

**Exploring the Role of Self-Esteem, Masculinity, and Attachment on Males'
Responses to Social Support**

by

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Abstract

The current study explored the relationship between self-esteem, attachment, and masculinity and males' responses to two types of social support messages. Participants read a scenario in which they were asked to imagine that they had recently experienced a romantic breakup and in which they were also asked to imagine receiving support from a close friend. Participants were either provided with a *positive reframing* support message or a *negative validation* support message. A total of 384 males ages 19-50 participated in the study, however, 85 were excluded due to failure to meet inclusion criteria, leaving 299 participants whose data were used in the final data analyses. Results from the study indicated that self-esteem, attachment, and masculinity did not predict responsiveness to social support. Furthermore, there were no significant differences in participants' responses to the *positive reframing* and *negative validation* support conditions. Additional analyses found that self-esteem was significantly correlated with attachment and age of participants was significantly correlated with responsiveness to social support. The younger a participant, the more responsive he was to social support offerings.

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I. Introduction

Everyday stereotypes have portrayed men as reluctant to ask for directions when lost, having difficulty sharing feelings with friends and family, and avoiding seeking and receiving help (Addis & Mahalik, 2003). Research exploring the notion that men more than women are reluctant to seek social support and that they may not be as receptive to social support spans almost three decades (Husaini, Moore & Cain, 1994; McKay, Rutherford, Cacciaola, & Kabasakalian-McKay, 1996; Padesky & Hammen, 1981; Thooms, 1986; Weissman & Klerman, 1997 as cited by Addis & Mahalik, 2003). Therefore, research should focus on exploring men's acceptance or rejection of social support. (Courtney, 2001).

Social relationships are an ever-present part of life, and serve important social, psychological, and behavioral functions across the lifespan (Uchino, Cacioppo, & Keicolt-Glaser, 1996). The construct of social support has been widely studied since the 1970s, and to date, there has been an abundance of research which shows that the presence of social support is linked to mental and physical health (see Clark, Pierce, Finn, Hsu, Toosley, & Williamson, 1998; Cohen, Gottlieb, & Underwood, 2000; House, Landis, & Umberson, 1988; Lakey & Orehek, 2011; Siewert, Antoniow, Kubiak, & Weber, 2011; Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Within social interactions, individuals may share their problems with others and in return some form of support is often offered, whether it be emotional, advice giving, or instrumental. However, a provider's support is only supportive if it satisfies the distressed person's goals. More specifically, it is believed that the type of offered support must match the needs of the individual (Cutrona, Shaffer, Wesner, & Gardner, 2007; Harowitz, Krasnoperova, Tatar, Hansen, Person, Galvin, & Nelson, 2000; Luszczynska, Boehmer, Schulz, & Schwarzer, 2007).

The provision of social support has increasingly been linked to good mental and physical health for recipients (Lahey & Orehek, 2011; Marigold, Cavallo, Holmes, & Wood, 2014; Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Social support has been defined as information (mental and material support obtained from the social network) that leads one to believe that he/she is cared for and loved, esteemed, and a member of a network sharing mutual obligations (Cobb, 1976). Social support has been further conceptualized as dyadic interactions or interpersonal exchanges in which a “provider” attempts to offer support and a recipient may be helped and/or benefits from the attempt. Furthermore, social support has been conceptualized and assessed in both cognitive and behavioral terms. Reinhart, Boerner, and Harowitz (2006) articulated that traditionally social support has been examined in terms of the perception that support will be available if needed (i.e., cognitive aspect) and the actual receipt of support (i.e., behavioral)

One of several major issues throughout the social support literature is the distinction between perceived support and received support. (Dunkel-Schetter & Bennet, 1990; Helgeson, 1993; Lahey & Cassady, 1990). Even though perceived and received support have been distinguished as two separate constructs, earlier studies examining the impact of social support utilized measures of perceived support to reflect actual received (i.e., enacted) support (Sarason, Sarason, & Shearing, 1986 as cited by Lahey & Cassady, 1990). In turn, this gave rise to questions about the conceptualization and measurement of social support (Lindorff, 2000). Of interest to the researcher is that of one’s response to received social support.

The current study used a hypothetical scenario and two support messages developed by Marigold et al. (2014; *positive reframing*; and *negative validation*) to examine male participants’ responses to social support received. Although supportive behavior offered by others is frequently intended to be supportive, it may inadvertently be seen as unhelpful by the recipient.

It is believed that personality processes may influence the perceptions of support (Bolger & Echenrode, 1991; Uchino et al., 1996).

For men, in particular, the acceptance of and response to social support can be challenging given their socialization patterns, which often undermines the skill needed to be open to the receipt of social support (Mahalik & Addis, 2003). Therefore, in an effort to better understand the variables that may impact men's response to social support provided, this research focused on the following recipient-related factors that may impact one's responsiveness to social support: self-esteem, masculinity (i.e., conformity to masculine norms), and attachment (i.e., mother-son attachment).

¹ A list of terms accompanied by operational definitions can be found in Appendix A.

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II. Literature Review

Social Support: An Overview

The acquisition of social relationships is an ever-present part of life, and social relationships serve important social, psychological, and behavioral functions across the lifespan (Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Early research on the construct of social support began in the 1970s and there is abundant evidence indicating that social support in one's life is linked to mental and physical health (see Clark, Pierce, Finn, Hsu, Toosley, & Williamson, 1998; Cohen, Gottlieb, & Underwood, 2000; House, Landis, & Umberson, 1988; Lakey & Orehek, 2011; Siewert, Antoni, Kubiak, & Weber, 2011; Uchino, Cacioppo, & Kiecolt-Glaser, 1996). According to Burleson and MacGeorge (2002), the curiosity about the impact of social support on health outcomes emerged over a century ago when English and French demographers argued that the institution of marriage was a health-promoting variable.

To date, the social support literature is vast and has been explored across a wide range of disciplines which include psychology, psychiatry, medicine, nursing, social work, sociology, and communication (Chen & Feeley, 2012; Lakey & Orehek, 2011). While the benefits of social support have been established across these disciplines, it is important to note that each of the aforementioned disciplines has both conceptualized and operationalized social support differently. Cobb (1976) defined social support as information (mental and material support obtained from the social network) that leads one to believe that he/she is cared for and loved, esteemed, and a member of a network of mutual obligations. Although widely used as a definition of social support, Cobb's (1976) definition of social support does not address received support but rather emphasizes perceived support (Narullah, 2012). Therefore, it is important to

note that social support has been further conceptualized as dyadic interactions or interpersonal exchanges in which a provider attempts to offer support and a recipient is helped in some way from that attempt. This conceptualization of social support differs from that of Cobb's (1976) definition in that it extends beyond the conceptions of social support as cognitions or perceptions about the availability of support within one's social network (Dunkel-Schetter & Skokan, 1990). For the purposes of this study, the author relied on the above conceptualization of social support proposed by Dunkel-Schetter and Skokan (1990).

Types of social support. Social support can take on many different forms and existing literature usually distinguishes among at least three types of support which have been labeled as *emotional*, *instrumental*, and *informational* (Bolger & Amarel, 2007; Clark, Pierce, Finn, Hsu, Toosley, & Williams, 1998; House; Jacobson, 1986;). Jacobson (1986) defined these three forms of social support as follows: *Emotional* (behavior that fosters feelings of comfort and leads individuals to believe that he or she is admired, respected, and loved and that others are available to provide caring and security); *Instrumental* (goods and services to help solve practical problems); and *Advice/Cognitive* (information, knowledge, and/or advice that helps the individual understand his or her world and adjust to changes in it; Jacobson, 1986). Of these three types/functions of social support, emotional support has been the most widely studied and has been found to be the main component within social support as it provides one with the reassurance that others are available for help (Hegelson, 1993).

Social Support as a Meta-Construct: Distinction between Perceived and Received Social Support

To develop a better understanding of more specific social support mechanisms, scholars have described social support as a "meta-construct" consisting of several sub-constructs (Haber,

Lucas, Baltes, 2006; Heller & Swindle, 1993; Vaux, Riedel, & Stewart, 1987). Furthermore, social support has been conceptualized and assessed in both cognitive and behavioral terms. More specifically, it has been examined in terms of the perception that support will be available if needed (i.e., cognitive aspect) and the actual receipt of support (i.e., behavioral; Reinhart, Boerner, & Horowitz, 2006).

