Implicit and Explicit Self-Esteem and their Correlations with Codependency

Rachel N. Rogers
Lindenwood University

Recommended Citation

Rogers, Rachel N. (2008) "Implicit and Explicit Self-Esteem and their Correlations with Codependency," *Undergraduate Psychology Research Methods Journal*: Vol. 1 : Iss. 8 , Article 12.
Available at: https://digitalcommons.lindenwood.edu/psych_journals/vol1/iss8/12

Implicit and Explicit Self-Esteem and their

Correlations with Codependency

Rachel N. Rogers

The present study examined the correlations between implicit and explicit self-esteem and codependency. Implicit self-esteem involves automatic, over-learned self-evaluations and explicit self-esteem refers to conscious feelings of one's self. It was predicted that participants who scored higher on the implicit self-esteem measure would score lower on the codependency scale, regardless of scores on the explicit self-esteem scale. Participants engaged in a timed task involving me/not-me primes and positive/negative words to measure implicit self-esteem. The Rosenberg Self-Esteem Scale and the Spann-Fischer Codependency Scale were used to measure explicit self-esteem and codependency, respectively. Should a strong negative correlation be found between codependency and either of the measures of self-esteem, the information could potentially be applied to creating effective therapy programs for codependency.

The concept of codependency is a rather ambiguous one. Originally, codependency was solely referred to when describing the relationship between an individual and their chemically dependent loved one (Mental Health America, 2006). The partner without the addiction was thought to "protect" the addicted and therefore, indirectly enable the addiction (Cretser & Lombardo, 1999). Essentially, the individual was considered to be *dependent* on their partner's chemical *dependence* because it meant their partner needed someone to take care of them—hence the term *codependence*. However, the mainstream idea of codependency is moving away from this narrow

205

definition to a broader ideology. Cretser and Lombardo reported significant findings that underclass women who were children of alcoholics actually had lower codependency scores than other portions of the tested population. This finding serves as a sampling of the support for moving away from the original definition of codependency to a more all-encompassing one—that is, it does not solely involve family members of substance abusers. It is necessary to point out, however, that relatives of addicts do make up a sizable portion of the codependent population—which is why therapy groups such as Adult Children of Alcoholics are still in practice.

Currently the concept of codependency has expanded to consider two prevalent approaches. One approach looks at codependency as a personality syndrome in which a non-addicted partner brings unhealthy trait patterns and ways of thinking/acting to the relationship (Wright & Wright, 1991).   Wright and Wright list the following as characteristics of the codependency syndrome: a need to be needed and in control; low self-esteem; fear of abandonment; self-sacrificing; denial; no clear boundaries between self and partner(s); and an exaggerated desire for approval from others. The other approach regards codependency as the adjustment or coping efforts of a "normal"/healthy individual to a difficult relationship or life situation (Wright & Wright). Wells, Glickauf-Hughes, and Jones (1999) provided support for regarding codependency as a syndrome that reflects one's views of one's self. Whereas Wright and Wright held that a person's responses to particular circumstances may be more relevant to codependency.

Wright and Wright (1991, 1999) introduced the idea of two types of codependency: endogynous and exogenous. Wright and Wright (1991) believe the two approaches listed above could be considered to be "complementary rather than

206

contradictory" (p. 452). Wright and Wright used the term endogynous codependency to stand for the personality syndrome approach and exogenous codependency for the interactionist (normal person adjusting to difficult situation) approach. The idea here is that there is not one definitive approach, but two very real possibilities for the presence of codependent relating—circumstantial or intrapersonal (Wright & Wright, 1991). Several researchers have found support for considering codependency as a combination of both approaches—thus, making the definition of codependency even broader (Cretser & Lombardo, 1999; Lindley & Giordano, 1999; Wright & Wright, 1991, 1999). Taking into account this broad view, the website for Co-Dependents Anonymous (CODA, 2008) does not give a formal definition of codependency but instead lists a number of characteristics and patterns often expressed in codependent relating. Such patterns include: denial patterns, control patterns, low self-esteem patterns, and compliance patterns (CODA).

