

Social Support and Membership Self-Esteem

Directional hypothesis 1c: There is a statistically significant positive relationship between perceived social support as measured by MSPSS and membership self-esteem as measured by CSES in women while controlling for relevant demographic variables.

Social Support and Identity Self-Esteem

Directional hypothesis 1d: There is a statistically significant positive relationship between perceived social support as measured by MSPSS and importance to identity self-esteem as measured by CSES in women while controlling for relevant demographic variables.

Independent and Dependent Variables

The research question contains continuous variables, which include perceived social support as measured by the MSPSS and collective self-esteem as measured by the CSES. The MSPSS is a self-report measure which contains three subscales: 1) friends, 2) family, and 3) significant other. These subscales were used as three independent variables to measure the multidimensional construct of perceived social support. The CSES is a self-report measure of collective self-esteem as it relates to a particular group identity. In the present study, the collective self-esteem related to being a woman was explored. The subscales of the CSES include: 1) private, 2) public, 3) membership, and 4) importance to identity. The subscales were used as four dependent variables in the study. Furthermore, demographic variables that were significantly correlated with the dependent variable were used as covariates in the study.

Research Design

A non-experimental correlational research design was used in the present study. This type of design enables the researcher to explore the relationship among two or more variables (Heppner et. al, 2008). In using a statistical correlation analysis, researches can determine the degree/strength and direction of a relationship among the variables being explored (Heppner et al., 2008; Salkind, 2011). The degree/strength allows the researcher to determine how much the variables are related to one another, while the direction shows the pattern and nature of the relation among the variables (Heppner et al., 2008; Salkind, 2011).

Data Collection and Procedure

After receiving Institutional Review Board (IRB) approval, a survey was administered in Qualtrics, a web-based survey program, to gather information from study participants. This included the informed consent page, the CSES, the MSPSS, and a demographic questionnaire. The informed consent page included the purpose of the study, the procedures (e.g., participation in Qualtrics survey), inclusion and exclusion criteria (e.g., must identify as a woman and be over the age of 18), risks, benefits, rights (e.g., autonomy), confidentiality, limits of confidentiality, contact information of researcher, and acceptance to participate in the study.

To protect confidentiality, no identifying information was gathered from study participants. Participation was voluntary and respondents had to click “I agree” on the informed consent page before moving to the first questionnaire. A page that was not affiliated with responses was added to the survey to obtain emails of participants who wish to enter a drawing for a \$25 amazon gift card. This was used as an incentive to increase response rate.

Participants and Sampling Method

In addition to identifying as a woman, the study was delimited to include individuals over 18 years old. To recruit women for the study, convenience sampling was used via social media (i.e., Facebook and Instagram), listservs, and flyers. Convenience sampling is used as a cost-effective way to gain participants which are most accessible (Marshall, 1996). A power analysis was conducted by the researcher to reduce the likelihood that a false null hypothesis would not be rejected (Cohen, 1992). In other

words, a power analysis helps the researcher determine if a statistically significant relationship does exist between variables. When conducting a regression analysis with a total number of three independent variables, at least 76 participants are needed to ensure a minimum statistical power of .80 with a medium effect size an alpha level of .05.

Participants

In total, 348 responses were received prior to ending data collection for the study. Nineteen responses were removed from the data analysis due to substantial nonresponse on the primary instruments used in this study (CSES and MSPSS). Ninety-four percent of women who started the study complete all of the instruments. Descriptive statistics were gathered on the remaining 329 participants. Participants' ages ranged from 18 to 76 years old (Mean = 38.3, SD = 15.4). The average income for participants was \$91,727 with \$100,000 being the most reported (7.6%). Table 1 provides an overview of the categorical demographic variables which included ethnicity, geographic location, education, strongest social support, and relationship status. In addition, descriptive statistics for continuous demographic variables which included age, income, and religious/spiritual importance can be found in Table 2.

Table 1

Frequency Distributions for Demographic Variables

| Variable | <i>n</i> | % |
|---------------------------------------|----------|------|
| Ethnicity | | |
| Asian/Asian American/Pacific Islander | 4 | 1.2% |
| Black/African American | 13 | 3.9% |
| Hispanic/Latin American | 4 | 1.2% |
| Multi-Racial | 8 | 2.4% |
| Other | 1 | 0.3% |
| (table continued) | | |

| | | |
|-------------------------|-----|-------|
| White/European American | 298 | 90.6% |
| Not reported | 1 | 0.3% |
| Region | | |
| Intermountain | 9 | 2.7% |
| Midwest | 253 | 76.9% |
| Northeast | 28 | 8.5% |
| Pacific | 18 | 5.5% |
| Southeast | 21 | 6.4% |
| Education | | |
| Bachelor's degree | 93 | 28.3% |
| Doctorate degree | 24 | 7.3% |
| High school diploma | 19 | 5.8% |
| Master's degree | 121 | 36.7% |
| Other | 15 | 4.5% |
| Some college | 57 | 17.3% |
| Relationship Status | | |
| Engaged | 7 | 2.1% |
| Married | 193 | 58.7% |
| Other | 13 | 3.9% |
| Partnered | 35 | 10.6% |
| Single | 77 | 23.3% |
| Widowed | 3 | 0.9% |
| Not reported | 1 | 0.3% |
| Strongest support | | |
| Child(ren) | 22 | 6.7% |
| Friend | 42 | 12.7% |
| My father | 8 | 2.4% |
| My mother | 55 | 16.7% |
| Other | 22 | 6.7% |
| Partner | 180 | 54.7% |

Table 2

Descriptive Statistics for Continuous Demographic Variables

| Variable | <i>n</i> | <i>M</i> | <i>SD</i> |
|--------------------------------|----------|----------|-----------|
| Age | 329 | 40.68 | 11.93 |
| Income | 329 | 91727.06 | 700000 |
| Religious/Spiritual Importance | 329 | 1 | 5 |

Note. Religious/Spiritual Importance (1 = unimportant, 2 = slightly unimportant, 3 = moderately important, 4 = slightly important, 5 = very important). Income included yearly dollar amount.

Instrumentation

The instruments in this study will include the MSPSS (Zimet et al.,1988) and the CSES (Luhtanen & Crocker 1992). A demographic questionnaire will be utilized to gather information on the participants of the study. These variables include ethnicity, age, geographic location, education, importance of religious/spiritual, strongest social support, relationship status, and socioeconomic status (i.e., yearly income). Demographic variables that have been identified as related to self-esteem through literature will also be utilized as covariates in the present study.

Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS (Zimet et al.,1988) is a 12-item self-report inventory used to assess social support. Subscales of the measure include family (Fam), friends (Fri), and significant other (SO). The Likert scale ranges from 1 (very strongly disagree) to 7 (very strongly agree). Sample statements include “There is a special person who is around when I am in need” and “I can talk about my problems with my family”.

The MPSS can provide scores for each subscale in addition to a composite score. To find the sums of each subscale, simply add together the items that correspond with each subscale. The significant other subscale includes items 1, 2, 5, and 10, the family subscale includes items 3, 4, 8, and 11 and the friends subscale includes items 6, 7, 9, and 12. To calculate the mean scores, the total of each subscale is divided by four. The mean scores range from 1 (low support) to 7 (high support). To obtain the total mean score, subscales are added together and divided by 12. Composite mean scores range from 12 to 84, with higher scores indicating higher social support. The present study used the sums of each subscale to capture multiple dimensions of social support.

The MSPSS has demonstrated good test-retest reliability for the subscales scores and total score. In a two to three month follow up, ranges on scores using Cronbach's alpha were as follows: significant other = .91 to .72, family = .87 to .85, friend = .85 to .75, and total scores = .88 to .85 (Zimet et al., 1988). In addition, excellent internal consistency was demonstrated among the subscales and total scores of the MSPSS. Using Cronbach's coefficient alpha as a measure of internal reliability, scores revealed the following: family $\alpha = .90$, friends $\alpha = .94$, significant other $\alpha = .95$, and total score $\alpha = .91$. For the current study, Cronbach's coefficient alpha was as follows: family $\alpha = .93$, friends $\alpha = .96$, significant other $\alpha = .96$, and total score $\alpha = .94$.

To establish construct validity, the MSPSS scores were measured against constructs (i.e., anxiety and depression scores) expected to yield a negative relationship (Zimet et al., 1988). Specifically, Zimet and colleagues had anticipated that higher scores on anxiety and depression inventories would be correlated with lower scores on the

MSPSS. As expected, the MSPSS scores shared statistically significant inverse relationships with depression scores and anxiety scores, at an alpha level of $p < .05$.

The MSPSS has also been found to be valid and reliable across various samples including Mexican, European, and African American adolescents, college students, and clinical populations (Canty-Mitchell & Zimet, 2000; Dahlem et al., 1991; Eker & Arkar, 1995; Eker et al., 2001; Edwards, 2004; Zimet et al., 1988,1990). In addition to its psychometric strengths, the MSPSS offers a significant other subscale which is uncommon in other social support measures (Canty-Mitchell & Zimet, 2000; Zimet et al., 1988). Furthermore, the significant other subscale is not clearly defined and allows the participant to interpret this term in their own way. For example, ‘a significant other’ may include someone outside the participant’s friends and family such as a partner or teacher.

Collective Self-Esteem Scale (CSES)

Grounded in social identity theory (Tajfel & Turner, 1979, 1986) the CSES (Crocker & Luhtanen, 1990) has aimed to explore the social identity of an individual and their self-esteem based on that identity in particular groups (e.g., ethnic or gender groups). Twenge and Crocker (2002) have identified the CSES as one of the most popular instruments exploring collective group identity in psychology. The scale has continued to be utilized across various samples including Vietnamese Americans, Muslim Americans, Latinx, high school students, teachers, adolescents, and counselors (Yu, Lee, & Lee; 2007; Lam, Alvarado, & Lee, 2014; Nguyen, 2017; Duenas & Gloria, 2017; Zhia et al., 2019; Chung, 2019;).

In the beginning of its development, exploratory factor analysis and confirmatory factor analysis were used to structure the CSES (Crocker & Luhtanen, 1992). The four items with the highest factor loadings resulted in the final 16-item CSES scale, therefore leading to collective self-esteem being measured across four subscales (private, public, membership, and importance to identity). Each domain corresponds with four statements within the inventory. Participants respond to each statement using a Likert scale that ranges from 1-7 (i.e., 1 = strongly agree, 2 = disagree, 3 = disagree somewhat, 4 = neutral, 5 = agree somewhat, 6 = agree, 7 = strongly agree).

The membership subscale evaluates the extent in which one feels they are a worthy member of their group. Private collective self-esteem determines how an individual personally feels about their group. Public collective self-esteem explores how one feels that others perceive their group. Lastly, the importance to identity evaluates how important the group membership is to the individual's self-concept (Crocker & Luhtanen, 1992).

The CSES has demonstrated good internal consistency as Cronbach's alpha coefficients range from .83 to .88. For the current study, Cronbach's coefficient alpha was as follows: private collective self-esteem $\alpha = .80$, public collective self-esteem $\alpha = .84$, membership collective self-esteem $\alpha = .78$, importance to identity $\alpha = .67$, and total score $\alpha = .87$. Test-retest reliability revealed a Cronbach's alpha of .68 after a six-week period (Crocker & Luhtanen, 1992). Construct validity was also established with the CSES as scores moderately correlated with Rosenberg's self-esteem scale (Rosenberg, 1965). The strongest relationship existed between Rosenberg's self-esteem and the membership subscale of collective self-esteem, with $r = .42, p < .001$. Total collective

self-esteem was correlated with Rosenberg's self-esteem scale with $r = .36$, $p < .001$. The lowest correlation was among the identity subscale with $r = .12$, $p < .01$.

In a revised collective self-esteem scale based on group affiliation (e.g. race, gender), Luhtanen and Crocker (1992) found that racial minorities including African Americans and Asians reported lower levels of collective self-esteem on the public subscale as opposed to Caucasians. In addition, the public collective self-esteem scale showed a negative relationship with discrimination based on race and gender. Researchers suggest that these findings further supported the scale's validity and that the scale can be used in relation to a particular group without losing the psychometric properties discussed in the original format. In this study, CSES will be used in relation to gender group (i.e., self-esteem related to being a woman).