Therefore, one of several major issues throughout the social support literature is the distinction between perceived support and received support. (Dunkel-Schetter & Bennet, 1990; Helgeson, 1993; Lakey & Cassady, 1990). Perceived support and received support (often referred to as enacted support) are two major conceptualizations in the social support literature. Furthermore, there is an interesting clash that exists in the social support literature showing that *perceived* support has a positive association with variables of well-being, yet, *received* social support has been found to be either unrelated or negatively related to these outcomes (Haber, Lucas, Baltes, 2007; Kaul & Lakey, 2003; Lakey & Lutz, 1996 as cited by Reinhardt, Boerner, & Horowitz, 2006). Perceived support is assessed by asking people to what extent they believe support is available to them, whereas received support is assessed by direct observation or by asking people to indicate whether specific supports have occurred.

Despite the fact that perceived and received support have been distinguished as two separate constructs, earlier studies examining the impact of social support utilized measures of perceived support to reflect actual received (i.e., enacted) support (Sarason, Sarason, & Shearing, 1986 as cited by Lakey & Cassady, 1990). Consequently, this lack of distinction in measures used to assess perceived support and that of actual received support gives rise to questions about the measurement and conceptualization of social support (Lindorff, 2000).

Costs and benefits of received support: Discrepancy in findings. The theory of social support has emphasized the role of enacted support. However, most studies examining the effect of social support has been based on self-report measures that ask individuals to evaluate the quality of support available to them (i.e., perceived support) rather than evaluate support that has actually been provided (Lakey& Cassady, 1990). People with high perceived support do not actually cope more effectively unless they have enacted support-that is, enacted support is a necessary but not sufficient condition to ensure effective coping with stress. Kaul and Lakey (2003) examined the roles of enacted support and relationship satisfaction in accounting for perceived support's relation to low emotional stress in a sample of mothers caring for infants with congenital heart defects. Results from this study indicate that relationship satisfaction was more strongly related to the perceived supportiveness of network members than to enacted support.

Within the social support literature, there have been mixed findings regarding the benefits of received (enacted) support on physical and mental health. Over the last decade, studies have examined variables such as the context of support receipt, provider motivation, reciprocity, and the appropriateness of a match between the nature of stressors and the kind of support provided, and its impact on physical and mental health (Bolger & Amarel, 2007; Lakey & Cassady, 1990; Narullah, 2012). Furthermore, some researchers have articulated that the discrepancy within the social support literature lies within the notion that studies examining the perceived availability of high-quality support believed to lead to positive health and well-being neglect to explore the actual receipt of support (Gable et al., 2012).

Within the social support literature there is empirical data which both refutes and supports the effectiveness of social support. Lindorff (2000) found that perceived support was related to a

reduction in strain in both men and women but received support was associated with increased strain for men. Helgeson (1993) conducted a study to examine the effects of social support (i.e., perceived and received) on adjustment following a cardiac event. Results indicated that perceived support had a greater impact on adjustment than did received support and that received support does not necessarily indicate that needs are being met. However, in a meta-analysis conducted by Thorsteinsson and James (1999), received support was related to lower heart rate. Schulz and Schwarzer (2004) found that provided emotional, informational, and instrumental support correlated moderately ($r = .31$ to $.41$) with received emotional, informational, and instrumental support (Narullah, 2012). Following this study, Cohen, Lakey, Tiell, and Neely (2005) conducted a study to examine agreement between recipients and providers about social support and personality. Among 100 caregivers of a parent with Alzheimer's disease, they examined support behaviors provided to caregivers, the perceived supportiveness of the provider, and providers' personality traits. For all indices explored, agreement was higher for enacted support than for perceived support and personality. Essentially, their work examined the extent to which recipients and providers agreed in their reports of enacted and perceived support.

The aforementioned findings reveal that variation in the effects of receiving and providing support depends on the types of support received and provided, and the nature of the respondents (Narullah, 2012). Researchers have suggested that the recent theory and research on social support has ignored the offered and received support that occurs within a relational context, but rather focuses on perceived support (Narullah, 2012). This study represented an attempt to add to the existing body of social support literature and extend the empirical findings for received support. Of particular interest within this study was recipients' responses to the receipt of supportive messages when distressed.

Supportive Messages

As research on social support has progressed it has become apparent that the effects of supportive messages are complex. For example, the helper's intention to provide support is not generally sufficient to produce desirable outcomes. Furthermore, messages intended to provide support vary in quality with some messages being effective and others ineffective (Burlleson, 2009; Burlleson, 2003; Goldsmith, 2004). Supportive messages such as those that will be illustrated below have been defined as "specific lines of communicative behavior enacted by one party with the intent of benefitting or helping another" (Burlleson & MacGeorge, 2002, p. 386). The current study, examined participants' response to the following two support messages framed by Marigold et al. (2014): 1) *positive reframing*; 2) *negative validation*.

Positive reframing. Positive reframing has been examined in the literature as a term used to refer to verbal and problem-focused support that includes reassurances that the negative event is ultimately beneficial to the recipient's growth, that improvement is very likely, and that the problem is minor (Marigold et al., 2014). This type of support appears to incorporate some of the components of esteem support which is used to enhance how individuals feel about themselves and their attributes, abilities, and accomplishments (Burlleson, 2003; Holmstrom & Burlleson, 2011). However, positive reframing as a type of support has had conflicting results. For instance, positive reframing may border on minimizing recipients' concerns and consequently cause them to feel dismissed or invalidated. Minimization was one of the most frequently mentioned complaints amongst spouses in their response to their partner's attempts to provide support (Dakof & Taylor, 1990). The effectiveness of positive reframing as a social support strategy warrants further examination

Negative validation. Negative validation is an emotion-focused type of support message which is intended to communicate that the feelings, actions, or responses of the recipient are normal and appropriate to the situation (Marigold et al., 2014). This type of support expresses appreciation of the recipient's predicament or for the difficulty of the situation, while providing assurance that expression of negative emotions is not only allowed, but understood as well. Conveying the principle of understanding is the core component in this support strategy. Negative validation reflects understanding and more specifically, communicates the provider's awareness of how the recipient sees his or her situation (Marigold et al., 2014). Although named differently, this support message is similar to that of empathy in that it captures one's ability (i.e., the provider) to understand and feel what another is experiencing from their (i.e., recipient) perspective. This type of support message is believed to be almost always experienced as helpful (Burleson, 2003a; Burleson, 2009; Holmstrom & Burleson, 2011; Servaty-Seib & Burleson, 2007).

Factors Influencing Responsiveness to Received Social Support

For the purposes of this study, the researcher focused on recipient-related factors that may impact one's responsiveness to social support. Although behavior offered by others is intended to be supportive, many times the recipient of the support may view the act as unhelpful for various reasons. Empirical data suggests that variables such as sex, culture, age, personality, and cognition have been found to influence responsiveness to supportive communication (Bodie & Burleson, 2008; Burleson, 2009).

In addition to personality processes which may affect the perceptions of support, researchers have also theorized that contextual factors such as whether a situation is controllable, the nature of the relationship between support provider and recipient, and preferences of

individuals for coping with specific situations may moderate the effectiveness of received support (Burleson, 2009; Cutrona & Russell, 1990; Dakof & Taylor, 1990; Clark & Delia, 1997; and Clark et al., 1998; Reblin & Uchino 2010; Uchino, 2009). Furthermore, it has been found that support behaviors that match the support goals of the distressed individual lead to more positive responsiveness for the social support provided. For example, in a study of 59 married couples engaged in a videotaped self-disclosure task, matching support followed by the disclosure of one partner's emotions was predictive of partner sensitivity. Whereas support that did not match the needs of a partner following the disclosure of emotions was predictive of lower perceived sensitivity and marital satisfaction (Cutrona, Shaffer, Wesner, & Gardner, 2007).

It has been well-supported that supportive actions are most effective when they are tailored to the needs of the recipient (Bolger, Zuckerman, Kessler, 2000; Cutrona & Russell, 1990; Lindorff, 2000). However, as suggested by Narullah (2012), more theoretically and methodologically rigorous studies are warranted to further the understanding of social support provision and receipt. The above provides support for the current research which will examine factors of the recipient, such, as self-esteem, masculinity, and attachment style (i.e., mother-son attachment) which may influence one's responsiveness to and evaluation of actual support received in a hypothetical scenario. Furthermore, the influence of personality variables in the utilization and perception of social support is critical for understanding the function of social support (Chen & Feeley, 2012; Lakey, Tardiff, & Drew, 1994; Lakey & Scoboria, 2005). As discussed below, personality variables that may be particularly relevant in the examination of a recipient's response to social support include the constructs of self-esteem, attachment style (i.e., mother-son attachment), and masculinity (i.e., conformity to masculine norms).