The present study considers codependency to fall into the complementary endogynous/exogenous approach. However, regardless of how the codependent relating came about, codependency for the endogynous or exogenous individual seems to have overlapping characteristics (during the time of the codependent relating). For example, if a "normal" individual's situation is causing her to adjust in codependent ways, she will display characteristics typical of the codependent syndrome: a focus on protecting the other person, putting that person before herself, and eventually she may come to derive particular meaning or gratification only from that particular type of relationship (in which she is needed). Lindley and Giordano (1999) state the following as generally accepted ideas behind codependency: the codependent has an intense focus on trying to control the

207

happenings of those around him; seeks fulfillment through controlling relationships; and strongly feels a need for approval of others. The present study uses the above as the operational definition of codependency and has employed the use of the Spann-Fischer Scale (Fischer, Spann, & Crawford, 1991) as the measure for assessing codependency. Lindley and Giordano specify the Spann-Fischer Scale as focusing on three characteristics of codependency: extreme focus outside of self; lack of open expression of feelings; and attempts to find a self-worth or purpose from relationships. Wright and Wright (1991) reported the Spann-Fischer Codependency Scale as having high internal and test-retest reliability.

Self-esteem has been a prominent research topic for the field of psychology as a whole. Kernis (2003) stated, "Self-esteem is an important psychological construct because it is a central component of individuals' daily experience, it refers to the way that people feel about themselves, which reflects and affects their ongoing transactions with their environment and the people they encounter in it" (p.1). The general impression is that self-esteem is simply a person's beliefs about their self-worth.   This notion covers the gist of self-esteem as a construct; however, researchers have begun looking at possible subtypes of self-esteem. The two subtypes of interest here are termed implicit and explicit self-esteem. When we think of self-esteem, we generally think of explicit self-esteem, or what a person consciously feels about him/herself. Implicit self-esteem refers to more of an automatic, over-learned, evaluation of the self—in other words, it can be largely unconscious.   The idea behind subtypes of self-esteem suggests that there may be discrepancies between an individual's implicit and explicit self-esteem (although, they may be congruent as well).

Kernis (2003) suggests that there may be a difference between high self-esteem and optimal self-esteem—depending on the specific combination of implicit and explicit self-esteem for an individual. For example, a person may evaluate their self-worth as being high (high explicit self-esteem) but have negative feelings of self-worth of which they may not be aware (low implicit self-esteem); Kernis considers this discrepancy to be of importance. Kernis states that having a low implicit self-esteem may in fact undermine the high explicit self-esteem and, therefore, produce a more unstable global self-worth. Several studies have examined the discrepancies between implicit and explicit self-esteem and their relationship to various characteristics. Zeigler-Hill and Terry (2007) suggested that an individual with discrepant low self-esteem (low explicit but high implicit) may possess a glimmer of hope or optimism, which is atypical to the general concept of low self-esteem. The researchers reported findings that individuals with discrepant low self-esteem actually had higher levels of maladaptive and adaptive perfectionism (Zeigler-Hill & Terry). The assumption here is that despite their low explicit self-esteem, they were hopeful enough to still strive for perfection—which means the high implicit self-esteem greatly impacted the actual behaviors of the individual. Another study conducted by Schroder-Abe, Rudolph, and Schutz (2007) suggested that high implicit self-esteem was actually a disadvantage for individuals with low explicit self-esteem because it was related to more health problems. Schroder-Abe, Rudolph, and Schutz also found discrepancies between explicit and implicit self-esteem to be related to maladaptive anger coping and depressive attributional style.