To score the CSES, the researcher must recode reverse scored answers. Items 2, 4, 5, 7, 10, 12, 13 and 15 are recoded such that 1 = 7, 2 = 6, 3 = 5, 4 = 4, 5 = 3, 6 = 2, and 7 = 1. After reverse coding, the sum of items within each domain are added and divided by 4 to create a mean subscale score. While a composite score is available using the CSES, Crocker et al. (1994) found that in using the CSES- Race Specific form some subscales were not correlated. This form of the CSES asks questions related to ethnical/racial identity. An example question includes: "I am a worthy member of my race/ethnic group." For African American students, the public collective self-esteem subscale and the private collective self-esteem scale were not correlated. For Asian students, no significant correlations were found among public collective self-esteem and the identity subscale. Crocker et al. (1994) urge researchers to then not rely on a composite score as it

may yield inaccurate results. Therefore, the sum of each subscale was used as four dependent variables in the present study.

Demographics Questionnaire

People develop a sense of self based on the social groups they are a part of, which can have a large impact on self-esteem (Abrams & Hogg, 1988, Hogg & Abrams, 1990; Hogg, 2018; Luhtanen & Crocker, 1992; Moran & Eckenrode, 1991; Tajfel & Turner, 1979; Turner, 1975). Self-esteem as it relates to social identity is seen as a motive behavior, as the identity of the individual along with the identity of the group membership influences how one interacts with others and perceives themselves (Cooley, 1902; Tajfel, 1981). Research has indicated differences in self-esteem among demographic variables associated with varying social identities such as ethnicity (Specher et al. 2013), age (Helwig & Ruprecht, 2017), socioeconomic status (Orth et al., 2010; Thompson et al., 2012), education level (Orth et al., 2010), social support (von Soest et al., 2018), and religiosity (Thompson et al., 2012; Zeigler-Hill, 2014).

A demographic questionnaire will be utilized to gather information on the participants of the study. These variables include ethnicity, age, geographic location, education, importance of religious/spiritual, strongest social support, relationship status, and socioeconomic status (i.e., yearly income). The demographic variables, if any, that share a statistically significant relationship with the dependent variable will be used as covariates in the study.

Ethnicity

Ethnicity is a construct that has been studied in relation to self-esteem research (Sprecher et al., 2013). These researchers found that among data collected from 1990 to 2012, African Americans demonstrated higher self-esteem when compared to Caucasians. Furthermore, African Americans also demonstrated higher self-esteem when compared to Hispanic and Asian participants. However, when evaluating public collective self-esteem (i.e., how one feels that others evaluate their group) Luhtanen and Crocker (1992) found that racial minorities including African Americans and Asians reported lower levels of collective self-esteem on the public subscale as opposed to Caucasians. Furthermore, the public collective self-esteem scale showed a negative relationship with discrimination based on race and gender.

Age

Research has demonstrated variations in self-esteem based on age. Orth and colleagues (2010) found the highest ascent in self-esteem trajectories among men and women in early adulthood, with scores increasing until approximately 60 years old. Helwig and Ruprecht (2017) also identified an increase in women's self-esteem in late adolescence.

Geographic Location

Geographic location may also have an impact on self-esteem. In research exploring gender differences in self-esteem across various geographic locations, Helwig and Ruprecht (2017) recognized that women's scores compared to men were lower from ages 10 - 30 in Western cultures. This may be related to the use of social media in

Western cultures, as Polce-Lynch et al. (2000) found that among adolescent girls in comparison to adolescent boys, girls report higher media influence and lower body image which negatively impacted their reported self-esteem.

Relationship Status

Social relationships have been explored in relation to self-esteem. In a recent study, von Soest and colleagues (2018) sought to identify factors that impact the development of self-esteem throughout the lifespan. Social relationships were among variables explored in the study in addition to socioeconomic status, health, personality traits, gender, and age. Social relationships were defined by exploring the presence of a cohabiting partner and the lifetime history of divorce and widowhood. While divorce and widowhood did not impact self-esteem, having a cohabiting partner related to both the level of and the increase of self-esteem. Specifically, participants who had a cohabiting partner compared to those who did not had higher levels of self-esteem in addition to a stronger increase in self-esteem.

Religiosity/Spirituality

Religiosity and/or spirituality also can influence on self-esteem (Thompson et al., 2012; Zeigler-Hill, 2014). In examining the impact of factors such as religiosity on self-esteem amongst African Americans and Caucasians, research concluded that belief in the bible shared a positive relationship with self-esteem (Thompson et al., 2012). Furthermore, authors found that for African Americans, belief in the bible was the highest predictor of self-esteem. This is in line with additional research that has indicated

that for African Americans, self-esteem is largely based on the domain God's love (Zeigler-Hill, 2014).

Education Level and Socioeconomic Status

Expanding on the notion that self-esteem has various influencers, Orth and colleagues (2010) sought to examine how self-esteem differs among various demographic variables some of which included education, income, and employment status. Higher levels of self-esteem were found throughout the lifespan in those who had higher levels of education compared to those with lower levels of education. Self-esteem was also significantly impacted by socioeconomic status. In addition, when exploring variables that predict self-esteem (i.e., socioeconomic status and religiosity) among Caucasians and African Americans, Thompson et al. (2012) found that for Caucasians self-esteem was most predicted by socioeconomic status.

In sum, research has indicated differences in self-esteem among demographic variables such as ethnicity (Specher et al. 2013), age (Helwig & Ruprecht, 2017), socioeconomic status (Orth et al.. 2010; Thompson et al.. 2012), education level (Orth et al., 2010), social support (von Soest et al., 2018), and religiosity (Thompson et al., 2012; Zeigler-Hill, 2014). Demographic variables that shared a significant relationship with the dependent variables were used as covariates in the study.

Data Analysis

Regression analyses are useful when examining a relationship among variables (Heppner et al., 2016). Simple linear regressions are used to examine the relationship between two variables, while a multiple regression analysis allows the researcher to

explore the relationship among two or more variables (Heppner et al., 2016). To answer the research question, four multiple regression analyses were used. This statistical analysis aids the researcher in examining if there is a predictive relationship between the variables (Gliner et al., 2009). A researcher can choose the order of how independent variables are entered to examine multiple predictor variables and their impact on the dependent variable. Mertler and Vannatta (2010) suggest that this can help a researcher explore the variance of the variables above and beyond the variables that were entered into the model previously. In the present study, for research hypothesis one the researcher entered education in the model first to control for its effects on private collective self-esteem as literature has demonstrated a relationship between education and self-esteem (Orth et al., 2010; Thompson et al., 2012). Furthermore, controlling for the effects of demographic variables including education in studying collective self-esteem is in line with previous research (Hassan et al., 2013). Next, the subscales of the MSPSS which includes friends, family, and significant other were entered into the second block which is in line with research which has explored social support using regression analyses (Detrie et al., 2007). Regarding hypothesis two, in line with previous studies (Hassan et al., 2013; Nguyen, 2017) the researcher entered education, income, and ethnicity into the first block of the model to control for its effects on public collective self-esteem. Furthermore, Pearson correlations demonstrated a statistically significant relationship between income and public self-esteem in the current study $r = .11, p < .05$. Next, in line with previous research (Detrie et al., 2007), the subscales of the MSPSS which includes friends, family, and significant other were entered into the second block. For hypothesis three, in line with previous research (Hassan et al., 2013) on membership self-esteem, education was

entered into the first block of the model. Income and religious/spiritual importance were also entered into the first block to control for their effects as Pearson correlations demonstrated statistically significant relationships with membership collective self-esteem ($r = .11$, $p < .05$ and $r = .13$, $p < .05$). Lastly, as no demographic variables demonstrated a statistically significant relationship with identity self-esteem (i.e., importance to identity subscale of the CSES), the only block in the model included the social support subscales (i.e., friends, family, and significant other).

Prior to running the regression analyses, the researcher engaged in pre-analysis data screening by using frequency statistics to determine missing values among continuous variables. Nineteen missing values were identified for age, 18 were identified as missing for income, 10 were identified as missing within the MSPSS, and 14 were identified as missing within the CSES. The investigator replaced missing values for age, income, MSPSS scores, and CSES scores by using the overall mean of the scales in place of the missing values.

To continue in the data screening process, data was transformed by recoding the reverse-scored answers on the CSES. According to scoring on the CSES, items including 2, 4, 5, 7, 10, 12, 13, and 15 should be transformed such that (1 = 7), (2 = 6), (3 = 5), (4 = 4), (5 = 3), (6 = 2), and (7 = 1). Religiosity/Spirituality was measured on a Likert scale (1 = very important, 2 = slightly important, 3 = moderately important, 4 = slightly unimportant, 5 = unimportant) and recoded such that (1 = 5), (2 = 4), (3 = 3), (4 = 2), and (5 = 1). In addition, 22 dummy variables were created from the categorical variables based on responses from the demographic questionnaire. Specifically, this included the participants' region, ethnicity, education, and relationship status.

After pre-analysis data screening, assumptions for hierarchical multiple regressions were tested. First, the assumption of normality was tested. Normality assumes that observations in the sample exist within a normal distribution (Mertler & Reinhart, 2017). To determine if scores existed outside of the normal distribution the researcher used standardized scores to identify extreme values. Cases with z-scores which exceeded the absolute value of three were identified. The researcher then ran the regression analyses with and without the outliers to determine the impact of the results. Due to minimal variation in the results, the 18 outliers were included in the final models.

Next, diagnostics tested for multicollinearity to ensure moderate to high correlations did not exist among independent variables. Mertler and Vannatta (2010) suggest that highly correlated variables are essentially measuring the same thing and can make it difficult to explore the contribution of a particular independent variable on the dependent variable. The variance inflation factor (VIF) was used to explore the collinearity among the variables. The most conservative VIF is 2.50, with higher levels indicating multicollinearity (Allison, 1999; Everitt, 1996; Miles & Shelvin, 2000).

Testing for the inclusion of any covariates in the study was also performed. This form of testing also can test the assumption of linearity which assumes a straight-line relationship exists between independent and dependent variables (Mertler & Reinhart, 2017). Pearson's r was used to explore the relationship between independent continuous demographic variables (Age, Income, and Religiosity/Spirituality) and the dependent variables (Private CSES, Public CSES, Membership CSES, and Importance to Identity). Variables that shared a statistically significant relationship with the dependent variable ($p < .05$) were included in the model to control for their effect (see Table 5).

After the relationships between independent continuous demographic variables and dependent variables were explored, the researcher tested the assumption of homoscedasticity. Once the assumptions were met, the researcher ran the regression analyses.

CHAPTER IV

RESULTS

This chapter discusses the results of the present study. The components used to describe the results include pre-analysis data screening, descriptive statistics, and inferential statistics. The pre-analysis data screening section addressed missing values and outliers and tested the statistical assumptions of normality, linearity, and homoscedasticity. Descriptive statistics are used to describe the participants in the current study. Inferential statistics include the results of the regression analyses. To conclude, a summary of results is provided.

Pre-Analysis Data Screening

Pre-analysis data screening allows researchers to improve the quality of their data (Mertler & Vannatta, 2010). To determine which cases would be included or excluded in the final data analysis, delimitations were established. Inclusion criteria included identifying as a woman and being over the age of 18. Participants in the study were then asked to complete the online survey which consisted of informed consent, a demographic questionnaire, the CSES, and the MSPSS. In total, 348 responses were received prior to ending data collection for the study. Nineteen responses were removed from the data analysis due to not substantial nonresponse on the primary instruments used in this study (CSES and MSPSS).

Missing Values

To continue the data cleaning process, frequency statistics were used to determine missing values among continuous variables. Nineteen missing values were identified for age, 18 were identified as missing for income, 10 were identified as missing within the MSPSS, and 14 were identified as missing within the CSES. The investigator replaced missing values for age, income, MSPSS scores, and CSES scores by using the overall mean of the scales in place of the missing values. The investigator first recoded those missing values for age, income, MSPSS scores, and CSES scores in SPSS (commands included transform menu, recode into same variable, click on old and new value, system missing, add value 1-, click continue, Ok, go to the variable, find the missing column, click on discrete missing values, and add number for missing value). Recoding the missing values in this way allowed for SPSS to recognize the missing values rather than exclude them from analyses. After this step, new variables were created using the overall mean of the scales in place of the missing values. Mertler and Vannatta (2010) suggest that this is a more conservative way of addressing missing values as it does not impact overall results.

Data Transformation

Reverse-scored answers on the CSES were recoded to analyze the data in this study. According to scoring on the CSES, items including 2, 4, 5, 7, 10, 12, 13, and 15 should be transformed such that (1 = 7), (2 = 6), (3 = 5), (4 = 4), (5 = 3), (6 = 2), and (7 = 1). Religiosity/Spirituality was measured on a Likert scale (1 = very important, 2 = slightly, 3 = moderately, 4 = slightly unimportant, 5 = unimportant) and recoded such that (1 = 5), (2 = 4), (3 = 3), (4 = 2), and (5 = 1).