Self-Esteem

Self-esteem is one of the most widely studied sociopsychological constructs, yielding more than 15,000 articles across various disciplines (Cast & Burke, 2002; Crocker & Park, 2004). The study of self-esteem gained momentum during the 1970s (Dipboye, 1977; Leonard & Weitz, 1971; Wells & Maxwell, 1976; Wylie, 1979). During that time, self-esteem was proposed to have a causal effect on nearly every aspect of life. Later, some researchers went so far as to refer to self-esteem as the “cure all” to problems one may encounter in life (Brown & Dutton, 1995). It is believed that one’s level of self-esteem plays a vital role in mental and physical well-being and personal fulfillment, as well as interpersonal connectedness.

The attainment of self-esteem appears to be a preoccupation within American culture (Baumesiter, Campbell, Krueger, & Vohs, 2003; Crocker & Park, 2004). That is, people operate in various ways in an effort to maintain, enhance, and protect their self-esteem (Baumesiter, Campbell, Krueger, & Vohs, 2003). Furthermore, protecting one’s self-esteem is regarded as a general fundamental goal that guides social behavior (Baumeister, Heatherton, & Tice, 1993). However, for some individuals, particularly those with low self-esteem, the task of protecting their self-esteem may ultimately become self-destructive as they seek others to validate their negative evaluations. Thus, the concept of self-esteem has been referred to as one of the most important explanatory concepts of personality (McFarlin & Blascovich 1981).

Self-esteem has been defined as the extent to which one values and approves of or likes oneself (Rosenberg, 1989). Thus, a distinction can be made between low self-esteem individuals (hereafter referred to as LSE individuals) and high self-esteem individuals (hereafter referred to as HSE individuals) individuals. LSE refers to an unfavorable view of the self; HSE refers to a highly favorable global evaluation of self (Baumeister et al. 2003).

Role of recipient's self-esteem in social support. It has long been theorized that personality variables (typically stable psychological characteristics) such as that of self-esteem affect how support offered by others is being perceived, interpreted, and experienced (Vinokur, Schul, & Caplan, 1987). According to Marigold et al. (2014), there have been a number of studies that have articulated that higher self-esteem is associated with perceptions of more available social support and more perceptions of satisfying support from others. For example, Lakey and Cassady (1991) conducted a study to test the viability of conceptualizing perceived support as a cognitive personality variable by comparing the pattern of correlations among measures of perceived support and cognitive personality constructs such as that of self-esteem. Findings in this study suggest that low perceived support and psychological distress is accounted for by individual differences in negative cognition. Furthermore, it has been postulated that LSE individuals receive less beneficial and responsive support than do HSE individuals based on their goals in a support interaction (Collins & Feeny, 2004; Marigold et al., 2014).

Self-esteem and cognitive schemas. It is widely believed that the way one thinks of him/herself helps shape one's interactions with the world, which includes social interactions with others (i.e., such as providing and/or receiving social support; Marshall, Parker, Heaven, & Ciarrochi, 2013). Given that self-esteem is understood in terms of the positive and negative evaluations that one holds toward the self, one reason that may further explain how level of self-esteem impacts the receipt of social support is based on the cognitive schemas that may be developed as a result of one's level of self-esteem.

Research has shown that LSE individuals often develop maladaptive cognitive schemas which may bias their perception of support received and their perception of the availability of support (Baumgardner, 1990; Campbell, 1990 as cited by Baumeister et al. 1993). That is, it is

believed that the cognitive schemas developed by those with low self-esteem may be faulty and thereby impact their receptiveness to support offered (Marigold et al., 2014; Vinokur, Schul, & Caplan, 1987). Furthermore, there is a consensus amongst researchers that, overall, HSE individuals tend to deal with life confidently and value the self highly, whereas LSE individuals tend to deal with life less confidently, and place a low value on the self. Additionally, others have found that those with high self-esteem are accustomed to experiencing personal success, prefer favorable feedback about themselves, tend to reject negative feedback, are said to be well-adjusted, and tend to have high aspirations. In contrast, people with low self-esteem are less accustomed to personal success and tend to passively accept negative feedback. Kernis, Brockner, and Frankel (1989) tested the notion that self-esteem differences in response to negative feedback are mediated by the greater tendency of LSE individuals versus HSE individuals to overgeneralize the implication of negative feedback to other aspects of their identity. Results from their study found that when faced with negative feedback, individuals with low self-esteem possessed a more negative affect than those with high self-esteem. Additionally, results indicated that those with low self-esteem became less motivated when faced with a failed task in comparison to those with high self-esteem.

On a more conceptual level, negative feedback from the outside world is consistent with the characteristic ways in which LSE individuals view themselves. Consequently, the receipt of such feedback will trigger associations within the negative self-schemata that LSE individuals possess (Markus, 1977). Thus, it might be argued that when people fail, self-esteem might help shape differential responses to offers of social support. Therefore, self-esteem differences (as reflected in emotional reactions to performance outcomes) are most influential when they directly implicate the self (Campbell, 1990; Brown & Dutton, 1995). In the face of failure or

stress, people with HSE seem to cope better in stressful situations than do people with LSE. That is, studies have shown that HSE individuals tend to possess greater initiative in achieving their goals in the face of failure, whereas LSE individuals tend to give up more easily. Based on empirical data yielded within the self-esteem literature, it has been postulated that in the context of a support interaction, LSE individuals tend to perceive that they are receiving less beneficial and responsive support than do HSE individuals (Marigold et al., 2014).

Attachment Theory

Attachment theory is one of the most widely studied and comprehensive theories in psychology (Rholes & Simpson, 2004). The history of attachment theory began as early as the 1930s as a result of the interest of John Bowlby's in examining the link between maternal loss or deprivation and personality development. Subsequent interest in the theory emerged in the 1960s with the theoretical and empirical work of Ainsworth and her colleagues (Bretherton, 1992). Initially, this theory was conceived as a general theory of personality development. Thus, it offered a biosocial lifespan account of how close relationships are formed, maintained and dissolved (Kobak & Scery, 1988; Rholes & Simpson, 2004).

Attachment theory is based on the conception that there are differences in the way infants become emotionally attached to their primary caregivers and that these differences ultimately influence a child's perception of others and available resources for emotional self-regulation in times of crisis (Bowlby, 1990). Furthermore, it is believed that, as early as the first year of life, infants are able to differentiate primary caregivers from other people. Bowlby referred to this process as attachment behavior, defined as any behavior that results in a person attaining or maintaining physical or psychological contact with attachment figures which thereby results in an emotional bond (Bowlby, 1990). While these emotional bonds are believed to be relatively

universal, they do however vary in their manifestation, which results in attachment styles (also referred to as attachment patterns). More specifically, these attachment styles refer to global individual differences in one's tendency to seek and experience comfort and emotional support from one's attachment figure and subsequent presumptions about the responsiveness of attachment figures to the individual's need for comfort and support (Rholes & Simpson, 2004).

Furthermore, attachment patterns are believed to vary as a function of the caregiver's responses to the infant's behavior (Ainsworth et al. 1978; Juntunen & Atkinson, 2002). Thus, these early attachment-related experiences are believed to create internal working models (IWM's) which are developed within the first year of life (Bowlby, 1973; Mattanah, Lopez, & Govern, 2011). One's IWM is a complex cognitive schema that involves one's self-perception of lovability and expectations regarding dependability of caregivers (Pistole & Watkins, 1995). Thus, these working models which have conscious and unconscious components, are the psychological structures that underlie different attachment styles. The presence of these models allow one to formulate expectations, develop hypotheses, and explain interpersonal interactions. Additionally, these models reflect the experiences that one has had with important attachment figures (i.e., mother, father; Kobak & Sceery, 1988; Rholes & Simpson 2004). Subsequently, it is believed that attachment-related working models influence adult social relationships, and have been examined empirically within the last decade (Arbona & Power, 2003; Rholes & Simpson, 2004).

Attachment theory beyond infancy. Although attachment behavior is most noticeable in early childhood years, it is also seen throughout the life cycle (Bowlby, 1990). That is, as individuals mature, they develop an orientation toward attachment figures as a function of their past history with attachment figures. Historically, the emphasis on studying attachment bonds

has been within the mother and child-dyad; more specifically, this theory was first developed to explain why infants become attached to their caregivers and the impact of separation (Ainsworth et al, 1978; Collins & Feeny, 2000). In the last two decades, there has been an increased interest in the application of attachment theory to the well-being and social functioning in late adolescence (Brack, Gay, & Methany, 1993; Hinderlie & Kenny, 2002; Kenny & Donaldson, 1991; Kobak & Sceery, 1988; Laible, Carlo, & Roesch, 2004; Larose, & Benier, 2001; Rice, Paige, Cummins, 1996)

Kobak and Sceery (1988) were the first to extend this theory empirically to late adolescence. The purpose of their study was to examine attachment organization assessed with the Adult Attachment Interview, in a sample of 53 first-year college students. Data from the study revealed that those in the secure attachment group were rated as more ego-resilient, less anxious, less hostile, and they reported low levels of distress and high perceptions of social support. On the other hand, those classified as having an insecure attachment style were rated as being more distant in relationships, and they had low ego-resilience and perceived less social support.