The present study utilizes the popular Rosenberg Self-Esteem Scale (Rosenberg, 1965) to measure explicit self-esteem because it is a straightforward list of I-statements

209

which pretty clearly represent what a person consciously thinks of their self-worth. Because implicit self-esteem is a subjective and recent measure, there has been quite a bit of controversy over the scientific assessment of it. Some researchers have used a measure involving the rating of letters in the alphabet—which seems to be more a measure of familiarity/exposure bias than implicit self-esteem. Other researchers have employed the use of a computer-based, timed task involving self and non-self primes with positive and negative stimuli to see which words participants would put with what prime category (Swanson & Greenwald, 2001). This measure is known as the self-esteem version of the Implicit Association Test (Greenwald, McGhee, & Schwartz, 1998) and is considered to most reliably estimate implicit cognitions because the stimuli is presented in such a quick fashion that the participant does not have time to consciously make links during the task. Teachman and Brownell (2001) created a paper-pencil version of the Implicit Association Test (IAT) to examine implicit biases among health professionals. Teachman and Brownell suggested that the paper-pencil version has been found to produce comparable results as the computerized version. Therefore, a modified paper-pencil version of the Implicit Association Test was created for the present study.

As briefly mentioned above, low self-esteem has been considered a characteristic of a codependent individual. Wells, Glickauf-Hughes, and Jones (1999) reported findings of a codependent individual being prone to feelings of shame and low self-esteem. Lindley and Giordano (1999) found self-confidence to be the strongest predictor (out of autonomy, age, race, and soliciting emotional support from others) of codependency. There was a negative correlation between self-confidence and codependency—where higher self-confidence was related to lower codependency scores

(Lindley & Giordano). It has been made evident that there is a relationship between codependency and self-esteem (specifically a negative correlation), however, these studies have not taken into consideration the subtypes of self-esteem.

The present study is aimed at examining the relationship between the two subtypes of self-esteem and codependency. The hypothesis is that participants who score higher on the implicit self-esteem measure will score lower on the codependency scale, regardless of scores on the explicit self-esteem scale. Again, codependency has been found to be related to low explicit self-esteem, but perhaps it is more accurately related to a discrepant low self-esteem (low explicit, high implicit). It would seem as though an individual would need some level of high self-esteem in order for them to feel as though they are capable of controlling someone or some situation. Or in another way, perhaps taking care of someone makes the codependent feel better about himself at some level (implicitly). The different combinations of implicit and explicit self-esteem and their effects on an individual's presented characteristics are important to study because efforts to raise self-esteem are solely focused on explicit self-esteem. If there are numerous consistent results showing the importance of implicit self-esteem, then it will prove important to research ways in which implicit self-esteem can be raised. Codependency within relationships was chosen for this study because in American (an individualistic) culture it is typically seen as a negative attribute. Should a strong negative correlation be found between codependency and either of the measures of self-esteem, the information could potentially be applied to creating effective therapy programs for codependency. Another interesting byproduct of the present study is to find out how similar or discrepant the two subtypes are in getting at people's self-esteem. Examining the relationship

211

between explicit and implicit self-esteem could make it possible to address the difference between high self-esteem and what may be deemed as "optimal" self-esteem, as suggested by Kernis (2003).

Method

Participants

Fifty-five undergraduate students were recruited through the Lindenwood University Human Subject Pool (HSP). These participants were enrolled in, and received bonus credit toward, one of the following classes: ANT 112, PSY 100, PSY 101, SOC 102, or SOC 214. Participants consisted of 25 men and 30 women. The ages of participants ranged from 18 to 24 years old.

Measures

The present study took place in a psychology lab of Young Hall at Lindenwood University. In the room were two chairs and a table. The following paper materials were used for the study (surveys will be described in more detail below): demographic questionnaire (see Appendix A), a timed practice task (see Appendix B), the test paper-pen timed implicit association task (see Appendix C), a survey about interpersonal relationships/codependency (see Appendix D), and a survey on explicit self-evaluations (see Appendix E). Pens were provided to participants to complete the study. A stop watch was used to keep time and indicate the stopping point for the practice and actual timed tasks. After data collection was completed, the Windows SPSS software was utilized to analyze the data.