In addition, 22 dummy variables were created from the categorical variables based on responses from the demographic questionnaire. Specifically, the participants' region, ethnicity, education, and relationship status were coded. Categories of demographics with no responses were excluded from the study.

Assumptions Testing

Prior to analyzing the data, assumptions for regression analyses were tested including normality, linearity, and homoscedasticity. To begin, the assumption of normality was tested. To determine if scores existed outside of the normal distribution the researcher used standardized scores to identify extreme values. Cases with z-scores which exceeded the absolute value of three were identified. The researcher then ran the regression analyses with and without the outliers to determine the impact of the results. Due to minimal variation in the results, the 18 outliers were included in the final models.

Normality was also explored using the Kolmogorov-Smirnov statistic which examines if the data is normally distributed ($p > .05$). In the current study, non-normal distributions were found for all variables. Upon further exploration, it was identified that the distribution was negatively skewed, with most scores falling on the right side of the distribution for each variable. George and Mallery (2010) have noted the skewness and kurtosis levels between -2 and +2 are accepted when exploring normality. Skewness and kurtosis were in acceptable ranges for variables including private CSES, public CSES, membership CSES, friends, and family (see Table 3). The significant other domain of social support was slightly higher than the acceptable range at 2.19. As Tate (1992) had noted that a moderate violation of normality does not seem harm further analysis in large samples ($N > 220$) the researcher continued in the study.

Table 3

Tests of Normality for Study Variables (N = 329)

| Instrument | Skewness | Kurtosis | Kolmogorov- | |
|-------------------------------|----------|----------|-------------|----------------|
| | | | Smirnov | <i>p-value</i> |
| CSES (Membership) | -.904 | .840 | .118 | < .000 |
| CSES (Private) | -1.159 | 1.377 | .126 | < .000 |
| CSES (Public) | -.666 | -.174 | .128 | < .000 |
| CSES (Importance to Identity) | -.435 | .158 | .074 | < .000 |
| MSPSS (Friends) | -1.123 | .634 | .148 | < .000 |
| MSPSS (Family) | -1.046 | .139 | .151 | < .000 |
| MSPSS (Significant Other) | -1.70 | 2.19 | .215 | < .000 |

To determine if multicollinearity was a concern, VIF levels should not exceed 2.5 (Allison, 1999; Everitt, 1996; Miles & Shelvin, 2000). All independent variables were in the acceptable range ($VIF < 2.5$). Furthermore, bivariate correlations among the independent variables were moderate (see Table 4).

Table 4

Pearson Correlations Among Independent Variables (N=329)

| | MSPSS (Significant Other) | MSPSS (Family) | MSPSS (Friend) |
|---------------------------|---------------------------|----------------|----------------|
| MSPSS (Significant Other) | - | - | - |
| MSPSS (Family) | 0.577* | - | - |
| MSPSS (Friend) | 0.633* | 0.476* | - |

Note. * $p < .01$

Testing for the inclusion of any covariates in the study was also performed. This form of testing also can test the assumption of linearity which assumes a straight-line relationship exists between independent and dependent variables (Mertler & Reinhart, 2017). Pearson's r was used to explore the relationship between continuous variables

(Age, Income, and Religiosity/Spirituality) and the dependent variables (Private CSES, Public CSES, Membership CSES, and Importance to Identity). Variables that shared a statistically significant relationship with the dependent variable ($p < .05$) were included in the model to control for their effect (see Table 5).

Table 5

Correlations among Continuous Independent Demographic Variables and Dependent Variables (N=329)

| Independent Demographic Variables | CSES (Private) | CSES (Public) | CSES (Membership) | CSES (Importance to Identity) |
|-----------------------------------|----------------|---------------|-------------------|-------------------------------|
| Age | 0.05 | 0.06 | 0.01 | -0.05 |
| Income | 0.07 | 0.11* | 0.11* | -0.05 |
| Spirituality/Religiosity | 0.08 | 0.09 | 0.13* | 0.10 |

Note * $p < .05$

Lastly, residual plots were used to test the assumption of homoscedasticity using the four dependent variables. The plot did not demonstrate a pattern in residuals when plotted against each other. Furthermore, the Durbin-Watson statistics yielded acceptable scores (Private CSES = 1.69, Public CSES = 1.90, Membership CSES = 1.84 and Importance to Identity = 1.95) suggesting independence and homogeneity of variance (Mertler & Vannatta, 2010).

Descriptive Statistics

The instruments utilized in this study included the MSPSS as a measure of social support and the CSES as a measure of collective self-esteem as it pertains to the identity of being a woman. Means and standard deviations were reported for the study variables and can be seen in Table 6. The MSPSS items are measured on a Likert scale ranging

from 1 (very strongly disagree) to 7 (very strongly agree) with higher scores indicating higher self-reported levels of social support. The MSPSS has three subscales including friends, family, and significant other. The sums of the MSPSS subscales can each range from 4 to 28. The CSES contains four subscales including private, public, membership, and importance to identity. The items on the CSES are also measured using a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). It is important to note that items 2, 4, 5, 7, 10, 12, 13, and 15 are reverse coded (1=7), (2=6), (3=5), (4=4), (5=3), (6=2), (7=1).

Table 6

Descriptive Statistics for Study Variables (N=329)

| Instrument | <i>n</i> | <i>M</i> | <i>SD</i> | Range |
|-------------------------------|----------|----------|-----------|--------|
| MSPSS (Significant Other) | 329 | 23.16 | 6.38 | 4 - 28 |
| MSPSS (Family) | 329 | 21.41 | 6.26 | 4 - 28 |
| MSPSS (Friend) | 329 | 21.94 | 5.95 | 4 - 28 |
| CSES (Membership) | 329 | 22.18 | 4.59 | 4 - 28 |
| CSES (Private) | 329 | 23.25 | 4.76 | 7 - 28 |
| CSES (Public) | 329 | 21.24 | 4.78 | 6 - 28 |
| CSES (Importance to Identity) | 329 | 18.16 | 4.78 | 4 - 28 |

Note. CSES = Collective Self-Esteem Scale. Higher scores relate to higher evaluations of one's group. The sum of subscale scores ranges from 4 to 28.

Inferential Statistics

This section highlights the inferential statistical results. Three hierarchical multiple regression analyses and one simultaneous multiple regression analysis were used to explore the relationships between the independent variables and the dependent

variables. An alpha level of .05 was used as the criterion to establish statistical significance within the results.

Private Collective Self-Esteem

Directional hypothesis one stated that there is a statistically significant positive relationship between perceived social support as measured by MSPSS and private collective self-esteem as measured by CSES in women while controlling for relevant demographic variables.

A hierarchical multiple regression was conducted to determine if the independent variables (friends, family, and significant other) shared a statistically significant relationship with collective self-esteem when controlling for demographic covariates. No continuous demographic variables (age, income, and religious/spiritual importance) shared a statistically significant relationship with the dependent variable of private collective self-esteem and therefore not used in the model. To determine an inclusion of any independent categorical demographic variables (ethnicity, geographic location, education, and relationship status) as covariates, literature was used in identifying variables that shared statistically significant relationships with self-esteem. Target groups were then compared to reference groups in the regression model and R^2 was used to determine if the effect on the dependent variable was large enough to include in the model. Education was used in the final regression. Controlling for the effects of demographic variables including education is also in line with previous research which has studied collective self-esteem (Hassan et al., 2013). Next, the subscales of the MSPSS which includes friends, family, and significant other were entered into the second

block which is in line with research which has explored social support using regression analyses (Detrie et al., 2007).

The hierarchical multiple regression results are summarized in Table 7. The summary indicated that the control variable of education (when entered into block one) explained 8.5% of the variance of private collective self-esteem. Block two consisted of variables representing social support (as measured by the MSPSS which included friends, family, and significant other). This addition contributed to an additional 18.0% of the variance of private collective self-esteem. The total model accounted for 26.5% of the variability in private collective self-esteem. The results of the ANOVA indicated that the overall model was statistically highly significant with private collective self-esteem, $R^2 = .265$, $R^2 \text{ adj} = .247$, $F_{(3, 320)} = 14.37$, $p < .001$.

Table 7

MSPSS and Private CSES Model Summary (N=329)

| Model | R | R^2 | $R^2 \text{ adj}$ | ΔR^2 | F_{chg} | df_1 | df_2 |
|------------------------|------|-------|-------------------|--------------|------------------|--------|--------|
| 1. Education | .292 | .085 | .071 | .085 | 6.030 | 5 | 323 |
| 2. Education and MSPSS | .515 | .265 | .247 | .180 | 26.094 | 3 | 320 |

Note. $P < .001$. MSPSS (family, friends, and significant other). Education (reference group = master's degree and target groups = high school diploma, some college, bachelor's degree, and doctorate degree)

Regression coefficients (see Table 8) for the overall model indicated that there is a statistically significant relationship between social support as measured by the friends subscale of the MSPSS and private collective self-esteem as measured by CSES in women while controlling for education. Specifically, as social support from friends

increased, private collective self-esteem increased. The significant other domain and the family domain of social support did not share a statistically significant relationship with private collective. The regression coefficients also demonstrated that when compared to the reference group of those who have a master's degree, participants who had a bachelor's degree, high school diploma, and some college had statistically significantly lower private collective self-esteem.

Table 8

Regression Coefficients for Demographic and Social Support Variables Related to Private Self-Esteem (N=329)

| Variable | B | β | t | Sig. |
|-----------------|--------|---------|----------|------|
| B.A. | -1.184 | -.122 | -2.040* | .04 |
| PhD | -.800 | -.048 | -.850 | .369 |
| H.S. Diploma | -4.142 | -0.222 | -3.987** | .000 |
| Other Education | 1.034 | .049 | .897 | .370 |
| Some College | -2.677 | -.232 | -3.959** | .000 |
| MSPSS (SO) | 0.035 | .052 | .759 | .449 |
| MSPSS (Fam) | 0.066 | .095 | 1.59 | .113 |
| MSPSS (Fri) | 0.249 | .339 | 5.331** | .000 |

Note. * $p < .05$, ** $p < .001$. MSPSS (family, friends, and significant other). Education (reference group = master's degree and target groups = high school diploma, some college, bachelor's degree, and doctorate degree)

Public Collective Self-Esteem

Directional hypothesis two stated that there is a statistically significant positive relationship between perceived social support as measured by MSPSS and public self-esteem as measured by CSES in women while controlling for relevant demographic variables.

A hierarchical multiple regression was conducted to determine if the independent variables (friends, family, and significant other) shared a statistically significant relationship with public collective self-esteem when controlling for demographic covariates. Income shared a statistically significant relationship with the dependent variable of public collective self-esteem and therefore was used as a covariate in the model. To determine an inclusion of any independent categorical demographic variables (ethnicity, geographic location, education, and relationship status) as covariates, previous literature was used to identify demographic variables that shared a statistically significant relationship with self-esteem. Target groups were then compared to reference groups in the regression model and R^2 was used to determine if the effect on the dependent variable was large enough to include in the model. Education and ethnicity were included in the first block of the model which is in line with previous research (Hassan et al., 2013; Nguyen, 2017) which has controlled for the effects of demographic variables including education and ethnicity when examining collective self-esteem. The second block of the model included the social support subscales of friends, family, and significant other which in line with research which has explored social support using regression analyses (Detrie et al., 2007).

The hierarchical multiple regression results are summarized in Table 9. The summary indicated that the control variable of education, income, and ethnicity (when entered into block one) explained 10.0% of the variance of public collective self-esteem. Block two consisted of variables representing social support (as measured by the MSPSS which included friends, family, and significant other). This addition contributed to an additional 8.8% of the variance of public collective self-esteem. The total model

accounted for 18.8% of the variability in public collective self-esteem. The results of the ANOVA indicated that the overall model was statistically significant with public collective self-esteem, $R^2 = .188$, $R^2 \text{ adj} = .152$, $F_{(3, 314)} = 5.202$, $p < .001$.

