

5-2012

The Relationship between Social Support and Self-esteem

Ashley Karraker
Lindenwood University

Follow this and additional works at: https://digitalcommons.lindenwood.edu/psych_journals



Part of the [Psychology Commons](#)

Recommended Citation

Karraker, Ashley (2012) "The Relationship between Social Support and Self-esteem," *Undergraduate Psychology Research Methods Journal*: Vol. 1 : Iss. 14 , Article 6.

Available at: https://digitalcommons.lindenwood.edu/psych_journals/vol1/iss14/6

This Article is brought to you for free and open access by the Psychology, Sociology, and Public Health Department at Digital Commons@Lindenwood University. It has been accepted for inclusion in Undergraduate Psychology Research Methods Journal by an authorized editor of Digital Commons@Lindenwood University. For more information, please contact phuffman@lindenwood.edu.

The Relationship between Social Support and Self-esteem

Ashley Karraker⁵

Social relationships are an important element of everyday life. They are related to well-being, and can bring happiness and fulfillment to our lives. Self-esteem is extremely important to our health, physical and psychological. It is so important that we go to great lengths to preserve it and build it up. There are many factors that go into the formation of self-esteem, and this paper looks at the relationship between self-esteem and social support. The research hypothesis was that there would be a positive relationship between social support and self-esteem. The hypothesis was supported, but the correlation was not strong. This could be because there are many factors that are involved with the development of self-esteem, and social relationships and involvement is just one aspect. A multi-faceted approach is probably the best way to view self-esteem. It is different for everybody, and no one thing is the sole determinant of self-esteem.

This study was designed to explore the relationship between social support and self-esteem. Social relationships have a large impact on our lives, and self-esteem is intertwined with our social relationships, as well as mental and physical health. It is important to know what factors are involved with self-esteem in order to learn how to improve it.

Strong social relationships have been positively linked to mental and physical health and well-being (Dewall, Twenge, Koole, Baumeister, Marquez, & Reid, 2011). Interpersonal conflict, especially with family members and close friends, has been found to have a significant impact on emotional stability and self-esteem (Sturaro, Denissen, Van Aken, & Asendorpf, 2008). Social support is defined by number of social relationships and levels of involvement and responsiveness in those relationships (Lemay, Clark, & Feeney, 2007).

Self-esteem is defined as the way we perceive ourselves, and is partially based on how others view our traits (Anthony, Holmes, & Wood, 2007). Anthony et al. (2007) named two

⁵ Ashley Karraker, Department of Psychology, Lindenwood University
Correspondence concerning this paper should be made for Ashley Karraker, Department of Psychology at 236 Charging Bear Dr., Wentzville, MO 63385. Email: ank468@lionmail.lindenwood.edu

categories of traits, social commodities and communal qualities; social commodities are traits that are easily and quickly observed. These can include things like physical attractiveness and sense of humor. These traits are important in the formation of social relationships. Communal qualities are less easily observable. These refer to how someone fits into a social role, such as the extent to which they express their gender identity (Anthony et al., 2007). Communal qualities are more internal, and are the base of longer lasting relationships instead of just a first impression. Social esteem has been found to be more attuned to others' views of our social commodities than our communal qualities (Anthony et al., 2007). This is perhaps due to the fact that these traits are more easily perceived by others, and thus commented on more often. The way others view us has a major influence on how we view ourselves. This is called reflexive self-perception and May (2001) found that the way we view ourselves and the way others perceive us are highly correlated.

Self-esteem has been found to have an influence on our health as well (Stinson et al., 2008). Poor self-esteem was linked to illness and even predicted mortality up to 10 years later in patients with cardiovascular problems and Stinson et al. (2008) also found that poor self-esteem predicted low quality social relationships.

Self-esteem is important to us, and we do many things to enhance and protect it. Self-handicapping is when a person subconsciously puts an obstacle in the way of achieving a goal so that failure is inevitable (McCrea, 2008). McCrea (2008) found that self-handicapping opens the door for counterfactual thinking. Counterfactual thinking is when someone thinks back on an event and thinks about how it could have been different. Upward counterfactual thinking involves thinking about how that past event could have been better, usually if it were not for the

self-handicap. McCrea (2008) found that this particular type of counterfactual thinking preserves self-esteem.

Low levels of self-esteem and low perception of social support can have serious consequences. Chioqueta and Stiles (2007) found that low levels of self-esteem were an independent predictor of feelings of hopelessness and depression. They also found that suicide ideation was predicted by perception of social support (Chioqueta & Stiles, 2007). Low levels of self-esteem have also been related to deviant behavior (Ferris, Brown, Lian, & Keeping, 2009). This is because low self-esteem predicts reaction to role stressors, such as having a job. Low self-esteem can negatively affect performance in the workplace because it can make a person react negatively to stressful situations, such as stress that can be encountered in the workplace (Ferris et al., 2009).