Implicit Self-Esteem

The measure of implicit self-esteem was a modified paper-pencil version of the Implicit Association Test (Greenwald et al., 1998). This task involved using reaction time to assess automatic self-evaluations.   The participant was given 2 worksheets (only one at a time) in which they had 20 seconds (per worksheet) to designate words as either being in the "me" or "not me" category by filling in the bubble under the category to the right or left side of the paper. The words chosen for this study included 10 positive and their 10 negative counterparts (e.g. "good" and "bad"). There were 2 different word lists (10 words long, with 5 positive and 5 negative on each list) used for this project—all participants received both lists but the way in which they received the lists and category arrangements (on right or left side) were different. Ultimately, there were four different IAT versions and four different ways in which the stimuli could be presented to participants. The four IAT versions were as follows: IAT 1 - "Me" on left with word list 1 (list 1 starts with "satisfied"); IAT 2 - "Me" on left with word list 2 (list 2 starts with "dishonorable"); IAT 3 - "Not me" on left with word list 1; and IAT 4 - "Not me" on left with word list 2. The purpose of creating four different sequence patterns was to prevent order effects. The four sequence groups were as follows: Group A participants received IAT 1 followed by IAT 4; Group B received IAT 2 followed by IAT 3; Group C received IAT 3 followed by IAT 2; and Group D received IAT 4 followed by IAT 1. To score the implicit scale, each positive trait word was given a score of 1 point and each negative trait word was given a score of -1. The scores could range from -5 (low implicit self-esteem) to 5 (high implicit self-esteem) because there were 5 positive and 5 negative words on each list. The researcher was particularly interested in the combined scores of

213

the two IAT's that each participant took. Therefore, combined scores could range from -10 to 10.

Explicit Self-Esteem

To assess explicit self-esteem, participants were asked to complete the 10 item Rosenberg Self-Esteem Scale (Rosenberg, 1965). In the present study, participants were instructed to circle whether they Strongly Agree, Agree, Disagree, or Strongly Disagree with the 10 general statements regarding their feelings about themselves. To score the Rosenberg scale, the researcher had to assign the answer choices the following points: SA=3, A=2, D=1, SD=0; noting that items 2, 5, 6, 8, and 9 were to be reverse scored, that is, SA=0, A=1, D=2, SD=3. Then, the researcher had to sum the scores for all 10 items to get a total that was representative of a person's self-esteem (the higher the score, the higher the self esteem). Scores could range from 0-30.

Codependency

The measure for relationship codependency was the Spann-Fischer Scale (Fischer, Spann, & Crawford, 1991). This scale consists of 16 questions regarding self-evaluations and interpersonal relationships which participants rate on a scale from 1-6 (Strongly Disagree=1, Moderately Disagree, Slightly Disagree, Slightly Agree, Moderately Agree, and Strongly Agree=6). To obtain a score for this scale, the researcher must first reverse the score for questions 5 and 7 and then sum all of the items (higher score = higher codependency). Scores could range from 16-96.

Procedure

The researcher first explained the informed consent process to the participant. Then, to start, participants took a brief demographic survey asking about their sex, age,

214

major, native language, and home country. Once participants completed the demographic survey, they were asked to work on the task measuring implicit self-esteem. In order to ensure the participant understood the task, a practice task was given (prior to the test measure) in which they were encouraged to be as accurate and quick as possible. The practice test had categories that had nothing to do with the present study (i.e. "bugs" and "flowers")—but, it was set up exactly like the test measure. Participants were then given the first worksheet of their actual implicit task and worked on that for 20 seconds. Next they received the second worksheet to complete the implicit task (in another 20 seconds). The researcher counterbalanced the order of the worksheets presented, arrangement of the "me" and "not me" categories, and which list went with which arrangement. Due to the counterbalancing, there were 4 ways in which the stimuli were presented. For example the first worksheet presented might have been any one of these: "me" on right with list 1, "me" on right with list 2, "me" on left with list 1, or "me" on left with list 2.