Table 9

MSPSS and Public CSES Model Summary (N=329)

| Model | R | R^2 | $R^2 \text{ adj}$ | ΔR^2 | F_{chg} | df_1 | df_2 |
|--|------|-------|-------------------|--------------|-----------|--------|--------|
| 1. Education, Income, and Ethnicity* | .318 | .101 | .070 | .101 | 3.244 | 11 | 317 |
| 2. Education, Income, Ethnicity, and MSPSS** | .434 | .188 | .152 | .087 | 11.231 | 3 | 314 |

Note. ** $p < .001$, * $p < .05$ MSPSS (family, friends, and significant other). Education (reference group = master's degree and target groups = high school diploma, some college, bachelor's degree, and doctorate degree). Ethnicity (reference group= White/European American and target groups= Asian/Asian American/Pacific Islander, Black/African American, Hispanic/Latin American, and Multi-Racial). Income included yearly dollar amount.

Regression coefficients (see Table 10) for the overall model indicated that there is a statistically significant relationship between perceived social support as measured by the friends subscale of the MSPSS and public self-esteem as measured by CSES in women while controlling for education, income, and ethnicity. Specifically, as social support from friends increased, public collective self-esteem increased. The significant other and family domains of social support did not share a statistically significant relationship with public collective self-esteem. The regression coefficients also demonstrated that when compared participants who self-identified as White/European

American, participants who self-identified as Black/African American had statistically significantly lower levels of public self-esteem. Furthermore, when compared to participants with a master's degree, those who had a high school diploma demonstrated statistically significant lower levels of public collective self-esteem.

Table 10

Regression Coefficients for Demographic and Social Support Variables Related to Public Self-Esteem (N=329)

| Variable | B | β | t | Sig. |
|-----------------|----------|---------|-----------|------|
| B.A | .186 | .018 | .291 | .771 |
| Ph.D. | .873 | .048 | .844 | .399 |
| H.S. diploma | -2.420 | -.119 | -2.124* | .034 |
| Other education | 2.772 | .122 | 2.197* | .029 |
| Some College | -.850 | -.068 | -1.150 | .251 |
| MSPSS (SO) | .011 | .014 | .194 | .849 |
| MSPSS (Fam) | .095 | .126 | 1.948 | .052 |
| MSPSS (Fri) | .167 | .210 | 3.078** | .002 |
| Income | 4.979E-6 | .066 | 1.263 | .207 |
| A | 2.825 | .065 | 1.262 | .208 |
| B | -4.553 | -.187 | -3.589*** | .000 |
| H | -3.871 | -.089 | -1.731 | .084 |
| M | -.392 | -.013 | -.245 | .806 |

Note. *** $p < .001$ ** $p < .01$, * $p < .05$ MSPSS (family, friends, and significant other). Education (reference group = master's degree and target groups = high school diploma, some college, bachelor's degree, and doctorate degree). Ethnicity (reference group= White/European American and target groups= Asian/Asian American/Pacific Islander (A), Black/African American (B), Hispanic/Latin American (H), and Multi-Racial (M)). Income included yearly dollar amount.

Membership Collective Self-Esteem

Directional hypothesis three stated that there is a statistically significant positive relationship between perceived social support as measured by MSPSS and membership self-esteem as measured by CSES in women while controlling for relevant demographic variables.

A hierarchical multiple regression was conducted to determine if the independent variables (friends, family, and significant other) shared a statistically significant relationship with membership collective self-esteem when controlling for demographic covariates. Income and religion shared a statistically significant relationship with the dependent variable of membership collective self-esteem ($r = .11$, $p < .05$ and $r = .13$, $p < .05$) and therefore were used as covariates in the model by being entered into block one. To determine an inclusion of any independent categorical demographic variables (ethnicity, geographic location, education, and relationship status) as covariates, previous literature was used to identify demographic variables that shared a statistically significant relationship with self-esteem. Target groups were then compared to reference groups in the regression model and R^2 was used to determine if the effect on the dependent variable was large enough to include in the model. As noted in previous research (Hassan et al., 2013), education was included in the first block of the model. In line with previous literature (Detrie et al., 2007), the second block contained the subscales of the MSPSS which include friends, family, and significant other.

The hierarchical multiple regression results are summarized in Table 11. The summary indicated that the control variables of income, religion, and education (when entered into block one) explained 8.6% of the variance of membership collective self-esteem. Block two consisted of variables representing social support (as measured by the MSPSS which included friends, family, and significant other). These variables contributed to an additional 18.2% of the variance of membership collective self-esteem. The total model accounted for 26.8% of the variability in membership collective self-esteem. The results of the ANOVA indicated that the overall model was statistically significant with membership collective self-esteem, $R^2 = .268$, $R^2 \text{ adj} = .247$, $F_{(3, 319)} = 12.95$, $p < .001$.

Table 11

MSPSS and Membership CSES Model Summary (N=329)

| Model | <i>R</i> | R^2 | $R^2 \text{ adj}$ | ΔR^2 | F_{chg} | df_1 | df_2 |
|---|----------|-------|-------------------|--------------|-----------|--------|--------|
| 1. Education, Income, & Religion | .293 | .086 | .069 | .086 | 5.025 | 6 | 322 |
| 2. Education, Income, Religion, & MSPSS | .517 | .268 | .247 | .182 | 26.432 | 3 | 319 |

Note. * $p < .001$. MSPSS (family, friends, and significant other). Education (reference group = master's degree and target groups = high school diploma, some college, bachelor's degree, and doctorate degree). Religious/Spiritual Importance (1=unimportant, 2=slightly unimportant, 3=moderately important, 4=slightly important, 5=very important). Income included yearly dollar amount.

Regression coefficients (see Table 12) for the overall model indicated that there is a statistically significant relationship between the friends and family subscales of perceived social support as measured by MSPSS and membership self-esteem as

measured by CSES in women while controlling for relevant demographic variables. Specifically, as social support from friends and family increased, membership collective self-esteem increased. The significant other domain of social support did not share a statistically significant relationship with membership collective self-esteem. The regression coefficients also demonstrated that when compared to participants who had a master's degree, those who identified as having a bachelor's degree, high school diploma, and some college had statistically significantly lower membership collective self-esteem.

Table 12

Regression Coefficients for Demographic and Social Support Variables Related to Membership Self-Esteem (N=329)

| Variable | B | β | t | Sig. |
|--------------------------|----------|---------|-----------|-------|
| Spirituality/Religiosity | -.086 | -.027 | -.552 | .581 |
| Income | 3.932E-6 | .054 | 1.113 | .267 |
| B.A. | -1.506 | -.148 | -2.754** | .006 |
| Ph.D. | -.071 | -.004 | -.080 | .936 |
| H.S. diploma | -3.605 | -.183 | -3.674*** | .000 |
| Other education | .274 | .012 | .253 | .801 |
| Some college | -1.995 | -0.165 | -3.107** | .002 |
| MSPSS (SO) | .026 | .036 | .532 | .532 |
| MSPSS (Fam) | .103 | .140 | 2.323* | .021 |
| MSPSS (Fri) | .251 | .326 | 5.173*** | 0.000 |

Note. * $p < .05$ ** $p < .01$, *** $p < .001$. MSPSS (family, friends, and significant other). Education (reference group = master's degree and target groups = high school diploma, some college, bachelor's degree, and doctorate degree). Religiosity/Spirituality (1=unimportant, 2=slightly unimportant, 3=moderately important, 4=slightly important, 5=very important). Income included yearly dollar amount.

Importance to Identity

Directional hypothesis four stated that there is a statistically significant positive relationship between perceived social support as measured by MSPSS and importance to identity as measured by CSES in women while controlling for relevant demographic variables.

A simultaneous multiple regression was conducted to determine if the independent variables (friends, family, and significant other) shared a statistically significant relationship with importance to identity when controlling for demographic covariates. No demographic variables were statistically significantly related to the dependent variable and therefore not used as covariates.

The simultaneous multiple regression results are summarized in Table 13. The summary indicated that the variables representing social support (as measured by the MSPSS which included friends, family, and significant other) accounted for 6.0% of the variability in importance to identity. The results of the ANOVA indicated that the model was statistically significant with importance to identity, $R^2 = .060$, $R^2 \text{ adj} = .051$, $F_{(3, 325)} = 6.900$, $p < .001$.

Table 13

MSPSS and Importance to Identity Model Summary

| Model | R | R^2 | $R^2 \text{ adj}$ | ΔR^2 | F_{chg} | df_1 | df_2 |
|----------|------|-------|-------------------|--------------|-----------|--------|--------|
| 1. MSPSS | .245 | .060 | .051 | .060 | 6.900 | 3 | 325 |

Note. $p < .01$. MSPSS (family, friends, and significant other).

Regression coefficients (see Table 14) found that there was a statistically significant positive relationship between perceived social support as measured by friends

subscale of the MSPSS and importance to identity as measured by CSES in women. Specifically, as social support from friends increased, importance to identity increased. The family domain of social support did not share a statistically significant relationship with importance to identity. However, the hypothesis was not accepted as a statistically significant negative relationship between perceived social support measured by the significant other subscale of the MSPSS and importance to identity as measured by CSES in women was found. Simply put, if significant other scores increase, importance to identity scores decrease.

Table 14

Regression Coefficients for Social Support Variables Related to Importance to Identity (N=329)

| Variable | B | β | t | Sig. |
|-------------|-------|---------|---------|------|
| MSPSS (SO) | -.118 | -.158 | -2.083* | .038 |
| MSPSS (Fam) | .064 | .084 | 1.257 | .210 |
| MSPSS (Fri) | .222 | .276 | 3.916** | .000 |

Note. * $p < .05$. ** $p < .001$ MSPSS (family, friends, and significant other).

Summary of Results

The study investigated the relationship between perceived social support and collective self-esteem in women when controlling for demographic variables. This relationship was explored using the self-reported scores of perceived social support subscales (friends, family, and significant other) as measured by the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) and self-reported collective self-esteem subscale (private, public, membership, importance to identity)

scores as measured by the CSES (Luhtanen & Crocker 1992) in women. Each subscale of the CSES which includes private collective self-esteem, public self-esteem, membership self-esteem, and identity self-esteem (i.e., importance to identity CSES subscale) was used as an outcome variable. As a result, the study tested four hypotheses.

For research hypothesis one, the research showed that there was a statistically significant positive relationship between the friends subscale of social support as measured by the MSPSS and private collective self-esteem as measured by the CSES in women when controlling for education.

In regard to hypothesis two, the research showed that there was a statistically significant positive relationship between the friends subscale of social support as measured by the MSPSS and public collective self-esteem as measured by the CSES in women when controlling for education, income, and ethnicity.

The overall model of hypothesis three showed that there was a statistically significant positive relationship between social support measured by the friends and family subscales of the MSPSS and membership collective self-esteem as measured by the CSES in women when controlling for education, income, and religious/spiritual importance.

Lastly, regarding hypothesis four, a statistically significant positive relationship between the friends subscale of social support as measured by the MSPSS and the importance to identity domain of collective self-esteem as measured by the CSES in women was found. The results also demonstrated showed that there was a statistically significant negative relationship between the significant other subscale of social support as measured by the MSPSS and the importance to identity domain of collective self-esteem as measured by the CSES in women.

CHAPTER V

DISCUSSION

Due to the scarcity of research on factors influencing collective self-esteem in women, the purpose of this study was to determine if there is a relationship between perceived social support and collective self-esteem in women. This chapter discusses the results of the study. It is organized into five sections which include: descriptive summary and interpretation of statistical results, comparison of results as related to research and theory, implications, limitations of the study, and recommendations for future research.

Descriptive Summary and Interpretation of Statistical Results

This study investigated the relationship between self-reported scores of perceived social support subscales (friends, family, and significant other) as measured by the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) and self-reported collective self-esteem subscale (private, public, membership, importance to identity) scores as measured by the Collective Self-esteem Scale (CSES; Luhtanen & Crocker, 1992) in women. A demographic questionnaire was also utilized which included the variables of age, geographic location, education, religiosity/spirituality, strongest social support, relationship status, and socioeconomic status (i.e., yearly income).

For research hypothesis one, this study found that a statistically significant positive relationship exists between social support from friends and private collective self-esteem when controlling for education. The significant other domain and the family domain of social support did not share a statistically significant relationship with private collective self-esteem. The results also demonstrated that when compared to the reference group of those who have a master's degree, participants who had a bachelor's degree, high school diploma, and some college had statistically significantly lower private collective self-esteem.

Regarding hypothesis two, the results indicated that there was a statistically significant positive relationship between social support from friends and public collective self-esteem when controlling for income, education, and ethnicity. The significant other and family domains of social support did not share a statistically significant relationship with public collective self-esteem. The regression coefficients also demonstrated that when compared participants who identified as White/European American, participants who self-identified as Black/African American had lower levels of public self-esteem that were statistically significant. Furthermore, when compared to participants with a master's degree, those who had a high school diploma demonstrated statistically significant lower levels of public collective self-esteem.