When applied to adolescents and adults, adult attachment theory postulates that individuals of all ages possess an attachment behavioral system that is prone to activation in response to stressful or threatening events and which functions to promote security and survival (Bowlby, 1982; Bretherton, 1985 as cited by Collins & Feeny, 2000). Thus, young adult perceptions of the parent-child relationship are important to the development of healthy self-perceptions and relationships with others thereby hindering or promoting social support behaviors (Haigler et al., 1995; Rice et al., 1996).

Attachment and social support. Attachment theory has become a topic of great interest to social and personality psychologists who study adult personal relationships. This theory is believed to provide a developmental perspective on social support as an individual difference variable and as a social context (Barry, Lakey, & Orehek, 2007; Bartholomew, Cobb, Poole, 1997). There has been a consensus within the empirical work investigating attachment styles and social support that each of these constructs has an association with psychological distress. That is, insecurely attached individuals have been found to experience more physical and psychological distress and perceive less social support, whereas securely attached individuals perceive and seek more support. These studies have supported the notion that secure individuals are more likely to seek social support than their insecure peers (Barry, Lakey, Orehek, 2007; Bartholomew et al. 1997; Collins & Feeny, 2004; Hinderlie & Kenny, 2002). Furthermore, attachment styles are believed to influence the type of social support that will be beneficial for an individual. For example, in a sample of 80 males and 185 females (college aged), securely attached individuals were found to engage in more support seeking behavior than those with an insecure-avoidant style (DeFronzo, Panzarella, & Butler, 2001). Furthermore, in relation to social support behavior (i.e., perceived support, help-seeking, and response to support messages), one's attachment working model (i.e., attachment style) of self and others has been shown to mediate actual interpersonal experiences and their subsequent impact on coping and adjustment (Blain, Thompson, & Whiffen, 1993; Collins & Feeny, 2004; Kobak & Sceery, 1988; Sarason et al., 1991).

Blain et al. (1993) examined the interaction between internal working models of the self and others in relation to social support. Findings from their work revealed that a secure attachment style (or a positive internal working model of self and others) was a precursor to

higher levels of perceived social support. Furthermore, Sarason et al. (1991) articulated that the perception of social support is a cognitive adaptation subsequently influenced by one's attachment style and internal working model. Later studies examining parental bonds in childhood and their relation to adult social competency have found that secure parental bonds lead to higher levels of social self-efficacy, perceived social support, and likelihood of seeking social support (Mallinckrdot, 1992). Additionally, in a sample of 254 college students, social support network orientation was examined in relation to adult attachment style. Those who endorsed a more secure attachment style also reported more positive network orientation compared to peers who endorsed more insecure attachment styles (i.e., avoidant or anxious-ambivalent; Wallace & Vaux, 1993).

Collins and Feeny (2000) found that support seekers who were high in avoidance were less likely to seek support in response to increased stress, and when they did seek support they were more likely to use indirect strategies (e.g. hinting, sulking). Additionally, secure individuals appear to be predisposed to make more generous support appraisals which may allow them to benefit from the social support intentions of others, and securely attached individuals are more willing to seek help from others than that of their insecure peers (Collins & Feeny 2004; Moran, 2007).

Attachment theory has obvious relevance to social support processes not only because the attachment behavioral system is believed to be automatically activated in response to stressful or threatening events, but also because working models of attachment contain both implicit and explicit expectations about the likelihood that significant others will be emotionally available in response to a need (Collins & Feeny, 2004). There have been a number of studies that have demonstrated that attachment security is positively associated with perceived support and

reported willingness to seek social support (Blain, Thompson, & Whiffen, 1993; Collins & Feeny, 2004; DeFronzo, Panzarella, & Butler, 2001; Kobak & Sceery, 1988; Moran, 2007; Sarason et al., 1991). However, there have been few studies exploring the relationship of attachment security (ability to see others as dependable and available for comfort) to one's response to social support messages received.

Masculinity and the Influence on Social Support

While the literature has shown the potential impact of one's self-esteem and attachment style on the receipt of social support, the author believes that masculinity may also play a role in one's reaction to social support received. Researchers have routinely acknowledged the seeming reluctance of men to seek and receive help (Addis & Mahalik, 2003). How masculinity has been understood by individuals and by the cultures at large has exerted significant influence over the lives of boys and their subsequent development into manhood/men. Masculine ideology has been defined as "beliefs about the importance of men adhering to culturally defined standards for male behavior" (Pleck, 1995 p.19).

From early on, little boys have been given trucks and action figures while little girls receive dolls in pretty clothes and playhouses with an expectation to act out family scenes (Lammy, 2010; Mahalik & Addis, 2003). As a result of this socialization pattern, boys are often taught that it is appropriate and mandatory to behave aggressively. Consequently, there is less emphasis placed on boys being good listeners, expressing emotions, and willingness to seek help when needed, all of which are skills necessary to navigate life and interact with others in meaningful and healthy ways (Lammy, 2010). More specifically, relying on others, expressing vulnerability, admitting a need for help, or recognizing and labeling an emotional problem all

conflict with the messages men receive about being self-reliant, tough, and maintaining emotional control.

Levant, Hirsch, Celentano, & Cozza (1992) identified the following seven dimensions of traditional masculine ideology: avoiding all things feminine, restricting emotionality, acting tough and aggressive, being self-reliant, achieving status, being non-relational and objectifying in sexual attitudes, and expressing homophobia. Mahalik et al. (2003) later referred to these dimensions as scripts (*e.g., strong and silent, tough guy, homophobic, winner and independent*) that men fall into based on the socialization process. Thus, these gender role norms both guide and restrain masculine behavior (Narullah, 2012, Mahalik, 2000b; Mahalik et al., 2003). In other words, gender role norms operate when an individual observes what others of the same gender do in social situations, is told what is socially acceptable or unacceptable behaviors and observes how other men act (Mahalik, 2003). However, strict adherence to masculine norms and/or masculine ideologies is believed to be a contributing factor to the development of distorted gender role schemas which create dissonance (Courtney, 2000; O'Neil & Nadeau, 1999). Thus, it is believed the socialization process for masculinity does not equip people for either seeking or receiving social support (Reevy & Maslach, 2001). Therefore, the examination of masculinity (conformity vs. nonconformity to masculine norms) is warranted in the examination of a recipient's response to social support messages received.

Conformity and nonconformity to masculine norms. Conformity to masculine norms is defined as “meeting societal expectations for what constitutes masculinity to one’s public or private life and nonconformity to masculine norms is defined as not meeting societal expectations for what constitutes masculinity in public or private life (Mahalik et al., 2003).

Mahalik (2000) stated that the conformity to social norms exists on a continuum and is comprised of affective, behavioral, and cognitive aspects.

There are many factors that influence conformity or nonconformity to gender role norms. These factors include but are not limited to sociocultural influences (i.e., influence of the dominant and powerful group), and individual factors such as self-esteem, SES, characteristics of same-sex others, and racial identity; all of which affect the extent to which the individual conforms or does not conform to specific gender role norms. Conformity and nonconformity can both be adaptive and healthy or associated with social stressors (Mahalik et al., 2003). Thus, men may endorse similar masculine ideals but may enact these ideas in different ways (Courtenay, 2000).

Lindorff (2000) gathered data from 102 female and 342 male managers to test the relationship between work strain and perceived and received support and to assess the influence of manager sex on the effectiveness of perceived and received social support. Perceived support was associated with reduced strain for both men and women, however the effectiveness of received support was related to gender congruence and the type of support received. More specifically findings indicated that receiving emotional support was associated with increased strain for men. This finding is consistent with the suggestion that the masculine gender role makes it difficult for men to receive emotional support; receipt of emotional support may place men outside the boundaries of acceptable male behaviors. Kim et al. (2008) articulated that social support is probably most effective when it takes on the form that is congruent with the relationship expectations prevalent in a given culture. Additionally, it has been articulated that the impact of support receipt and provision should be interpreted in the context of gender, thus providing support for the current study (Narullah, 2012).