For the next measure, the participant was given the Rosenberg Self-Esteem Scale (Rosenberg, 1965) to complete. The final measure the participant took part in was the Spann-Fischer Codependency scale (Fischer & Spann, 1991). Every questionnaire had a spot for an ID number that the researcher randomly assigned to each participant in order to protect the participant from any identifying information being revealed. Also, the scores of the measures were not tallied until data collection was complete for all participants—so as to keep the individual information anonymous. Once tasks were completed, the participant received their receipt for extra credit for participation along with a feedback letter and chance to voice any questions that may have remained.

Finally, the researcher categorized and analyzed the correlations among the data using the

215

SPSS software.

<div align="center">Results</div>

Correlations

Three Pearson's correlations were conducted to investigate the research questions regarding the relationships among implicit self-esteem, explicit self-esteem, and codependency. The first correlation examined the relationship between the combined participant IAT scores (implicit self-esteem) and Rosenberg (explicit) Self-Esteem scores. The results yielded a Pearson's correlation coefficient of $r(55) = .498$, $p < .01$, two-tails. The second correlation conducted was between participants' explicit self-esteem scores and their codependency scores. This analysis demonstrated a significant relationship with $r(55) = -663$, $p < .01$, one-tail. The final correlational analysis, between implicit self-esteem scores and codependency scores, revealed a relationship of $r(55) = -.449$, $p < .01$, one-tail.

Descriptive Statistics

The sample size was 55, with 25 men and 30 women participating. Nineteen year olds were the largest number of participants, making up 39.7% of the total sample, while 25.5% of the participants were 18. There were a wide range of majors reported; psychology came in the top with 9 participants, or 16.4% of the sample, followed by 4 biology and 4 sports management majors (7.3% each). Eighty percent of the participants spoke English as their native language and 76.4% were from the United States. Spanish and Swedish were the next most common native languages, however both only making up 5.5% of the sample.

The mean score for the combined self-esteem IATs was M= 8.15 and the standard deviation was s.d.= 2.468. The majority of participants scored 9's (16 participants) and 10's (19 participants), while there was one extreme score of -2. For the explicit self-esteem measure, M= 22.24 and s.d.= 12.163. The mode score for explicit self-esteem was 19, with 10 participants having earned that score. The minimum explicit self-esteem score reported was a 12. Regarding codependency scores, M= 50.28 and s.d.= 12.163. The maximum codependency score was 76, while 29 was the minimum.

Other Analyses

A paired samples t-test was run to examine whether any discrepancies existed between the different versions of the implicit task and results were statistically non-significant. A Pearson's Chi-Square was conducted to see if there was a difference between the four sequence groups participants were assigned to and results were statistically non-significant. An independent samples t-test examining sex differences for codependency scores was statistically significant, $t(52) = -2.106$, $p < .05$. Finally, another independent samples t-test was conducted to examine sex differences for explicit self-esteem scores and it was statistically non-significant.

<div align="center">Discussion</div>

The Pearson's correlation between the combined participant IAT scores and Rosenberg Self-Esteem scores showed a fairly strong positive relationship, demonstrating that implicit and explicit self-esteem do not substantially differ from one another. This might suggest that there really is no such distinction between implicit and explicit self-esteem—therefore, no such concept as implicit self-esteem. Before ruling out the concept of implicit self-esteem as obsolete it is important to continue research in the area.

Or perhaps, the IAT task given was not a true measure of implicit self-esteem. Due to resource limitations, the present study used a modified paper-pencil version of the computerized Implicit Association Test (Greenwald et al., 1998). Teachman and Brownell (2001) noted that paper-pencil versions had been found to produce comparable results as the computerized version which may not have been the case here. Perhaps the computerized version would be a more valid measure for implicit self-esteem. For example, Schroder-Abe, Rudolph, and Schutz (2007) used the computerized version of the self-esteem IAT and they found discrepancies between implicit and explicit self-esteem. The computerized version would be more effective in measuring automatic responses because the computer can time each response or set how much time each question appears.