The overall model used to investigate hypothesis three demonstrated that there was a statistically significant positive relationship between the friends and family subscales of social support and membership collective self-esteem in women when controlling for education, income, and religiosity/spirituality. Specifically, as social support from friends and family increased, membership collective self-esteem increased.

The significant other domain of social support did not share a statistically significant relationship with membership collective self-esteem. The results also demonstrated that those who identified as having a bachelor's degree, high school diploma, and some college had lower level of membership collective self-esteem that was statistically significant when compared to participants who had a master's degree.

Lastly, regarding hypothesis four, a statistically significant positive relationship between the friends subscale of social support and the importance to identity domain of collective self-esteem in women was found. The results also demonstrated showed that there was a statistically significant negative relationship between the significant other subscale of social support and the importance to identity domain of collective self-esteem in women.

Comparison of Results as Related to Research and Theory

Up to the present time, most of the literature examining the influence of social support on self-esteem has been largely focused on personal self-esteem (Causey et al., 2015; Harter, 1989; Maddy III et al., 2014; Marshall et al., 2014; Peng et al., 2013; Walters & Moore, 2003). Research remains limited on how social support can impact group membership collective self-esteem as it is related to a marginalized identity (e.g., woman). Results of the present study will be discussed in relation to the dependent variables (private collective self-esteem, public collective self-esteem, membership collective self-esteem, and importance to identity) in the context of related theory and research.

Private Collective Self-Esteem and Social Support

Directional hypothesis one stated that there is a statistically significant positive relationship between perceived social support as measured by MSPSS and the private self-esteem subscale of collective self-esteem as measured by the CSES in women while controlling for relevant demographic variables. The study found that a statistically significant positive relationship exists between social support from friends and private collective self-esteem when controlling for education. These results are consistent with previous literature which has demonstrated that higher social support leads to higher levels of self-esteem (Causey et al., 2015; Maddy III et al., 2014; Marshall et al., 2014; Walters & Moore, 2003). The total model accounted for 26.5% of the variability in private collective self-esteem.

Private collective self-esteem is related to how an individual personally feels about their group (Crocker & Luhtanen, 1992). In relation to the *self-esteem hypothesis* (Abrams & Hogg, 1988; Hogg & Abrams, 1990) social groups contribute to the formation of identity (Tajfel & Turner, 1979; Turner, 1975) and self-esteem is then impacted based on how one engages with their social groups (Abrams & Hogg, 1988; Hogg & Abrams, 1990; Hogg, 2018). Self-esteem in this way is seen as a motive behavior, as the identity of the individual along with the identity of the group membership influences how one interacts with others and perceives themselves (Cooley, 1902; Tajfel, 1981).

Regression coefficients for the overall model demonstrated that as social support from friends increased, private collective self-esteem increased. The significant other and family domain of social support did not share a statistically significant relationship with

private collective self-esteem. The present research findings suggest that social support provided by friends most significantly impacted how women felt about the group identity of being a woman. As support from friends positively impacted private collective self-esteem within the participants in the study, it could be assumed that the friends providing support were affirming of the social identity of being a woman as individuals perceive themselves through the lens of those around them (Cooley, 1902; Tajfel, 1981). In other words, if the friends providing the support to the women in this study positively viewed women, perhaps this impacted the women in this study to also act in way that is affirming about the group identity of being a woman as members within a shared social group can impact each other's behavior (Tajfel, 1981; Jetten et al., 2012).

These findings may also be explained by research which has demonstrated that social support impacts self-esteem differently based on who is providing the support. For adolescents, family and friends both positively influenced self-esteem, with adolescents prefer to seek support from family (Tahir et al., 2015). In older adults (e.g., age 55 and older), closeness with friends but not family positively impacted self-esteem (Nguyen et al., 2015). As the mean sample of the participants in the study was 38.3, perhaps private self-esteem was more impacted by support from friends.

Private Collective Self-Esteem and Demographic Variables

The regression coefficients also demonstrated that when compared to the reference group of those who have a master's degree, participants who had a bachelor's degree, high school diploma, and some college had statistically significantly lower private collective self-esteem. That is, women did not evaluate women as positively when they had lower levels of education. In exploring personal self-esteem, Orth and

colleagues (2010) found that individuals with higher levels of education had higher levels of self-esteem when compared to individuals with lower levels of education. While education does seem to impact how individuals evaluate themselves and the social groups in which they are a part of, it is important to consider other factors that may influence self-esteem in women in relation to their education. For example, Clance and Imes (1978) observed that many of the high achieving in their study felt like they were “frauds” which contributed to the term *the imposter phenomenon*. In a more recent study, Schubert and Bowker (2019) found that the imposter phenomenon was negatively related to self-esteem. Their study also found that those who had high levels of self-esteem were less impacted by the imposter phenomenon further demonstrating the importance of finding ways to enhance self-esteem.

In considering other demographic factors, income and spirituality/religiosity were not found to impact scores on the private collective self-esteem domain. While studies have demonstrated that economic status can influence self-esteem (Thompson et al., 2012), yearly income did not contribute to private collective self-esteem scores for women in the current study. As education was found to impact private collective self-esteem scores, women may have derived more of their private collective self-esteem from the domain of education.

In exploring the role of religiosity/spirituality, Thompson et al. (2012), examined the impact of religiosity and socioeconomic status on self-esteem amongst African Americans and Caucasians, concluding that belief in the bible and higher socioeconomic status was related to higher levels of self-esteem. However, these authors found that for African Americans, belief in the bible was the highest predictor of self-esteem, whereas

Caucasians' self-esteem was most predicted by socioeconomic status. In another study, Zeigler-Hill (2014) found that Caucasians' self-esteem was derived more from physical appearance, support of family, approval of others, and competition; whereas African Americans' self-esteem was more largely based on the domain of God's love. As the sample predominately self-identified as White/European American (90.6%), this may provide reason as to why religiosity/spirituality did not influence private collective self-esteem in the current study.

Public Collective Self-Esteem and Social Support

Directional hypothesis two stated there was a statistically significant positive relationship between perceived social support as measured by MSPSS and public self-esteem as measured by CSES in women while controlling for relevant demographic variables. The overall model indicated that as social support from friends increased, public collective self-esteem increased when controlling for income, education, and ethnicity. The significant other and family domain of social support did not share a statistically significant relationship with public collective self-esteem.

Public collective self-esteem explores how one feels others perceive their group (Crocker & Luhtanen, 1992). Cooley (1902) felt that individuals assessed themselves by considering who they are in a social context. Tajfel and Turner (1979) theorized that in comparing groups of which they are a part of and distinct from, individuals make judgments about the groups. Through comparison, individuals are also able to make judgements about the status of their in-group compared to out-groups in society. If the in-group is valued highly in society, this should increase public collective self-esteem. Crocker and Major (1989) proposed that being a member of a marginalized population

(e.g., ethnic minorities, women, LGBTQ +, low SES, and individuals with mental health concerns) or a devalued group can negatively influence emotions and personal identity, in turn impacting self-esteem.

In a social, political, and historical context, marginalization and power are on opposite ends of a spectrum (Peter, 2017). In relation to SIT, individuals who are a part of groups that are marginalized in society may choose to engage with their in-group and out-groups in ways that enhance the status (i.e., power) of their in-group as a means to increase their self-esteem (Tajfel & Turner, 1986). One of the ways individuals can increase the status of an in-group that is marginalized is through individual mobility (Tajfel & Turner, 1986). Individual mobility is when an individual enhances their status irrespective of the in-group (Haslam, 2004; Tajfel & Turner, 1986). For women, this may look like adopting an out-group membership that is more value by society such as a prestigious professional membership.

SIT can be helpful in understanding social justice (Jetten et al., 2012) as it helps to explain group dynamics including social comparison, evaluation, and in-group and intergroup behavior. While some groups may use social competition to boost their status in society (Tajfel & Turner, 1986), individuals may enhance their society identity leading to an increase in self-esteem that is both irrespective of other social groups and affirming of their social group's identity. Although social mobility may aid in individual feeling more secure by adopting a salient identity that is valued in society, this still leaves some social identity being marginalized. As results of the current study have demonstrated that support from friends positively contributed to public collective self-esteem, it may be that the social support, especially from friends, can help buffer against the detrimental

influence of marginalization in society as social support has been found to mitigate the influence of discrimination (Corning, 2002). Therefore, social support from friends may then be used to enhance the social identity of the group; irrespective of other social groups, while affirming the group identity of being a woman.

Public Collective Self-Esteem and Demographic Variables

High-valued groups are differentiated based on factors such as income and education. These were two factors that were explored as covariates when exploring the relationship between social support and public collective self-esteem in the present study. Orth and colleagues (2010) highlighted that higher levels of self-esteem were found throughout the lifespan in those who had higher levels of education compared to those with lower levels of education. The results of the current study demonstrated that when compared to the reference group of those who have a master's degree, participants who had high school diploma had statistically significantly lower public collective self-esteem.

Self-esteem is also influenced by socioeconomic status (Orth et al., 2010). As 295 out of 329 women in the current sample identified as having a bachelor's degree and higher, it may be assumed that the women were participating in social mobility by establishing a social identity related to education. In other words, women may have secured a more positive social identity leading to an increase in self-esteem by identifying more with the identity related to their high level of education; as it is more valued in society, above their identity of being a woman. Furthermore, the most occurring salary in the sample was \$100,000. As social class can influence how individuals evaluate themselves (Kraus & Park, 2014), the social class (i.e., income and education) of

the current sample may explain the mean score of public self-esteem being 23.25 with ranges being between 4 – 28. Consequently, a lower self-evaluation based on social class may have contributed negatively to public collective self-esteem.

In the overall model the regression coefficients also demonstrated that when compared participants who self-identified as White/European American, participants who self-identified as Black/African American had statistically significantly lower levels of public collective self-esteem. Although the results of the study are not generalizable due the sample being predominantly White/European American (90.6%), this is important to note as previous research by Luhtanen and Crocker (1992) found that racial minorities including African Americans and Asians reported lower levels of collective self-esteem on the public subscale than Caucasians. Furthermore, their study indicated that public collective self-esteem showed a negative relationship with discrimination based on race and gender. Kats et al. (2002) indicated that this may be due to adopting detrimental stereotypes or experiencing different treatment compared to others not affiliated with the devalued group.

As individuals have multiple group/social identities (Roccas & Brewer, 2002), the experience of power and marginalization will vary among the intersecting identities (Peters, 2017). As demonstrated above, ethnicity impacted public collective self-esteem in women as it relates to gender. Crenshaw (1989) described how because of the intersectionality among identities, individuals can be discriminated against in multiple ways. While it has been suggested that members of marginalized groups will try to find ways to enhance their social identity (e.g., individual mobility), some groups may continue to be devalued by society with little influence on the resolve due to the large

influence of in-group discrimination of high status groups (Tajfel, 1981; Tajfel & Turner, 1986).

It is also important to note that the control variables of education and ethnicity accounted for a larger portion of variation in public collective self-esteem scores than social support (10.0% versus 8.8%). Simply put, education and ethnicity had a larger influence on how participants felt others evaluated their group.

Membership Collective Self-Esteem and Social Support

Directional hypothesis three stated that there would be a statistically significant positive relationship between perceived social support as measured by MSPSS (friends, family, and significant other) and membership self-esteem as measured by CSES in women while controlling for relevant demographic variables. Results of the current study demonstrated that as social support from friends and family increased, membership collective self-esteem increased when controlling for income, religion, and education. As our sample predominately identified as White/European American, these findings are in line with research that demonstrated that for White/European Americans, factors including support of family and approval of others most predicted self-esteem (Zeigler-Hill, 2014).

In particular, membership self-esteem is one's evaluation of their worthiness in the group (Luhtanen & Crocker, 1992). Contingencies of self-worth "represent people's beliefs about what they must be or do to have value and worth as a person" (Sanchez & Crocker, 2005, p. 64). Research has suggested that self-esteem may be derived from internal or external contingencies which may include family love and support, outdoing others in competition, physical appearance, religiosity/spirituality, socioeconomic status

(i.e., income, years of education, occupational status), academic competence, being a virtuous or moral person, and other's approval (Crocker et al., 2003; Thompson et al., 2012; Zeigler-Hill, 2014). Furthermore, studies have highlighted that religiosity/spirituality and higher socioeconomic status (occupational status, family income, and years of education) positively influenced self-esteem (Thompson et al., 2012; Zeigler-Hill, 2014).