Masculinity and Attachment

Similar to the process in which an individual receives information regarding attachment and develops a working model and subsequent attachment style, that same is believed to be the process in which one perceives gender-related information. That is, it is believed that children select and organize gender-related information into a cognitive schema which then guides their behavior according to the cultural definitions of femininity and masculinity (Ainsworth & Bowlby, 1991; Haigler et al., 1995). Thus, it has been theorized that an adolescent's attachment state of mind (i.e., internal working model) is a consequence of socialization processes (Fischer & Good, 1998; Larose & Bernier, 2001). This socialization appears to be a unique process for boys. For example, masculine gender role groups have been found to report lower overall attachment to parents (Haigler et al., 1995)

Research has shown that parent-child affective bonds are related to the children's gender role development (Kelly & Worrell, 1976; Lombardo & Kemper, 1992; Orlofsky, 1977; Sexton, Hingst & Regan, 1985). Boys tend to have a unique experience with attachment bonds with parents. In other words, it is believed that boys face a developmental task that is distinctive from that of girls in which they must achieve a sense of self as masculine by separating and differentiating from their mother (McCall & Hayslett, 2002). Thus, many have speculated that this differentiation from the mother is often forced and occurs abruptly (Chodorow, 1978 as cited by Fischer & Good, 1998). It is believed that during this developmental process, boys break their attachment with their mother but do not establish attachments to the father given the fact that in large part, tend to be physically absent (Chodorow "1978" as cited by Fischer & Good, 1998).

Consequently, due to sociocultural pressures, during this developmental process, the mother may discourage her young son's attachment to her and the father may also do the same in an effort to instill a sense of masculinity (McCall & Hayslett, 2002).

It is worth noting that research has found the mother to be the preferred attachment figure in Western culture and when compared to feminine and androgynous gender role groups, masculine and undifferentiated gender role groups report lower overall attachment to parents. More specifically, these individuals are thought to have less comfort with parent-child relationships (Fischer & Good, 1998; Haigler et al., 1995; Kenny & Donaldson, 1991; Lombardo & Kemper, 1992). For example, Kenny and Donaldson (1991) explored the degree to which parental attachment and family structure are related to indexes of social and psychological functioning in first year college students. Data showed that women in general described closer and more emotionally supportive relationships with their parents relative to what was reported by their male peers.

Furthermore, this forced attachment separation from the mother results in a loss of an empathetic tie, thereby, creating a potentially harmful effect on boys, men, and their subsequent relational mode with others (Bergman, 1995 as cited by Fischer & Good, 1998). Consequently, development of the stereotypical male stance of self-sufficiency (Bergman, 1995 as cited by Fischer & Good, 1998), is believed to affect one's responsiveness to social support messages which are offered (Bergman, 1995 as cited by Fischer & Good, 1998) Youniss and Smollar (1985, as cited by Larose and Bernier, 2001) articulated that parents teach their sons more so than their daughters to hold back their emotions when coping with stressful events; this expression of distress is more accepted and reinforced in the parent-daughter relationship.

Overall, young men's perceptions of more secure, positive relationships with both parents is related to less conformity to masculine role conflicts and pressures (Fischer & Good, 1998). Furthermore, it has been theorized that a son's relationship with his parents is related to his experience of masculine role conflict and stresses (O'Neil, 1981). More specifically, it has been suggested that men's perception of more secure, positive, and conflict-free relationships with both fathers and mothers are related to less masculine role conflict and stresses (Fischer & Good, 1998). Thus, one's strength of attachment is related to higher levels of self-worth, self-esteem, emotional, executive, adaptive functioning, and relational competence for men (Arbona et al., 2003; Mattanah, 2011). Given the unique socialization process of attachment that affects males and their subsequent reluctance to seek social support, it is important to further explore this variable as it related to men's response to type of social support messages received.

Summary

To date, there has been much research examining the impact of social support, particularly that of perceived support. However, current literature has begun to reveal inconsistent findings pertaining to the benefits of received support. Given the discrepancy in findings regarding received support as well as the sparse amount of literature on this construct, the purpose of this study was to extend the literature on enacted support and to study responses to received support. Rather than focusing exclusively on the protective aspects of social support, emerging literature is examining the recipient's response to social support attempts made by others (Chen & Feeley, 2012; Marigold et al., 2014).

Additionally, it has been noted that while many scholars have assumed that measures of perceived and enacted support reflect observable social interactions or qualities, social support measures may also reflect personality characteristics of respondents or global relationship

qualities other than support (Cohen, Lakey, Tiell, Neely, 2005; Lakey & Drew, 1997).

Researchers have proposed that previous research has failed to examine social-psychological factors that may influence one's response to social support (Chen & Feeley, 2012), suggesting the need to extend current literature by examining the role of variables such as self-esteem, attachment, and masculinity in males' responses to social support messages received. For men, in particular, the acceptance of and response to social support can be challenging given their socialization patterns, which often dismiss the skills needed to be open to the receipt of social support (Mahalik & Addis, 2003).

III. Hypotheses

1. More securely attached (i.e., mother-son attachment) males will demonstrate higher responsiveness to social support offerings of any type (i.e., positive reframing and negative validation).
2. Compared with males of lower self-esteem, males with higher self-esteem will demonstrate higher levels of responsiveness to social support offerings of any type (positive reframing and negative validation)
3. Among more securely attached males who also have lower levels of self-esteem, there will be higher levels of responsiveness to the negative validation condition when compared to the positive reframing condition.
4. Compared to more securely attached males, less securely attached (mother-son attachment) males with lower self-esteem will demonstrate lower levels of responsiveness to both types of social support offerings (i.e., positive reframing and negative validation).
5. Compared to more securely attached males, less securely attached (mother-son attachment) males with higher self-esteem will demonstrate higher levels of responsiveness to positive reframing condition than to the negative validation condition.
6. Degree of masculinity as measured by the Conformity to Masculine Norms Inventory (CMNI) will moderate the relationship between attachment and response to social support offerings. For males lower in masculinity, the pattern will be similar to hypothesis one. That is, those higher in attachment will demonstrate higher levels of responsiveness to both types of social support offerings than will those lower in attachment. Additionally, for males with higher levels of masculinity responsiveness to both types of social support offerings will be lower, such that attachment will have less of an effect.

IV. Method

Participants

Participants were recruited using Amazon Mechanical Turk (MTURK), an online data collection software. The researcher posted a message within MTURK along with a link which took participants directly to the survey which was loaded in Qualtrics. MTURK participants were presented with the following message:

“You are invited to participate in a research study that investigates males' perceptions of themselves and thoughts about social support received. To be eligible for this study, you must be a male between ages 19-50 residing in the United States. The study is being conducted by Tenille Gaines, M.S., a graduate student in the Auburn University Department of Special Education, Rehabilitation, and Counseling under the direction of Randolph Pipes, Ph.D. You were selected as a possible participant because you are registered as a worker on Amazon Mechanical Turk”

See Appendix B for additional information.

A power analysis using G*Power software (Erdfelder, Faul, & Buchner, 1996) was used to determine the number of participants needed. It was determined that the sample needed to consist of at least 239 participants in order to achieve 80% power for finding a medium effect size (.30) when using an alpha level of .05. Three-hundred eighty-four (384) individuals participated in the current research study. Participants were excluded for three reasons: (1) incomplete data/failed attention check items (62); (2) non-male gender identification (22); and (3) not meeting the age of majority in researchers' state (1). Data from 299 participants was utilized in the final data analysis.

Of the sample used in the final analysis, 72.1% of the participants identified as Caucasian, 11.3 % Asian-American, and 8% African-American, with the remainder of participants identifying in another ethnic category. Additionally, 93.4% of the sample identified as heterosexual men, 4.3% as gay men, and 3.0 % as other-oriented. The minimum age of participants was 19 and the maximum age was 50. The average age of participants 30.52 years ($SD = 7.926$). Of the sample, 76.5 % had at least some college education. Additionally, 69.8% of the sample reported they were raised in a two-parent home, 22.3% reported having been raised in single-parent homes, and 8.0% reported having been raised in some other parental/household configuration.

Design

The study used an experimental design to examine the impact of self-esteem, mother-son attachment, and masculinity on males' responsiveness to social support offerings. This study also sought to explore the potential moderating effects of masculinity on the relationship between mother-son attachment and responsiveness to social support offerings. There were four predictor variables (i.e., self-esteem, attachment, masculinity, and type of social support message provided-*negative validation* and *positive reframing*). Lastly, this study had one dependent variable which was participants' response to social support offered.