Self-esteem can be tied to relationships in a dysfunctional way. Relationship-contingent self-esteem is when a person places all of their self-worth based on their relationships (Knee, Canevello, Bush, & Cook, 2008). This is dysfunctional because self-esteem is multi-faceted. Relationship quality is one aspect, but it is also related to how a person feels about him or herself based on self-evaluation of personal characteristics (May, 2001).

My hypothesis was that higher perception of social support is positively related to higher levels of self-esteem. The reasoning behind this is because more social support indicates more positive relationships, which can increase feelings of belonging and being included. Both of these things are contributing factors to self-esteem (Anthony et al., 2007). Feelings of being excluded and disconnected with family and friends predict feelings of hopelessness (Chioqueta & Stiles, 2007). This study surveyed participants on self-esteem and social support, and the data was correlated in order to determine the strength of the relationship.

Method

Participants

Participants were recruited from the Lindenwood Participant Pool (LPP) by posting a short description of my study and letting them sign up for the time that they wanted. I posted my study description of the bulletin board across from the LPP office, on the top level of Young Hall at the Lindenwood campus. The LPP is a method of convenience sampling for experimenters. Certain introductory level classes offer up to five points extra credit to their students for participating in experiments. I had 32 participants. They were all college students, 15 male participants and 17 female participants. The ages ranged from 18-33. I used a convenience sampling because it was more available and time efficient to recruit students from the LPP. The students received extra credit as compensation for participating in my study.

Materials and Procedures

I held my study in the Psychology Labs in the basement of Young Hall. These labs are small rooms that include a long table with a few chairs for the participants and the experimenter to sit. When my participants first came into my study, I gave them an Informed Consent Form, which outlined their rights to confidentiality and explained that their participation was voluntary. After that was finished, I gave them a measure of social support (see Appendix A) to measure the participants' levels of involvement in social activities and relationships (Insel & Roth, 1985). I then gave them a self-esteem questionnaire (see Appendix B) for participants to self-report their levels of self-esteem. This questionnaire was designed by the researcher to measure how strongly the people felt about their positive and negative qualities, as well as overall satisfaction with certain aspects of themselves. Both of these surveys were given out on paper. The surveys were separate and the researcher counterbalanced the order in which they were given in order to

overcome any order effects. Each participant was assigned an ID number based on the order in which they arrived to keep track of which survey was theirs during the statistical analysis portion of the study and to ensure anonymity.

When the participants were finished with the surveys, I gave them a short demographic questionnaire, and I gave them a participant receipt for them turn it to the LPP office in order to earn the extra credit. The self-esteem questionnaire was a short survey in which the participant was given various statements relating to both positive and negative self-esteem. The participant rated how much the statements matched them on a scale from one to five. These surveys were scored by adding up the numbers from the questions relating to positive self-esteem and the numbers that related to negative self-esteem were reversed (five was converted to one, four was converted to two, and so on) and also added. The social support survey was based on Paul Insel and Walton Roth's (1985) social support scale, but was edited by the researcher to make the questions more clear and up to date.

Results

There was a slight positive correlation between social support and self-esteem, with $r=0.196$. This supports my hypothesis that there would be a positive correlation between social support and self-esteem. Male ($M=33.53$, $SD=6.88$) and female participants ($M=33.76$, $SD=8.24$) had an almost equal mean of social support. Male ($M=33.53$) Women ($M=33.76$) However, male participants had a significantly higher self-esteem mean ($M=57.20$, $SD=4.09$) than female participants ($M=53.00$, $SD=6.55$) $t(30)= 2.14$, $p<.05$.

Discussion

My hypothesis that there would be a positive correlation between social support and self-esteem was supported. However, the correlation was not strong. This shows that having more

social support and social involvement has the potential to benefit self-esteem slightly, but there are many other factors that contribute to self-esteem development. It is possible only when a person has relationship-contingent self-esteem that social support may drastically affect self-esteem, because relationship-contingent self-esteem is when self-esteem is based solely on relationship satisfaction (Knee et al., 2008). This implies that healthy self-esteem comes from within the person, as opposed to external sources. Other factors are likely involved as well, such as academic or athletic success. Self-esteem involves whatever is important to the person, and therefore is different for everybody.

Men and women, while having similar social support levels, were found to have differing levels of self-esteem. Women had lower self-esteem than men, despite having the same level of social support. This shows that women are possibly more socially oriented, and therefore need more social support in order to increase their self-esteem. This also implies that men may have more sources from which they derive their self-esteem besides from social support. Overall, this study found that there is only a small relationship between self-esteem and social support, which shows that there are many other factors that go into the formation of self-esteem.

There were some limitations to the study. There were only 32 participants, and more would be needed to determine significant results. Other contributing factors to self-esteem were not looked at, so a future study should look for other factors besides social support that contribute to self-esteem. There was little ethnic diversity in the study, so it was not possible to see if there were any cultural differences in self-esteem. A measure to see what sorts of things are important to the person would also be helpful to see if the results would change, based on how important social support is to that person.