Membership Collective Self-Esteem and Demographic Variables

Regression coefficients for the overall model indicated that when compared to participants who had a master's degree, those who identified as having a bachelor's degree, high school diploma, and some college had statistically significantly lower membership collective self-esteem. This was supported by previous literature which demonstrated that higher levels of self-esteem were found throughout the lifespan in those who had higher levels of education compared to those with lower levels of education (Orth et al., 2010). It could then be hypothesized that women feel more worthy in their membership as women through higher educational attainment.

Importance to Identity and Social Support

Directional hypothesis four stated that there is a statistically significant positive relationship between perceived social support as measured by MSPSS and importance to identity as measured by CSES in women while controlling for relevant demographic variables. While the overall model predicted a statically significant relationship between social support provided by friends and importance to identity, the directional hypothesis was rejected as there was an inverse relationship between the significant other domain of social support and importance to identity.

According to Luhtanen and Crocker (1992), importance to identity refers to how important the group membership is to one's identity. The concept of identity can be conceptualized as components of self that make a person who they are with unique beliefs, values, and qualities, all of which are developed from a variety of factors (Marcia, 1966; Waterman, 1999). One factor includes group membership, which gives rise to *social identity*. One can determine their social identity through group comparison (Tajfel & Turner, 1979; Turner, 1975). Hornsey (2008) has since defined social identity as "those aspects of an individual's self-image that derive from the social categories to which he/she/they belongs, as well as the emotional and evaluative consequences of this group membership" (p.3).

In summary, identity is comprised of personal facets (beliefs, values, and qualities) and social facets (group membership) that contribute to one's self-concept both of which can impact one's self-evaluation (Hornsey, 2008; Marcia, 1966; Tajfel & Turner, 1979; Turner, 1975; Waterman, 1999). Furthermore, research has suggested that a lack of a distinct social identity can impede a defined formation of a personal identity (Taylor, 1997, 2002).

In the context of the present study, women were asked to indicate how important the social identity of being a woman was to their personal identity. In exploring collective self-esteem in relation to men and women, Kats et al. (2002) found that women felt their group membership of being a woman (i.e., membership collective self-esteem) was devalued more than men but valued the identity of being a woman (i.e., importance to identity) more so than men valued the identity of being a man.

Hewstone and colleagues (2002) suggest that personal and social identities both influence behavior and vary in their importance based on the social context. As the results of the current study indicated that as social support from friends increased importance to identity also increased, it could be hypothesized that the salience of the social identity of being a woman is more important in the social context of interacting with friends.

The family domain of social support did not share a statistically significant relationship with importance to identity demonstrating that family did not impact how important women felt that the being in women membership category was to their identity. Also important to note, the directional hypothesis that assumed there is a statistically significant positive relationship between perceived social support as measured by MSPSS and importance to identity as measured by CSES in women while controlling for relevant demographic variables was rejected. The significant other domain demonstrated a statistically significant inverse relationship with importance to identity. Simply put, if support provided by a significant other increased, the less important the membership of being a woman was to a woman's identity. In this context, the salience of personal identity may overshadow the social identity of being a woman.

In relation to social interactions, Cooley (1902) felt that individuals assessed themselves by considering who they are in a social context. Essentially, how others perceive the individual would influence how the individual felt about themselves and impact their self-concept. Perhaps in women receiving more social support from significant others, they are being perceived in ways that exist outside their identity of being a woman. In considering self-definition (Tajfel, 1981), part of one's self-concept is

derived from group membership and the value attached to the group membership. It could be further hypothesized that in addition to how women are perceived by their significant others, the value and/or benefit they are gaining from other social identities/group memberships outweighs the membership of being a woman. For example, perhaps the social identity of being a professional or a mother outweighs that identity of being a woman. In line with SIT and the self-esteem hypothesis, individuals will continue to find ways to secure a positive social identity to maintain or enhance their self-esteem (Abrams & Hogg, 1988; Hogg & Abrams, 1990; Hogg, 2018; Tajfel & Turner, 1979; Turner, 1975).

Importance to Identity and Demographic Variables

Additionally, it is also interesting to note that the demographic variables (e.g., income, religiosity/spirituality income, ethnicity, and education) did not have an impact on how important the identity of being a woman was to participants in the current study. Additionally, the total regression model only accounted for 6% of the variability in importance to identity demonstrating that social support had very little contribution to the membership domain of collective self-esteem. As individuals self-assess based on who they are in a social context, and the salience of the social identity is one consequence of this assessment (Cooley, 1902; Tajfel, 1981); perhaps the women in the sample did not feel the identity of being a woman was as important to their overall self-concept based on their current social context.

Another explanation for the findings in the current study is related to the stay at home orders and social distancing requirements nationwide due to COVID-19. As data was collected during COVID-19, women may have not been spending as much time with

their friends which was the only social support variable that contributed positively to the importance to identity subscale of collective self-esteem. Furthermore, individuals may have been receiving the majority of their social support from their significant other which was found to negatively impact the importance to identity subscale in the current sample.

Implications

This section discusses implications of findings within the current study as it relates to the counseling field. Implications for counseling practice, supervision, and counseling education are provided.

Implications for Counseling Practice

As counselors, we are called to “empower diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (American Counseling Association [ACA], 2014, p. 2). Specifically related to mental health, low levels of self-esteem can contribute to an increase in anxiety, depression, and somatic symptoms in lower levels (Corning, 2002; Kats et al., 2002). Counselors may attend to enhancing self-esteem in clinical settings as it can buffer against distress in higher levels (Corning, 2002).

In relation to the current study, fostering social connections, particularly with friends may assist women in meeting their mental health goals while fostering their development (ACA, 2014; Ratts et al., 2018). While the current study did not examine women’s mental health, previous literature demonstrates the positive influence of social support on self-esteem (Armstrong & Oomen-Early, 2009; Dang, 2014; Kong & You, 2013; Lee & Robbins, 1998, Walters & Moore, 2003) and well-being (Lee et al., 2017). Specially, Lee and colleagues (2017) found that social support from friends mediated the

relationship among stress and loneliness, while romantic partners helped mediate the relationship between stress and depressive symptoms and stress and loneliness. Their study also found that while men's and women's stress level shared a negative relationship with well-being, women were more negatively impacted when perceived social support from friends was low. In practice, counselors can work with women in exploring the presence of their social support and aid in bolstering or fostering meaningful connection with others.

Counselors working with women can also aim to cultivate supportive relationships with their family. Findings of the current study demonstrated that support from both friends and family positively contributed to membership self-esteem. That is, when women were receiving support from friends and family, they felt worthier as a woman. Studies on contingencies of self-worth (i.e., factors that contribute to self-worth) have found that worth based on external factors such as academic competence versus internal facets such as having sound morality are related to more detrimental outcomes (Cambron et al., 2010; Crocker, 2002; Greenberg, & Goldenberg, 2003; Liu et al., 2017; Pyszczynski et al., 2005). Detriments may include lower levels of self-esteem as worth may be more difficult to validate since external domains may be easily impacted (Chang, 2020; Crocker, 2002; Crocker & Wolfe, 2001). The current findings demonstrated that when compared to those who had a master's degree; those with a bachelor's degree, high school diploma, and some college had lower levels of collective self-esteem. If counselors can work with women to maintain healthy and supportive connections with others, their self-esteem may not be as negatively impacted by external contingencies such as education. Furthermore, by having multiple facets in which women derive

support (e.g., friends and family), women may be able to validate their worth more readily.

Counselors also have a responsibility to attend to multicultural and diversity considerations including that of power and privilege (ACA, 2014; CACREP, 2016). Furthermore, counselors should “recognize the impact of oppression, other barriers, and environmental factors that interfere with healthy development...” (Ratts et al., 2018, p. 8). The results of the current study demonstrated that when compared participants who identified as White/European American, participants who self-identified as Black/African American had statistically significantly lower levels of public collective self-esteem. This is consistent with research by Luhtanen and Crocker (1992), which found that racially minoritized individuals including African Americans and Asians reported lower levels of collective self-esteem on the public subscale as opposed to Caucasians. Additionally, their study indicated that the public collective self-esteem showed a negative relationship with discrimination based on race and gender.

Kats et al. (2002) indicated that lower levels of public collective self-esteem may be due to adopting detrimental stereotypes or experiencing different treatment compared to others not affiliated with the devalued group. Crenshaw (1989) discussed how because of the intersectionality among identities, individuals can be discriminated against in multiple ways. For example, counselors may work with someone who is marginalized based on gender, ability status, socioeconomic status, and race. In regard to socioeconomic status, the results of the current study indicated that women’s private, public, and membership self-esteem was impacted by education level. Specifically, participants who had a bachelor’s degree, high school diploma, and some college had

statistically significantly lower levels of private self-esteem than those with a master's degree; participants with a high school diploma demonstrated lower levels of public self-esteem than those with a master's degree; and participants who had a bachelor's degree, high school diploma, and some college had lower levels of membership self-esteem when compared to those who had a master's degree. Simply put, education level impacted how the women in the current study evaluated women; how women felt others evaluated women; and how worthy women felt as women. Outside of education, income and occupational status also influence self-esteem, with higher levels relating to higher levels of self-esteem (Thompson et al., 2012; Zeigler-Hill, 2014). Through attending to the intersectionality and the unique experience of marginalization and power, counselors can work to gain an understanding of such experiences in order to identify goals, strengths, and means to foster systemic change (Counselors for Social Justice [CSJ], 2011).

Additionally, throughout the counseling process counselors must attend to the experiences of discrimination to gain an understanding of its influence on mental health and personal development (ACA, 2014; Ratts et al., 2018) while infusing multiculturally appropriate interventions into counseling including advocacy (ACA, 2014) to mitigate against the influence of an oppressive environment. If counselors recognize that the women they are working with may be experiencing oppression on various levels, they can still aim to empower women through the cultivation of positive social relationships and social support from friends was found to positively contribute to each domain of collective self-esteem in the present study.

Implications for Supervision

Counseling supervisors have a responsibility to attend to multicultural and diversity considerations while working alongside their supervisees (ACA, 2014). Multicultural discussion is inherent in the supervisory process as supervisors must ensure that supervisees are multiculturally competent. Supervision literature highlights the importance of supervisors discussing the role of race, gender, differing abilities, affectional orientation, and religion and spirituality (Bernard & Goodyear, 2018). Furthermore, supervisors should also work to enhance their supervisory practices by fostering their own multicultural competence (ACA, 2014).

A supervisor who demonstrates multicultural competence has an awareness of their own worldview (e.g., values, culture, and biases) and works to learn about others' worldviews in aims in order to develop interpersonal skills that are culturally appropriate (Mio et al., 2012). Furthermore, supervisors help supervisees "integrate a social justice lens by being aware of the clients' and supervisees' worldview, cultural/racial identity, and the social-cultural context in which clients/students live and work" (CJC, 2011, p. 26). The Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2015) also provide a framework to assist in development of multicultural and social justice competence as it helps counselors consider the ways various sociocultural dynamics manifest in the counseling relationship (Fickling et al., 2019).

The MSJCC contains four developmental domains: (a) counselor self- awareness, (b) awareness of client worldview, (c) counseling relationship, and (d) counseling and advocacy interventions (Ratts et al., 2015). Specific to advocacy, on the interpersonal level counselors assist clients in developing relationships with others (e.g., friends) from

the same marginalized and privileged group. As women place great value on relationships and connection (Josephs et al., 1992), and the results of the present study highlight that social support from friends foster higher levels of collective self-esteem, supervisors can discuss with supervisees the importance of aiding women in fostering and/or developing relationships with other women.

On the intrapersonal level, counselors assess how oppression and power influence the concerns expressed by those they serve (ACA, 2014; Ratts et al., 2018). When compared to men, women more often experience higher levels of discrimination (Blau & DeVaro, 2007; Eagly & Carli, 2007; Harnois & Bastos, 2012; Harnois & Bastos, 2018). Due to the intersecting nature of identities (Crenshaw, 1989) women may experience oppression or power in different and/or multiple ways. For example, a woman who identifies as Black/African American may be oppressed based on gender, ethnicity, and social class. The results of the current study demonstrated that those who self-identified as Black/African American had statistically significantly lower levels of public collective self-esteem when compared to those participants who self-identified as White/European American. Supervisors should work with their supervisees to understand how intersectionality impacts the experience of power or oppression and how this might translate into their clients' presenting concerns, thus enhancing supervisees' cultural sensitivity (ACA, 2014). Additionally, in line with the ACA Code of Ethics (2014), supervisors can work alongside their supervisees in exploring counseling interventions (e.g., advocacy) that are culturally appropriate by attending to the backgrounds of those they serve.