The correlation between participants' explicit self-esteem scores and their codependency scores was strongly negatively related. This inverse relationship demonstrates that higher explicit self-esteem relates to lower codependency. The correlation between participants' implicit self-esteem scores and codependency scores was also negatively related, however lacking the strength of the previously mentioned correlation.

The correlational results do not fully support my hypothesis, as I predicted that high implicit self-esteem would relate to low codependency, regardless of high or low explicit self-esteem. A negative correlation between implicit self-esteem and codependency was found, however, the negative correlation between explicit self-esteem and codependency was stronger. Also, because there were no significant discrepancies found between implicit and explicit self-esteem, my hypothesis would be considered off

target. Perhaps no discrepancies were found because the sample size was so limited.
Acquiring a much larger sample may offer more insights to the relationships among
implicit and explicit self-esteem.

As the analysis indicated, the majority of participants scored 9's and 10's on the
implicit task. This lack of variability brings up a couple of issues. Though I attempted to
measure automatic responses, perhaps my time constraint was too generous. Generally,
all the participants finished before the 20 seconds was up. Maybe a shorter time period
would have been ideal. However, the concern was participants not finishing and
therefore their data not being complete. Also, with the paper-pencil version, there was no
way of telling how long the participants took for each word pairing. There seemed to be
a bit of variety in how fast participants completed the task—with some finishing under 10
seconds and others taking right up to 20 seconds. This raises the question of whether all
participants were following the instructions and going with their automatic responses.
Also, when scoring the data, the researcher noticed a few partial markings under one
particular category, but then a darker mark under the opposite category—showing that
participants may not have been sticking with initial responses, but changing them to the
more ideal response. Maybe, even under time constraints of 20 seconds, participants
were trying to answer what they thought would look best (social desirability).

The analysis regarding sex differences for codependency scores demonstrated
that men and women score differently scales of codependency. The results showed that
women tend to score higher on codependency than men. This would make sense when
you consider the stereotype that women are more focused on interpersonal relationships
and men are more independent. Therefore, to maintain relationships women may be

219

"people-pleasers" moreso than men. Sex differences for explicit self-esteem scores were not found—implying that men and women tend to score relatively similar on such a measure.

The analyses conducted regarding sequence groups and IAT versions demonstrated that there were no substantial differences among the sequence groups and participants' scores on the implicit task. Therefore, the sequence method was consistent and the scores on the IATs can be considered reliable.

A primary implication of this study is that it be used as a foundation or stepping stone to guide other research in the area. This study also brings up the question of a "true" measure of implicit self-esteem. Aside from considering working with the computerized IAT, perhaps more research should be done in regards to new implicit measures. This study further demonstrates that self-esteem and codependency are negatively related; therefore, efforts at decreasing codependent tendencies should focus on raising self-esteem.

References

CoDependents Anonymous. (2008). Retrieved on October 20, 2008 from

http://www.codependents.org/foundation-docs-patterns.php.

Cretser, G. A., & Lombardo, W. K. (1999). Examining codependency in a college

population. *College Student Journal, 33,* 629-637.

Fischer, J. L., Spann L., & Crawford, D. (1991). Measuring codependency. *Alcoholism*

Treatment Quarterly, 8, 87-100.

220

Greenwald, A. G., McGhee, D. E., & Schwartz, J. L. (1998). Measuring individual differences in implicit cognition: The Implicit Association Test. *Journal of Personality and Social Psychology, 74*, 1464-1480.

Kernis, M. H. (2003). Toward a conceptualization of optimal self-esteem. *Psychological Inquiry, 14,* 1-26.

Lindley, N. R., & Giordano, P. J. (1999). Codependency: Predictors and psychometric issues. *Journal of Clinical Psychology, 55,* 59-64.

Mental Health America. (2006). Retrieved on October 20, 2008 from http://www.nmha.org/go/codependency.