Measures

Demographics. (Appendix C) Participants completed a demographic survey that included the following information about the participant: gender, ethnic background, age, sexual orientation, parental/household configuration growing up, and educational level.

Rosenberg Self-Esteem Scale. Self-esteem is one of the most widely studied constructs in the field of psychology (Baumeister, Campbell, Krueger, & Vohs, 2003). The Rosenberg

Self-Esteem Scale (Rosenberg, 1966) is the most commonly used measure to assess global self-esteem (Gray-Little, Hancock, & Williams, 1997; Marigold et al., 2014; Mullen, Goethe, & McAuley, 2013). The RSES is a unidimensional self-report measure that consists of 10 items, each of which is a statement about one's current feelings about the self (e.g., "*I feel that I have a number of good qualities;*" "*I take a positive attitude toward myself;*" "*I certainly feel useless at times*"). There are 5 positively worded statements and 5 negatively worded statements about self-worth. The RSES takes about 5 minutes to complete and utilizes a 4, 5, or 7-point Likert scale. The scale is anchored by "strongly agree" and "strongly disagree," with the midpoint on the scale being labeled "neutral." Items 3, 5, 8, 9, and 10 are reversed scored. For this study, a 7-point Likert scale was used, which was consistent with the Marigold et al. (2014) study.

The RSES was initially normed on 5,024 high school juniors and seniors from ten randomly selected high schools in New York. Results from this sample showed reliability coefficients ranging from .85 to .89. The RSES has received significantly more psychometric analysis and empirical validation than any other self-esteem measure (Robins, Hendin, and Trzesniewski, 2001). Since its initial use in 1965, the RSES has been administered across a wide variety of populations, ages, races, and nations (Gray-Little, Hancock, & Williams, 1997; Hirschy & Morris, 2002; Marigold et al., 2014; Martin-Albo, Nuniez, Navarro, & Grijalvo, 2007; Mullen, Goethe, McAuley, 2013; Robins, Hendin, & Trzesniewski, 2001). Reported coefficient alphas range from .72 to .90, with test-retest reliability ranging from .82 to .85, and validity coefficients ranging from .56 to .83. Gray-Little et al. (1997) noted that the RSES is a reliable measure of global self-esteem and deserves its continued widespread use.

Conformity to Masculine Norms Inventory 22 Item Short Form. The original 94-item CMNI was developed to assess the extent to which an individual male conforms or does not

conform to the actions, thoughts, and feelings that reflect masculinity norms of the White dominant culture in U.S. society. The CMNI is a 94-item inventory with an 11-factor structure (subscales). The 11 factors (i.e., identified masculine norms) are as follows: *Winning, Emotional Control, Risk-Taking, Violence, Dominance, Playboy, Self-Reliance, Power over Women, Disdain from “for” Homosexuals, Physical Toughness, and Pursuit of Status.*

Mahalik et al. (2003) conducted five studies on a sample of seven-hundred fifty-two college-aged men (average age 20), who were predominately Caucasian (639), to examine the psychometric properties of the CMNI. More specifically, Study 1 examined the factor structure of the CMNI and Study 2 examined the CMNI total score and 11 Masculinity Norms subscales. Data from these two studies yielded a coefficient alpha of .94 for the total score on the CMNI and coefficient alphas for the masculinity norms subscales ranged from .72 for *Pursuit of Status*, to .91 for *Emotional Control* (Mahalik et al., 2003). Additionally, Mahalik et al. (2003) noted that the subscales (11-factor structure) of the CMNI were both significantly and positively correlated with other masculinity-related measures, with several of the subscales being significantly and positively correlated with psychological distress, social dominance, aggression, and the desire to be more muscular. Data also suggested that some of the subscales were negatively correlated with attitudes toward psychological help seeking and social desirability. To date, this inventory has been normed on samples of mostly Caucasian and heterosexual college-aged students in the United States. To the writer’s knowledge this inventory has not been explored in studies with an older population.

Like the original CMNI (94-item scale), the Conformity to Masculine Norms Inventory 22 Item Short Form (CMNI-22, Hamilton & Mahalik, 2009) measures behaviors, attitudes, and conformity to an array of masculine norms in the United States (e.g., “*I do not like to talk about*

my feelings;” “*I never ask for help;*” “*My work is the most important part of my life*”). Using the two highest-loading items for each of the 11 subscales found in the original CMNI validation study, the CMNI-22 was developed. The CMNI-22 yields a total masculinity score and there is a high correlation (.92) between the original (CMNI 94 item) and this shortened instrument. The CMNI-22 is scored on a 4-point Likert Scale from 0 (*strongly disagree*) to 3 (*strongly agree*). Scores on this scale are transformed into mean scores with higher scores indicating higher levels of adherence to traditional masculine norms (Mahalik et al., 2003) The CMNI-22 has yielded reliability coefficients ranging from .70 to .73 in several studies (Hamilton & Mahalik, 2009; Rochlen, McKelley, Suizzo, & Scaringi, 2008; Reiley, Rochlen, & Awad, 2013).

Inventory for Parent and Peer Attachment. The Inventory for Parent and Peer Attachment (Armsden & Greenberg, 1988) was designed to assess psychological security as defined by Bowlby and other attachment theorists (Brack et al., 1993). More specifically, it was developed in order to assess adolescents’ perceptions of the positive and negative affective/cognitive dimension of relationships with their parents and close friends, particularly how well these figures serve as sources of psychological security (e.g., “*I like to get my friends’ point of view on things I’m concerned about;*” “*My mother respects my feelings;*” “*My father expects too much of me*”). Three broad dimensions are assessed: degree of mutual trust; quality of communication; and extent of anger and alienation. The IPPA has been normed on samples of individuals who are 16 to 20 years of age; however, the IPPA has been used successfully in several studies with adolescents as young as 12 (Armsden & Greenberg, 2009). To date, there have not been any studies using the IPPA with individuals over the age of 20.

The IPPA is a self-report questionnaire with a five point Likert-scale response format and is comprised of 3 scales: mother, father, and peer scales. Each subscale is comprised of 25 items,

yielding an attachment score for each scale. The IPPA is scored by reverse-scoring the negatively worded items and then summing the response values in each section. Scores on the IPPA do not allow for the classification of attachment styles, but are indicative of the degree of security experienced. The items on the IPPA measure both a global score of security attachment as well as three dimensions of the attachment relationship which are as follows: 1. *Trust* (i.e., perception that parents and peers understand and respect their needs and desires); 2. *Communication* (i.e., perception that parents and peers are sensitive and responsive to their emotional states and assessing the extent and quality of involvement and verbal communication); 3. *Alienation* (i.e., refers to feelings of isolation, anger, and detachment experienced in attachment relationships with parents and peers; Guarnieri, Ponti, & Tani, 2010). The following internal reliabilities have been found: Mother attachment, .87; Father attachment, .89; Peer attachment, .92. Validity coefficients range from .70 to .76 (Armsden & Greenberg, 2009; Guarnieri, Ponti, & Tani, 2010). For the purposes of this study, participants only completed the mother attachment version and only the global attachment score was utilized.

Response to Support Offerings. This measure was developed by Marigold et al. (2014) to measure the reactions of a recipient's response to social support offered. After reading the scenario about rejection from a romantic peer, participants used this instrument to rate their friend's offering of support in the hypothetical vignette. This measure contains 15 items. Four subscale scores were calculated by Marigold et al. (2014): negative reaction (4 items; e.g., "*My friend's response makes me feel worse*"); positive reaction (four items; e.g., "*My friend's response was intended to make me feel good*"); self-verification (4 items; e.g., "*My friend's response makes me sure of myself*"); and perceived responsiveness (3 items; "*My friend's response lets me know he or she cares about me*"). These 15 items are rated on a 7-point Likert

scale which ranges from 1 (*not at all*) to 7 (*extremely*). Reliability coefficients for the four subscales range from .77 to .88. For the purposes of this study, rather than using subscale scores, a total score was computed to determine the recipient's overall responsiveness to social support offered.