Implications for Counselor Education

The Council for Accreditation of Counseling and Related Educational Programs' counseling curriculum (CACREP, 2016) ensures that counseling trainees learn strategies that foster wellness and resilience. Additionally, counselor educators have a responsibility to aid students in attending to multicultural and diversity considerations. Within the social and cultural diversity core area of the CACREP curriculum, students learn about the multicultural and pluralistic traits among diverse populations, helping strategies, multicultural competencies, role of spirituality/religion, multicultural theories, identity development, and strategies to help eliminate barriers for diverse populations (CACREP, 2015). In line with the ACA Code of Ethics (2014), counseling should be performed in a way that is developmentally and culturally appropriate. Thus, developing multicultural and social justice competencies is in line with counseling values. This is important for the professional identity of counseling trainees and/or counseling students, as counselors are called to embody the values of the counseling profession at large (CACREP, 2015; Gladding & Newsome, 2018). For these reasons, the learning environment should urge students to explore the impact of power and privilege in their client work; while aiding students in exploring the role of advocacy as it relates to the counseling identity (ACA, 2014; CACREP, 2016).

In particular, counselor educators can infuse multicultural and social justice principles in their classrooms by teaching their students about the interplay between oppression and privilege as it relates to intersectionality (Chan et al., 2018). Students and clients alike will share intersecting social identities in which they can experience power and oppression simultaneously. By giving attention to the intersectional lens in the

classroom while reflecting on their own experience of power and oppression; counselor educators can assist themselves and their students in identifying systemic issues related to these dynamics (Chan et al., 2018). Specifically related to self-esteem; social class (Kraus & Park, 2014), gender (Helwig & Ruprecht, 2017; Rentzch et al., 2016), income (Orth et al., 2010; Thompson et al., 2012), and education (Orth et al., 2010) all can influence how individuals evaluate themselves. Counselor educators can foster discussion about the intersectional nature of social identities; and for this reason, highlight that in working with women, it is important to consider the unique experience of each woman they encounter.

In contribution to the literature base, the results of the current study demonstrated the positive impact that support from friends can have on collective self-esteem related to being a woman. The results are also in line with the ACA Advocacy Competencies which urges counselors to "...identify factors that are protective of healthy development as well as various avenues for enhancing these protective factors through the public arena, and share research and professional expertise with partner client groups and community members in developmentally and culturally appropriate ways" (Ratts et al., 2018, p. 8).

The findings of this study suggest that counselor educators should highlight the protective nature of social support for women, specifically from friends. While studying the relationship between social support, well-being, and stress; Lee and colleagues (2017) found that for both men and women, stress negatively impacted well-being with social support being helpful in reducing stress and its impact on the characteristics of well-being. However, the influence of stress on well-being more adversely impacted women compared to men when perceived social support from friends was low. As women place

greater emphasis on relationships and connection with others as compared to men (Josephs et al., 1992), educators can encourage students to explore interventions when working with women in ways that promote and foster friendships.

In a study exploring perceived discrimination, collective self-esteem, personal self-esteem, and psychological distress among women, Corning (2002) found that personal and collective self-esteem impacted the relationship among distress and discrimination. More specifically, as personal self-esteem increased, anxiety, depressive, and somatic symptoms (e.g., headache) decreased. Low levels of personal self-esteem did not impact distress associated with discrimination; however, the impact that discrimination had on symptoms of depression decreased in those with higher levels of personal self-esteem. As collective self-esteem increased, depression and anxiety decreased. Depression was more negatively impacted by discrimination among women who reported lower levels of collective self-esteem. The impact discrimination had on somatic symptoms, depression, and anxiety lessened as collective self-esteem increased.

The former study highlights the importance of both person and collective self-esteem, as it can buffer against distress in higher levels, and contribute to an increase in anxiety, depression, and somatic symptoms in lower levels (Corning, 2002; Kats et al., 2002). One way to bolster personal and collective self-esteem is through social support (Armstrong & Oomen-Early, 2009; Dang, 2014; Kong & You, 2013; Lee & Robbins, 1998, Walters & Moore, 2003). Specifically related to resilience and self-esteem, research has demonstrated that higher levels of self-esteem has also been found to be helpful in coping with stressful events and contribute to positive affect (Campbell & Lavalley, 1993; Kong & You, 2013; Lee, 2020; Rosenberg et al., 1995). In line with

these previous studies, the current results study found that social support from friends positively influenced collective self-esteem. Counselor educators should encourage students to assess levels of self-esteem and social support while working with women. Additionally, techniques can be discussed on enhancing self-esteem in women, including fostering friendships.

Limitations and Recommendations for Future Research

Several limitations have been identified for the present study. When using self-report measures, participants may not be answering the questions in the way it was intended to be answered (Ponterotto & Casas, 1991). That is, respondents may not understand what is being asked, and respond in a way that is not helpful for the accuracy of research. Self-report measures also pose the threat of social desirability.

In addition to the use of self-report measures, the vast majority of participants self-identified as White/European American (90.6%) and resided in the Midwest region of the United States. Due to limited variability among participants, generalizability is impacted (Heppner et al., 2016) and caution should be taken in the interpretation of the results. Additionally, researchers should recruit participants from various ethnic/cultural backgrounds and regions in future studies.

The results of the current study also indicated that the women in the sample had high levels of education (MA = 36.7%, BA = 28.3%, and Ph.D. = 7.3 %). In addition, the most reported income was \$100,000. Descriptive analyses in present study found that the average sum scores for membership collective self-esteem was $\mu = 22.18$, private collective self-esteem was $\mu = 23.25$, public collective self-esteem was $\mu = 21.24$, and

importance to identity was $\mu = 18.16$ (on a scale of 4 - 28). As literature has found that as income and level of education increase, self-esteem also increases (Thompson et al., 2012; Zeigler-Hill, 2014), future research should explore the influence of social support on collective self-esteem among participants with various income and education levels.

The procedures of the study also presented limitations. For one, women were recruited via social media (i.e., Facebook and Instagram), listservs, and flyers. Due to the coronavirus (COVID-19) that began during recruitment, the distribution and visibility of flyers remain limited. Additionally, those without social media platforms or access to internet would not have known of the chance to participate. Second, as the surveys were only accessible online (even with the awareness of the study), those without access to an electronic device would not be able to participate.

Another important consideration that may pose as a limitation, as previously mentioned, was the influence of COVID-19. The researcher began to recruit participants six months after COVID-19 was identified as a global pandemic. Participants identified that social support was the strongest from their partner on the demographic questionnaire, with the MSPSS confirming this as self-reported social support scores for the significant other domain were higher than that of family and friends. While the majority of participants identified as being married (58.7%), these results might have been impacted by state mandates set in place to reduce the spread of the virus including staying home as advised and practicing social distance when in public.

The results of the study demonstrated that for private collective self-esteem, the overall regression model accounted for 26.5% of the variability with social support accounting for 18.0%. This study provides support that social support positively impacts

one's evaluation of self. Future research should explore other factors that positively contribute to private collective self-esteem in women.

For public collective self-esteem, the overall regression model accounted for 18.8% of the variability with social support accounting for 8.8% demonstrating that ethnicity has a larger impact how women feel that others evaluate their group membership. Future research should explore other factors that contribute to public in women. Furthermore, when identifying factors that negatively impact public collective self-esteem, counselors should take on advocacy efforts to address the systemic issues that may be impacting the negative group evaluation.

Regarding membership collective self-esteem, the overall regression model accounted for 26.8% of the variability with social support accounting for 18.2%. The results suggest that social support has a positive impact above spirituality/religiosity, education, and income on how worthy participants felt in their group membership as a woman. Membership collective self-esteem was also impacted based on education level, demonstrating that women feel may feel that they are a more "worthy" member of their group based on higher educational attainment. Future research should explore factors that are protective of women's worthiness in their group membership.

In the importance to identity domain of collective self-esteem, the overall regression model demonstrated that social support accounted for 6.0% of the variability. No demographic variables were found to vary the levels of the importance to identity subscale of collective self-esteem levels in the present study. Results of the study demonstrated that for women, the social identity of being a woman was not largely important to their overall identity. Research on identity development in women has

suggested that women form their individual identity in a social context and feel more satisfied in their achievements if they are embedded in relationships (Josselson, 1987). According to this researcher, "women tend to grow within rather than out of relationships" (p. 189). In this way, a woman's identity is largely impacted by how those in her social network view her. They also highlight the importance of fostering independence in adolescent girls by helping them recognize they can be confident in their own abilities and do not need external validation from others. An interesting finding in the current study was that for women, as social support from significant others increased, the level of importance that being a woman was to their identity decreased. This may suggest that for women, when they have more support from a significant other they begin to define who they are in the context of how the significant other views. This notion would further validate Josselson's (1987) findings. Future research should identify factors that are important to women's identity development and explore the related consequences.

Through the conceptual lens of SIT, individuals obtain knowledge about their social identity and the value of their group by comparing and contrasting similar (i.e., in-group) and dissimilar groups (i.e., out-group). Individuals tend to favor one's own group over others (i.e., in-group bias) to enhance the value and identity of the group (Tajfel et al., 1971). In order to secure a positive social identity, individuals can engage in three ways which include: 1) individual mobility, 2) social creativity and 3) social competition (Tajfel & Turner, 1986). From this theory, Abrams and Hogg (1988) proposed the *self-esteem hypothesis* which stated that self-esteem is improved through in-group bias (i.e., intergroup discrimination) and that lower levels of self-esteem will encourage individuals

to participate in in-group bias. Intergroup discrimination becomes problematic in society as it fosters an “us” versus “them” mentality. Rather than engaging in social competition, group members can foster a secure and positive social identity by engaging in social creativity. One example of this may be focusing on positive attributes of the group. Research should continue to foster discussion on the importance of identifying strategies to secure positive social memberships that are not founded on the devaluing of other groups.

Lastly, this study has provided support on the positive influence of social support, particularly from friends, on collective self-esteem in women. Future research should aim to explore factors that impact collective self-esteem in women to identify barriers and protective factors related to women’s development and well-being. In particular, exploring settings which are largely comprised of men such as science, technology, engineering, and mathematics (STEM) fields may provide insight into how women experience the social identity of being a woman in different settings.

Summary of Discussion

In engaging with social groups, social acceptance and peer relationships are important (Abrams & Hogg, 1988; Hogg, 2018; Harter, 1989; Luhtanen & Crocker, 1992; Moran & Eckenrode, 1991) as they can positively influence self-esteem. This is especially significant for women (Walters & Moore, 2003) as they place great value on relationships and connection (Josephs et al., 1992). In sum, group membership and connection are important in fostering self-esteem (Abrams & Hogg, 1988; Hogg & Abrams, 1999; Harter, 1989; Luhtanen & Crocker, 1992; Moran & Eckenrode, 1991; Tajfel & Turner, 1979; Turner, 1970).

Crocker and Major (1989) suggested that being a member of a marginalized population or devalued group may negatively influence emotions and personal identity, in turn impacting self-esteem. As women report lower levels of self-esteem (Helwig & Ruprecht, 2017; Moksnes & Espnes, 2012; Rentzsch et al., 2016), and self-esteem is impacted by social identity and social relations (Abrams & Hogg, 1988; Hogg & Abrams, 1990; Luhtanen & Crocker, 1992; Moran & Eckenrode, 1991; Tajfel & Turner, 1979; Turner, 1975), it is important to consider how social support influences collective self-esteem in women.

While studies have examined the psychological benefits and consequences of collective self-esteem (Corning, 2002; Detrie & Lease, 2007; Kats et al., 2002), no known study has explored the influence of social support on collective self-esteem in women. Furthermore, research that has explored the influence of social support on self-esteem have been largely focused on the unidimensional (i.e., global and/or personal) conceptualization of self-esteem (Causey et al., 2015; Harter, 1989; Maddy III et al., 2014; Marshall et al., 2014; Peng et al., 2013; Tahir et al., 2015; Walters & Moore, 2003). Although personal self-esteem and collective self-esteem are related (Luhtanen & Crocker 1992), examining the influence of social support on collective self-esteem in women addressed the gap in literature.

Specific to private collective self-esteem, the overall regression model demonstrated a statistically significant positive relationship between social support and private collective self-esteem in women when controlling for education. The results also demonstrated that when compared to the reference group of those who have a master's

degree; participants who had a bachelor's degree, high school diploma, and some college had statistically significantly lower private collective self-esteem.