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

Schroder-Abe, M., Rudolph, A., & Schutz, A. (2007). High implicit self-esteem is not necessarily advantageous: Discrepancies between explicit and implicit self-esteem and their relationship with anger expression and psychological health. *European Journal of Personality, 21,* 319-339.

Swanson, J. E., & Greenwald, A. G. (2001). Using the implicit association test to investigate attitude-behavior consistency for stigmatized behavior. *Cognition & Emotion*, *15*, 207-230.

Teachman, B. A., & Brownell, K. D. (2001). Implicit anti-fat bias among health professionals: Is anyone immune? *International Journal of Obesity, 25,* 1525-1531.

Fall 2008 Research Methods Journal

221

Wells, M., Glickauf-Hughes, C., & Jones, R. (1999). Codependency: A grass roots construct's relationship to shame-proneness, low self-esteem, and childhood parentification. *American Journal of Family Therapy, 27,* 63-71.

Wright, P. H., & Wright, K. D. (1991). Codependency: Addictive love, adjustive relating or both? *Contemporary Family Therapy, 13,* 435-454.

Wright, P. H., & Wright, K. D. (1999). The two faces of codependent relating: A research-based perspective. *Contemporary Family Therapy, 21,* 527-542.

Zeigler-Hill, V., & Terry, C. (2007). Perfectionism and explicit self-esteem: The moderating role of implicit self-esteem. *Self and Identity, 6,* 137-153.

Fall 2008 Research Methods Journal

Appendix A

Questionnaire

1) Circle one: MALE   FEMALE

2) What is your age?

3) What is your college major?

4) What is your native language?

5) What country are you from?

Fall 2008 Research Methods Journal

Appendix B

Practice Task:

Choose **one** category for each word in the center of the page by checking or filling in the

bubbles. You will have 20 seconds to complete this task. Please work quickly and be as

ACCURATE as possible.

Flowers		Bugs
o	daisies	o
o	tulips	o
o	mosquitoes	o
o	roses	o
o	grasshopper	o
o	beetle	o
o	butterfly	o
o	lilies	o
o	dandelions	o
o	centipede	o

Appendix C

224

Me		Not me
o	satisfied	o
o	respectable	o
o	bad	o
o	talented	o
o	worthless	o
o	disappointed	o
o	competent	o
o	negative	o
o	success	o
o	insignificant	o

Fall 2008 Research Methods Journal

225

Not me		Me
o	dishonorable	o
o	failure	o
o	valuable	o
o	positive	o
o	discontented	o
o	unskilled	o
o	proud	o
o	important	o
o	incapable	o
o	good	o

Fall 2008 Research Methods Journal

Not Me		Me
o	satisfied	o
o	respectable	o
o	bad	o
o	talented	o
o	worthless	o
o	disappointed	o
o	competent	o
o	negative	o
o	success	o
o	insignificant	o

Fall 2008 Research Methods Journal

227

Me		**Not me**
o	dishonorable	o
o	failure	o
o	valuable	o
o	positive	o
o	discontented	o
o	unskilled	o
o	proud	o
o	important	o
o	incapable	o
o	good	o

Appendix D

Spann-Fischer Scale: Read the following statements and place the number in the spaces provided that best describes you according to the following list: 1 Strongly Disagree; 2 Moderately Disagree; 3 Slightly Disagree; 4 Slightly Agree; 5 Moderately Agree; 6 Strongly Agree.