Hypothetical Scenario. The current study incorporated the use of one of the three scenarios developed by Marigold et al. (2014). All participants read the same scenario and were asked to imagine that they had told a friend about the distressing event described in the scenario. Participants were then asked to think about how they felt and react to the hypothetical supportive response from the friend. (See Appendix D)

Procedure

The researcher obtained approval from the Institutional Review Board (IRB) at Auburn University. All participant data was collected electronically. As previously mentioned, males aged 19-50 were recruited via Amazon Mechanical Turk (MTURK). Those interested in participating clicked on the link embedded within the MTURK information window. This link directed them to Auburn University's Qualtrics page. First, participants read a description of the study and criteria to be met for successful completion which served as an informed consent form (Appendix B). If participants agreed to participate they were then presented with the instructions related to the hypothetical scenario (Appendix D). Participants were randomly placed in one of the two support conditions (*negative validation* or *positive reframing*) for the hypothetical scenario about rejection from a romantic partner (Appendix D). After participants read the scenario, they were asked to rate their friend's responses (i.e., completed the RSO). Participants were then asked to identify the gender of their friend whom they imagined. Next, all participants were presented with measures of self-esteem (RSES), attachment (IPPA), and masculinity

(CMNI); these three measures were the only measures which were constructed in Qualtrics to be presented in different order variations. There were six different orders in which these measures could have been presented to participants. Lastly, all participants completed the demographic questionnaire.

Manipulation. The manipulation remained the same from the Marigold et al. (2014) study in that participants were randomly placed in a one of the two support conditions for the scenario. Participants in the *negative validation condition* (Condition 1; Appendix D) were told, ***“Your friend wants to assure you he/she understands what you’re going through and your feelings are normal, so he/she replies: “Aw, I’m so sorry to hear that. That kind of thing really hurts.”*** Participants in the *positive reframing condition* (Condition 2; Appendix D) were told, ***“Your friend wants to help ease your distress and lighten your mood, so he/she replies: “You’re better off without him/her. I’m sure you’ll find someone else soon!”*** ²

² A typing error was made when posting the positive reframing condition to the web and Appendix D reflects what the participants actually read.

V. Results

Tests of Measure Order Effects

To determine if there were order effects, a series of one-way Analyses of Variance (ANOVAs) were used to test whether there were differences in the results based on the order in which the measures were presented (6 total order variations). Based on data yielded from the series of ANOVAs conducted, it was determined that none of the measures (CMNI-22, RSES, RSO, and IPPA) showed evidence of order effects.

Descriptive Statistics

Means, standard deviations and reliability coefficients for each of the variables were computed (See Table 1). Reliability coefficients for the measures used yielded coefficients ranging from .52-.96; with the IPPA showing the highest reliability coefficient and RSO being the lowest (See Table 1). To examine relationships among the variables examined in this study, correlational analyses were conducted to explore how measures related to each other (See Table 2). Based on data obtained, there were no significant relationships between self-esteem, response to social support, and masculinity. However, results from the analyses did indicate that self-esteem was significantly correlated with attachment. Additionally, age of participant was of interest in its relation to responsiveness to social support. Age was significantly correlated with responsiveness to social support, such that the younger a participant, the more responsive to social support offerings. It was also of interest whether the gender of the friend participants chose to imagine providing support would affect responsiveness to social support. Eighty-one percent of the sample population imagined a male providing support while 18.1% imagined a female providing support; data from one participant was missing. To examine this, a t-test was conducted and results indicated that there were no significant differences in responsiveness to

social support ($t = -.035, p = .167$). Finally, the mean comparisons of variables based on condition (*positive reframing* and *negative validation*) were computed; results indicated no significant differences in mean scores of variables based on condition (See Table 3)

Table 1

Means, Standard Deviations, and Cronbach alpha coefficients of measured variables

Variable	<i>M</i>	<i>SD</i>	Cronbach alpha coefficient
RSO	55.19	8.08	.52
RSES	49.03	9.51	.80
CMNI	30.43	7.00	.74
IPPA	65.13	20.01	.96

Note: RSO = Response to Support Offerings, RSES = Rosenberg Self-Esteem Scale, CMNI = Conformity to Masculine Norms Inventory, IPPA = Inventory for Parent and Peer Attachment

Table 2

Matrix of Intercorrelations of RSO, RSES, CMNI, and IPPA

	RSES	IPPA	CMNI	RSO
Participant Age	.047	.054	.037	-.118*
RSES		.416**	.066	.056
IPPA			-.101	.094
CMNI				.006

Note: RSO = Response to Support Offerings, RSES = Rosenberg Self-Esteem Scale, CMNI = Conformity to Masculinity Norms Inventory, IPPA = Inventory for Parent and Peer Attachment
 * $p < .05$ ** $p < .001$

Table 3

Mean comparisons of variables by condition

Condition	RSO		RSES		IPPA		CMNI	
	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>
Positive Reframing	55.86	(7.45)	49.03	(9.63)	64.00	(19.38)	29.90	(6.58)
Negative Validation	55.43	(8.64)	49.05	(9.48)	66.33	(20.68)	30.98	(7.40)

Note: RSO = Response to Support Offerings, RSES = Rosenberg Self-Esteem Scale, IPPA = Inventory for Parent and Peer Attachment, CMNI = Conformity to Masculinity Norms Inventory

Test of Research Hypotheses

Hypothesis 1: More securely attached (i.e., mother-son attachment) males will demonstrate higher responsiveness to social support offerings of any type (i.e., positive reframing and negative validation).

Hypothesis 2: Compared with males with lower self-esteem, males with higher self-esteem will demonstrate higher responsiveness to social support offerings of any type (i.e., positive reframing and negative validation).

Regression analysis was used to determine if attachment (Hypothesis 1) and self-esteem (Hypothesis 2) predicted responsiveness to social support. Scores from the Inventory for Parent and Peer Attachment (IPPA; Hypothesis 1) and Rosenberg Self-Esteem Scale (RSES; Hypothesis 2) were entered into the regression model simultaneously (See Table 4). The IPPA and RSES did not explain a significant amount of variance in the RSO scores

($R^2 = .01, p = .256$).

Hypothesis 3-6 were analyzed using a hierarchical regression analysis. The results are reported below the hypotheses:

Hypothesis 3: Among more securely attached males who also have lower levels of self-esteem, there will be higher levels of responsiveness to the negative validation condition when compared to the positive reframing condition.

Hypothesis 4: Compared to more securely attached males, less securely attached (mother-son attachment) males with lower self-esteem will demonstrate lower levels of

responsiveness to both types of social support offerings (i.e., positive reframing and negative validation).

Hypothesis 5: Compared to more securely attached males, less securely attached (mother-son attachment) males with higher self-esteem will demonstrate higher levels of responsiveness to positive reframing condition than to the negative validation condition.

Hypothesis 6: Degree of masculinity as measured by the Conformity to Masculine Norms Inventory (CMNI) will moderate the relationship between attachment and response to social support offerings. For males lower in masculinity, the pattern will be similar to hypothesis one. That is, those higher in attachment will demonstrate higher levels of responsiveness to both types of social support offerings than will those lower in attachment. Additionally, for males with higher levels of masculinity responsiveness to both types of social support offerings will be lower, such that attachment will have less of an effect.

Hierarchical regression analysis was utilized to determine if the type of social support offered (positive reframing or negative validation) predicted responsiveness to social support, whether attachment and self-esteem moderated the impact of condition on responsiveness to social support, and whether masculinity moderated the relationship between attachment and responsiveness to social support (See Table 4). All variables were centered prior to being added to the model. In Step 1, the condition (positive reframing or negative validation) was entered into the regression equation. In predicting responsiveness to social support, condition did not explain a significant amount of variance in scores ($R^2 = .01, p = .126$). Step 2 of the model included self-esteem and attachment, followed by Step 3 of the model which examined the interaction between these two variables of interest RSES and IPPA. The addition of RSES and IPPA to the model

also did not explain a significant amount of variance ($R^2\Delta = .01, p = .221$). Furthermore, the interaction of self-esteem and attachment did not explain a significant amount of variance ($R^2\Delta = .01, p = .075$).

Next, the interaction of RSES, and condition (positive reframing or negative validation) was entered into Step 4 of the model. This interaction also did not explain a significant amount of variance ($R^2\Delta = .00, p = .285$). Step 5 examined the interactions between IPPA and condition were added to the model. The interactions among these variables did not explain a significant amount of variance ($R^2\Delta = .00, p = .940$). Next, the and the three-way interaction among [RSES*IPPA*Condition] was entered into Step 6 of the model. This interaction also did not explain a significant amount of variance ($R^2\Delta = .01, p = .109$).

In step 7, CMNI was entered into the model. CMNI also did not explain a significant amount of variance in the RSO scores ($R^2\Delta = .00, p = .648$). Finally, to explore CMNI as a moderator for IPPA and RSO, CMNI and IPPA were entered into step 8 of the model. In predicting whether CMNI would moderate the relationship between IPPA and RSO, the interaction did not explain a significant amount of variance and thus, masculinity did not moderate ($R^2\Delta = .00, p = .510$).