For public collective self-esteem, the research showed that there was a statistically significant positive relationship between social support and public collective self-esteem in women when controlling for education, income, and ethnicity. Friends and family shared a statistically significant positive relationship with public collective self-esteem. The regression coefficients also demonstrated that when compared participants who self-identified as White/European American; participants who self-identified as Black/African American had statistically significantly lower levels of public self-esteem. Furthermore, when compared to participants with a master's degree; those who had a high school diploma demonstrated statistically significant lower levels of public collective self-esteem.

The overall model for membership collective self-esteem showed that there was a statistically significant positive relationship between social support and membership collective self-esteem in women when controlling for education, income, and religious/spiritual importance. Specifically, as social support from friends and family increased, membership collective self-esteem increased. The results also demonstrated that when compared to participants who had a master's degree; those who identified as having a bachelor's degree, high school diploma, and some college had statistically significantly lower membership collective self-esteem.

Lastly, there was a statistically significant relationship between social support and the importance to identity collective self-esteem domain in women. Specifically, as social support from friends increased; importance to identity collective self-esteem increased.

The family domain of social support did not share a statistically significant relationship with importance to identity. Also important to note, the significant other domain demonstrated a statistically significant inverse relationship with importance to identity.

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APPENDIX A

THE UNIVERSITY OF AKRON INFORMED CONSENT

Title of Study: THE RELATIONSHIP BETWEEN PERCEIVED SOCIAL SUPPORT AND COLLECTIVE SELF-ESTEEM IN WOMEN: IMPLICATIONS FOR COUNSELORS

What is this study about? The purpose of this study is to understand factors that contribute to collective self-esteem in women.

Who can participate in this study? Any woman who is 18 years of age or older.

What will your participation involve? You will be asked to respond a short demographics questionnaire and two short surveys. This study will take approximately 20 minutes to complete.

What are the risks involved in participating? There are no known physical, social, legal, or economic consequences or risks related to the completion of this research study.

What are the benefits involved in participating? The benefits of this study are indirect as results will enhance our understanding of social relationships and self-esteem in women

Right to refuse or withdraw: Your participation in this research study is strictly voluntary and you may refuse to participate, or may discontinue participation, at any time without penalty.

Anonymous data collection: No identifying information will be collected in this study. Therefore, anonymity will be preserved throughout the research process.

Confidentiality of Records:

All data is secure in a password protected system. Data will be exported after collected and analyzed using Statistical Package for the Social Sciences (SPSS). Once data is analyzed all files will be deleted upon the write up of our study

Contact Person

If you have any questions about this study please contact Fawn Gordan at, you may also contact Delila Owens, faculty advisor to this project, at dowens1@uakron.edu or 330-972-8635. If you have any questions about your rights as a research subject, contact the University of Akron IRB at 330-972-7666.

Informed Consent: I acknowledge that I have read the information provided above and have no further questions regarding the research study at this time. I voluntarily agree to participate in this study. *click the link below*

APPENDIX B

DEMOGRAPHIC INFORMATION

Instructions: Select from the following

1. What is your age?

☐ Put age in years

2. Location of residence (please select one)

☐ Northeast Region (i.e., Connecticut, Delaware, Maryland,

☐ Massachusetts, Maine, New Hampshire, New Jersey, New York,

Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia)

☐ National Capital Region (i.e., District of Columbia)

☐ Southeast Region (i.e., Alabama, Florida, Georgia, Kentucky, Louisiana,

Mississippi, North Carolina, South Carolina, Tennessee, Puerto Rico, U.S. Virgin Islands)

☐ Midwest Region (i.e., Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan,

Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin)

☐ Intermountain Region (i.e., Arizona, Colorado, Montana, New Mexico,

Oklahoma, Texas, Utah, Wyoming)

☐ Pacific Region (i.e., California, Hawaii, Idaho, Nevada, Oregon, Washington,

American Samoa, Guam, Northern Mariana Islands)

☐ Alaska Region (i.e., Alaska)

3. Your Ethnicity (please select one)

- ☐ Asian/Asian American/Pacific Islander
- ☐ Native American/ American Indian/ Alaskan Native
- ☐ Black/African American
- ☐ Hispanic/Latin American
- ☐ Middle Eastern/ Arabic American
- ☐ White/European American
- ☐ Multi-Racial
- ☐ Other _____

4. What is yearly income in your household?

- ☐ Please input in dollar amounts.

5. Level of Education

- ☐ High school diploma
- ☐ Some college
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate degree
- ☐ Other_____

6. Relationship status

- ☐ Single
- ☐ Married
- ☐ Partnered
- ~~~~~☐ Widowed

☐ Engaged

☐ Other_____

7. Identify the individual who is your strongest supporter

☐ Partner

☐ Child(ren)

☐ My mother

☐ My father

☐ Friend

☐ Other_____

8. How important is religion and/or spirituality to you on a scale of 1-5?

☐ 1= Very important

☐ 2= Slightly

☐ 3= Moderately

☐ 4= Slightly Important

☐ 5= Unimportant

APPENDIX C

Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988) Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the “1” if you **Very Strongly Disagree** Circle the “2” if you **Strongly Disagree**

Circle the “3” if you **Mildly Disagree**

Circle the “4” if you are **Neutral**

Circle the “5” if you **Mildly Agree**

Circle the “6” if you **Strongly Agree** Circle the “7” if you **Very Strongly Agree**

1. There is a special person who is around when I am in need.
1 2 3 4 5 6 7 SO
2. There is a special person with whom I can share my joys and sorrows.
1 2 3 4 5 6 7 SO
3. My family really tries to help me.
1 2 3 4 5 6 7 FAM
4. I get the emotional help and support I need from my family.
1 2 3 4 5 6 7 FAM
5. I have a special person who is a real source of comfort to me.
1 2 3 4 5 6 7 SO
6. My friends really try to help me.
1 2 3 4 5 6 7 FRI
7. I can count on my friends when things go wrong.
1 2 3 4 5 6 7 FRI
8. I can talk about my problems with my family.
1 2 3 4 5 6 7 FAM
9. I have friends with whom I can share my joys and sorrows.
1 2 3 4 5 6 7 FRI
10. There is a special person in my life who cares about my feelings.
1 2 3 4 5 6 7 SO
11. My family is willing to help me make decisions.
1 2 3 4 5 6 7 FAM
12. I can talk about my problems with my friends.
1 2 3 4 5 6 7 FRI

The items tended to divide into factor groups relating to the family (Fam), friends (Fri) or significant other (SO)

APPENDIX D

COLLECTIVE SELF-ESTEEM SCALE

INSTRUCTIONS: We are all members of different social groups or social categories. Some of such social groups or categories pertain to gender, race, religion, nationality, ethnicity, and socioeconomic class. We would like you to consider your membership of being a WOMAN and respond to the following statements on the basis of how you feel about that group and your membership in it. There are no right or wrong answers to any of these statements; we are interested in your honest reactions and opinions. Please read each statement carefully, and respond by using the following scale:

1 = Strongly Disagree; 2 = Disagree; 3 = Disagree Somewhat; 4 = Neutral; 5 = Agree Somewhat; 6 = Agree; 7 = Strongly Agree

Circle the “1” if you **Strongly Disagree** Circle the “2” if you **Disagree** Circle the “3” if you **Somewhat Disagree** Circle the “4” if you are **Neutral** Circle the “5” if you **Agree Somewhat**

Circle the “6” if you **Agree** Circle the “7” if you **Strongly Agree**

- 1) I a worthy member of the social group I belong to. 1 2 3 4 5 6 7
- 2) I often regret that I belong to the social group I do. 1 2 3 4 5 6 7
- 3) Overall, my social group is considered good by others. 1 2 3 4 5 6 7
- 4) Overall, my group membership has very little to do with how I feel about myself.
1 2 3 4 5 6 7
- 5) I feel I don't have much to offer to the social group I belong to. 1 2 3 4 5 6 7

- 6) In general, I'm glad to be a member of the social group I belong to. 1 2 3 4 5 6 7
- 7) Most people consider my social group, on the average, to be more ineffective than other social groups. 1 2 3 4 5 6 7
- 8) The social group I belong to are an important reflection of who I am. 1 2 3 4 5 6 7
- 9) I am a cooperative participant in the social group I belong to. 1 2 3 4 5 6 7
- 10) Overall, I often feel that the social group of which I am a member of not worthwhile. 1 2 3 4 5 6 7
- 11) In general, others respect the social group that I am a member of. 1 2 3 4 5 6 7
- 12) The social group I belong to is unimportant to my sense of what kind of a person I am. 1 2 3 4 5 6 7
- 13) I often feel I'm a useless member of my social group. 1 2 3 4 5 6 7
- 14) I feel good about the social group I belong to. 1 2 3 4 5 6 7
- 15) In general, others think that the social group I am a member of is unworthy. 1 2 3 4 5 6 7
- 16) In general, belonging to social groups is an important part of my self image. 1 2 3 4 5 6 7

Used with Permission.

APPENDIX E



Office of Research Administration
Akron, OH 44325-2102

NOTICE OF APPROVAL

Date: 11/13/2020
To: Fawn Gordon
From: Kathryn Watkins Associate Director and IRB Administrator
IRB Number: 20200903
Title: Perceived Social Support and Collective Self-Esteem in Women: Implications for Counselors

Approval Date: 10/22/2020

Thank you for submitting your Request for Exemption to the IRB for review. Your protocol represents minimal risk to subjects and qualifies for exemption from the federal regulations under the category below:

- ☐ **Exemption 1** – Research conducted in established or commonly accepted educational settings, involving normal educational practices.
- ☒ **Exemption 2** – Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.
- ☐ **Exemption 3** – Research involving the use of benign behavioral interventions in conjunction with the collection of information from adult subjects through verbal or written responses (including data entry) or audiovisual recordings, and subjects have prospectively agreed to the intervention.
- ☐ **Exemption 4** – Research involving the collection or study of existing data, documents, records, biospecimens specimens, pathological specimens, or diagnostic specimens.
- ☐ **Exemption 5** – Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public programs or benefits.
- ☐ **Exemption 6** – Taste and food quality evaluation and consumer acceptance studies.
- ☐ **Exemption 7** – Research involving the use of a broad consent for the storage or maintenance of identifiable information and/or biospecimens for future research.
- ☐ **Exemption 8** – Research involving the use of a broad consent for the use of identifiable information and/or biospecimens for future research.

Annual continuation applications are not required for exempt projects. If you make changes to the study's design or procedures that increase the risk to subjects or include activities that do not fall within the approved exemption category, please contact the IRB to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. This office will hold your exemption application for a period of three years from the approval date. If you wish to continue this protocol beyond this period, you will need to submit another Exemption Request. If the research is being conducted for a master's thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

☒ Approved consent form/s enclosed

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APPENDIX A

THE UNIVERSITY OF AKRON INFORMED CONSENT

Title of Study: THE RELATIONSHIP BETWEEN PERCEIVED SOCIAL SUPPORT AND COLLECTIVE SELF-ESTEEM IN WOMEN: IMPLICATIONS FOR COUNSELORS

What is this study about? The purpose of this study is to understand factors that contribute to collective self-esteem in women.

Who can participate in this study? Any woman who is 18 years of age or older.

What will your participation involve? You will be asked to respond a short demographics questionnaire and two short surveys. This study will take approximately 20 minutes to complete.

What are the risks involved in participating? There are no known physical, social, legal, or economic consequences or risks related to the completion of this research study.

What are the benefits involved in participating? The benefits of this study are indirect as results will enhance our understanding of social relationships and self-esteem in women

Right to refuse or withdraw: Your participation in this research study is strictly voluntary and you may refuse to participate, or may discontinue participation, at any time without penalty.

Anonymous data collection: No identifying information will be collected in this study. Therefore, anonymity will be preserved throughout the research process.

Confidentiality of Records:

All data is secure in a password protected system. Data will be exported after collected and analyzed using Statistical Package for the Social Sciences (SPSS). Once data is analyzed all files will be deleted upon the write up of our study

Approved
University of Akron IRB
10/22/2020
Exempt 2

Contact Person

If you have any questions about this study please contact Fawn Gordan at, you may also contact Delila Owens, faculty advisor to this project, at dowens1@uakron.edu or 330-972-8635. If you have any questions about your rights as a research subject, contact the University of Akron IRB at 330-972-7666.

Informed Consent: I acknowledge that I have read the information provided above and have no further questions regarding the research study at this time. I voluntarily agree to participate in this study. *click the link below*