_____ 1. It is hard for me to make decisions.

_____ 2. It is hard for me to say "no."

_____ 3. It is hard for me to accept compliments graciously.

_____ 4. Sometimes I almost feel bored or empty if I don't have problems to focus on.

_____ 5. I usually *do not* do things for other people that they are capable of doing for themselves.

_____ 6. When I do something nice for myself I usually feel guilty.

_____ 7. I *do not* worry very much.

_____ 8. I tell myself that things will get better when the people in my life change what they are doing.

_____ 9. I seem to have relationships where I am always there for them but they are rarely there for me.

_____ 10. Sometimes I get focused on one person to the extent of neglecting other relationships and responsibilities.

_____ 11. I seem to get into relationships that are painful for me.

_____ 12. I don't usually let others see the "real" me.

_____ 13. When someone upsets me I will hold it in for a long time, but once in a while I explode.

_____ 14. I will usually go to any lengths to avoid open conflict.

_____ 15. I often have a sense of dread or impending doom.

_____ 16. I often put the needs of others ahead of my own.

Appendix E

Rosenberg Scale (Rosenberg, 1965)

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

1. On the whole, I am satisfied with myself.   SA   A   D   SD

2. At times, I think I am no good at all.   SA   A   D   SD

3. I feel that I have a number of good qualities.   SA   A   D   SD

4. I am able to do things as well as most other people.   SA   A   D   SD

5. I feel I do not have much to be proud of.   SA   A   D   SD

6.   I certainly feel useless at times.   SA   A   D   SD

7. I feel that I'm a person of worth, at least on an equal
    plane with others.   SA   A   D   SD

8.   I wish I could have more respect for myself.   SA   A   D   SD

9.   All in all, I am inclined to feel that I am a failure.   SA   A   D   SD

10. I take a positive attitude toward myself.   SA   A   D   SD

Fall 2008 Research Methods Journal

Appendix F

Informed Consent Form

I, _____ (print name), understand that I will be taking part in a research project that requires me to fill out a demographic questionnaire, take 2 surveys that ask about my interpersonal relationships and feelings about myself, and perform a categorical timed task. I understand that I should be able to complete this project within 15 minutes. I am aware that my participation in this study is strictly voluntary and that I may choose to withdraw from the study at any time without any penalty or prejudice. I should not incur any penalty or prejudice because I cannot complete the study. I understand that the information obtained from my responses will be analyzed only as part of aggregate data and that all identifying information will be absent from the data in order to ensure anonymity. I am also aware that my responses will be kept confidential and that data obtained from this study will only be available for research and educational purposes. I understand that any questions I may have regarding this study shall be answered by the researcher involved to my satisfaction. Finally, I verify that I am at least 18 years of age and am legally able to give consent.

_____ Date: _____

(Signature of participant)

_____ Date: _____

(Signature of researcher obtaining consent)

Student Researcher's Name and Number:

Rachel Rogers   rnr506@lionmail.lindenwood.edu

Supervisor:

   Dr. Michiko Nohara-LeClair

231

Appendix G

Feedback Letter

Thank you for participating in my study. The surveys you took were measures of self-esteem and codependency in relationships. In this study, codependency is defined as a person who offers excessive caring/help for those who may be dependent upon them. Self-esteem was tested in two ways in this project. One measure asked about your conscious self-evaluations (explicit self-esteem) while another measure was looking at your more automatic responses. The timed task, which involved choosing words for a "me" vs. "not me" category, was a measure of implicit self-esteem, or automatic/unconscious evaluations of the self. The demographics survey will be used to determine if there are any cultural or gender differences in responses on the scales that you took. The purpose of this study was to look at the relationships between the two subtypes of self-esteem and codependency. In other words, I wanted to know which subtype of self-esteem was related to a lower level of codependency. My hypothesis was that those participants who scored higher on the timed task (implicit self-esteem) would have scored lower on the codependency scale.

Please note that I am not interested in your individual results; rather, I am only interested in the results of a large group of observers, of which you are now a part of. No identifying information about you will be associated with any of the findings.

If you have any questions or concerns regarding any portion of this study, please do not hesitate to bring them up now or in the future. My contact information is found at the bottom of this letter. If you are interested in obtaining a summary of the findings of this study at a later date, please contact me and I will make it available to you at the completion of this project.

Thank you again for your valuable contribution to this study.

Sincerely,

Principal Investigator:
Rachel Rogers

Supervisors:
Dr. Michiko Nohara-LeClair