In conclusion, self-esteem is not derived from just one thing, but from many. It depends on what is important to the person, and therefore varies from person to person. More research is needed to determine the factors that are involved in the formation of self-esteem.

References

- Anthony, D. B., Holmes, J. G., & Wood, J. V. (2007). Social acceptance and self-esteem: Tuning the sociometer to interpersonal value. *Journal of Personality and Social Psychology*, 92(6), 1024-1039.
- Chioqueta, A. P., & Stiles, T. C. (2007). The relationship between psychological buffers, hopelessness, and suicidal ideation. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 28(2), 67-73.
- Dewall, C. N., Twenge, J. M., Koole, S. L., Baumeister, R. F., Marquez, A., & Reid, M. W. (2011). Automatic emotion regulation after social exclusion: Tuning to positivity. *Emotion*, 11(3), 623-636.
- Ferris, D. L., Brown, D. J., Lian, H., & Keeping, L. M. (2009). When does self-esteem relate to deviant behavior? The role of contingencies of self-worth. *The Journal of Applied Psychology*, 94(5), 1345-1353.
- Insel & Roth (1985) *Social support scale*.
- Knee, C. R., Canevello, A., Bush, A. L., & A., C. (2008). Relationship-contingent self-esteem and the ups and downs of romantic relationships. *Journal of Personality and Social Psychology*, 95(3), 608-627.
- Lemay, E. P., Clark, M. S., & Feeney, B. C. (2007). Projection of responsiveness to needs and the construction of satisfying communal relationships. *Journal of Personality and Social Psychology*, 92(5), 834-853.

- May, B. A. (2001). The interaction between ratings of self, peers' perceptions, and reflexive self-rating. *The Journal of Social Psychology, 131*(4), 483-493.
- McCrea, S. M. (2008). Self-handicapping, excuse making, and counterfactual thinking: Consequences for self-esteem and future motivation. *Journal of Personality and Social Psychology, 95*(2), 274-292.
- Stinson, D. A., Logel, C., Zanna, M. P., Holmes, J. G., Cameron, J. J., Wood, J. V., et al. (2008). The cost of lower self-esteem: Testing a self- and social-bonds model of health. *Journal of Personality and Social Psychology, 94*(3), 412-428.
- Sturaro, C., Denissen, J. J., Van Aken, M., & Asendorpf, J. B. (2008). Person-environment transactions during emerging adulthood. *European Psychologist, 13*(1), 1-11.

Appendix A

Participant ID:

Social Support Scale

To which of these groups do you belong, and what is your level of participation?

Circle yes or no next to each group saying if you belong, and, if yes, indicate level of participation 1-3, one being the lowest amount of participation and 3 being the highest amount.

Group	Do you belong?		Level of participation		
	yes	no	1	2	3
A social or recreational group					
A labor union, commercial group, or professional association	yes	no	1	2	3
A political party group or club	yes	no	1	2	3
A group concerned with children (such as PTA or Boy Scouts)	yes	no	1	2	3
A church-connected group	yes	no	1	2	3
A group concerned with a public issue, such as civil liberties, property rights, etc.	yes	no	1	2	3
A group concerned with the environment, pollution, etc	yes	no	1	2	3
A group concerned with self-improvement that meets regularly	yes	no	1	2	3

How often do you communicate electronically with any close friends (via text messaging, web chat, email, etc)

Circle:

Not applicable

More than once a week

Once a week

A few times a month

Once a month

Less than once a month

How many relatives do you have that you feel close to?

Circle: none 1-3 4-7 8-11 more than 11

How many of these relatives do you see at least once a month?

Circle: none 1-3 4-7 8-11 more than 11

About how often do you see any close relatives?

Circle:

Not applicable

More than once a week

Once a week

A few times a month

Once a month

Less than once a month

How often are you on the telephone with any close relatives?

Circle:

Not applicable

More than once a week

Once a week

A few times a month

Once a month

Less than once a month

How often do you communicate electronically with any close relatives (via text messaging, web chat, email, etc)

Circle:

Not applicable

More than once a week

Once a week

A few times a month

Once a month

Less than once a month

Appendix B

Participant ID:

Self-Esteem Questionnaire:

1-Not at all like me

2-Not very much like me

3-Sometimes like me

4-Often like me

5-Always like me

_____ I tend to get along with people I meet

_____ I am generally reliable

_____ I easily lose my temper

_____ I am fun to be around

_____ People generally like me

_____ I feel self-conscious in social situations

_____ I tend to be optimistic, even when things don't go my way

_____ I tend to take my stress out on other people

_____ I am generally satisfied with my appearance

_____ I tend to be overly critical of myself

_____ I feel comfortable with the person that I am

_____ I feel as if others around me have more fulfilling lives than I do

_____ Criticism from others is very difficult to handle

_____ I feel confident in my ability to accomplish my goals

_____ People tell me that I am too hard on myself