Table 4
Hierarchical Regression Analysis of predicting Responsiveness to Social Support (RSO) and moderation of Masculinity (CMNI), Attachment (IPPA), Responsiveness to Social Support (RSO)

Predictor	<i>B</i>	<i>sr</i>
Step 1		
Condition	-.089	-.089
Step 2		
RSES	.018	.016
IPPA	.092	.083
Step 3 RSES*IPPA	-.104	-.103
Step 4 RSES*Condition	.087	.079
Step 5 IPPA* Condition	-.007	-.004
Step 6 RSES*IPPA*Condition	-.148	-.092
Step 7 CMNI	.027	.026
Step 8 CMNI*IPPA	-.039	-.038

Note: Condition = Positive Reframing or Negative Validation, RSES = Rosenberg Self-Esteem Scale, IPPA = Inventory for Parent and Peer Attachment

VI. Discussion

As previously outlined, this study was an extension of the Marigold et al. (2014) study which examined the role of self-esteem in understanding two types of social support offerings (*negative validation* and *positive reframing*) received following a hypothetical scenario. Given the idea that men are less likely to seek and be open to the receipt of support, the writer wanted to extend the Marigold et al. (2014) study by considering the impact of mother-son attachment and masculinity in addition to self-esteem on males' responsiveness to depicted social support. Additionally, this study sought to explore the potential moderating effects of masculinity on the relationship between mother-son attachment and responsiveness to social support offerings.

Many researchers have suggested that for men, the acceptance of and response to social support can be challenging given the pattern of socialization for this group. For example, norms for males in Western culture often dismiss the skills needed to be open to the receipt of social support (Mahalik & Addis, 2003; Mahalik, Good, & Englar-Carlson, 2003). That is, the socialization process of males which often includes but is not limited to the lack of emotional expression, denial of weaknesses, and the need to possess strong problem-solving skills may prevent this group from actively seeking and openly responding to social support received.

Self-Esteem, Attachment, Masculinity and Response to Social Support

Using two supportive messages (positive reframing and negative validation) constructed by Marigold et al. (2014), the author set out to examine how males' self-esteem, mother-son attachment (i.e., less or more secure), and degree of masculinity would affect their responsiveness to these types of supportive messages hypothetically offered by a close friend after sharing that they (the participant) had been rejected by a romantic partner. Previous studies have found that when compared to LSE individuals, HSE individuals respond more favorably to

social support perceived and received (Barwick, De Man, & McKelvie, 2009, Marigold et al., 2014). This however was not the case in the current study as there were no significant differences in the responsiveness of social support received by HSE and LSE individuals. More specifically, when examining the findings of the current study, data yielded were inconsistent with the findings of Marigold et al. (2014) who found that individuals with high self-esteem (HSE) were equally responsive to positive reframing and negative validation supportive messages received, whereas low self-esteem (LSE) individuals had a more favorable response to negative validation. The current study found no differences in individuals with high and low self-esteem in terms of their response to positive reframing or negative validation support received.

Additionally, the results of the study did not support hypotheses 3-6, which sought to examine the impact of mother-son attachment (secure vs. insecure) and self-esteem (i.e., HSE vs. LSE) and masculinity on males' responsiveness to social support received. Existing literature however supports the notion that attachment does play a role in one's response to social support. That is, insecurely attached individuals have been found to experience more physical and psychological distress and perceive less social support from others, whereas securely attached individuals both perceive and seek more social support. These studies have supported the notion that secure individuals are more likely to seek social support than their insecure peers (Barry, Lakey, Orehek, 2007; Bartholomew et al. 1997; Collins & Feeny, 2004; Hinderlie & Kenny, 2002). Unlike the current study, these studies were conducted with both male and female participants, which may provide one explanation as to why the current study did not yield similar results.

Moreover, in general, researchers have found that men tend to gravitate toward more problem-focused support such as positive reframing and less toward emotion-focused support

such as that of negative validation; however, this was not true in the current study. That is, there was no difference in responsiveness toward the two support strategies. That is, men showed equally favorable attitudes toward the two types of responses. The fact that there were no differences in the favorability ratings for the two types of support raises questions about the way in which these two support strategies are conceptualized and differentially defined.

Positive reframing, as defined by Marigold et al. (2014), refers to verbal and problem-focused support that includes reassurance that a negative event is beneficial to growth and that the problem is minor. One can argue that this support strategy involves not just a problem-focused component, but that it also has an emotion-focused component, namely the provision of reassurance. As used by Marigold et al. (2014), positive reframing might actually be better labeled *reassurance*. Reassurance might be assumed to be somewhat emotional in character in that one might argue that reassurance may suggest some sort of compassion toward another. Relatedly, perhaps each of the investigated support strategies is in essence an emotion-focused strategy, which expresses compassion, whether directly or indirectly. Thus, in examining these two support strategies, it is possible that there is not enough distinction between the two strategies. That is, one can say that both strategies are emotion-focused, rather than one being problem-focused (*positive reframing*) and the other being emotion-focused (*negative-validation*). Furthermore, given the fact that there was no preference of one support strategy over the other, it is possible that the participants were focused on the intention of the support provided by the friend they imagined rather than on the actual form/type of support. Such a view is consistent with the current findings, although not obviously consistent with the findings of Marigold et al. (2014).

It might also be important to consider whether the differences in findings for this study and Marigold et al. (2014) might have been produced in part by sample characteristics. For example, there was an age difference in the sample used within this study versus that of the Marigold et al., 2014 study. Data yielded from analyses in this study indicated that age was significantly correlated with responsiveness to social support (RSO scores), such that the younger a participant, the more responsive to social support offerings. However, what the data does not indicate is a preference or more responsiveness to one type of social support over the other (i.e., positive reframing negative validation).

Furthermore, it is important however to look at the discrepancy in findings within the help-seeking/social support literature as it pertains to age differences. When exploring the help-seeking literature, there have been some mixed findings. Some literature has found that younger individuals, particularly men, show more positive attitudes toward help-seeking behavior, whereas other literature has suggested that older men have somewhat more positive attitudes toward help-seeking behavior. Murstein and Fontaine (1993) as cited by Blair (2012), found that in comparison to younger females, younger males showed a more favorable response when receiving support from psychiatrists and clergy. Whereas studies such as those conducted by Berger, Levant, McMillan, Kelleher, and Sellers (2005) found that older males tend to have more positive views about the receipt of help than do younger male and female participants.

Although data from the studied indicated that younger males are more responsive to social support offerings, it is worth noting that the average age of participants in this sample was approximately 10 years greater than the average age of participants in the Marigold et al. (2014) study. Thus, it may be that older men are more comfortable in their masculinity, attachment styles, and self-esteem. Additionally, as one increases in age it may be that there is a need for

less support than those who are younger. Therefore, it could be that older individuals, males in this case, may respond less to social support provided and it may not matter what type of support is provided. Additionally, perhaps the scenario that was presented, rejection from a romantic partner, was not emotionally engaging for a group of males this age. It could have been that this scenario would have had more of a significant impact on college-aged or adolescent males.

Another way in which differences in the mean ages for the two samples might impact judgments about social support would be if older males somehow process social support in a different way. For example, perhaps older males are less likely to consider the exact type of support, and, whether they have high or low self-esteem, might be inclined to say to themselves something like, “oh, the person is just trying to help me.” In contrast, perhaps younger males are more sensitive to the exact form of the offered support. There does not appear to be literature which would support or reject the above explanation for differences between Marigold et al. (2014) and the current study.

Furthermore, differences in data yielded by the current study may further be explained by the sex differences in the samples examined within Marigold et al. (2014) and the current study. Marigold et al. (2014) conducted their study with college-aged male and female participants, with the number of female participants being more than that of the male participants (24 men, 89 women). The average age of participants within their study was 20.3 years. In contrast, the current study consisted of only male participants with ages ranging from 19-50 (mean age of 30.52) across diverse educational backgrounds. Given the fact that males were underrepresented in the Marigold et al. (2014) study, direct comparisons between findings in the two studies is obviously made much more difficult. Because Marigold et al. did not report findings as a function of sex, and because of the paucity of relevant scholarly literature, there is perhaps little

to be gained by speculating on why findings for males would not be significant, whereas findings for a mixed-sex group of participants would be. Furthermore, there may also be some qualities about mechanical turk workers that may make them unique from others in general.

One must also explore the differences in the reliability data of the dependent measure in the current study versus that in the Marigold et al. (2014) study. These differences may also explain why the current study did not replicate findings. Unlike Marigold et al. (2014), the current study used the total score for the entire scale rather than looking at the subscales of the Response to Support Offerings Scale (RSO). Data from this study yielded a reliability coefficient of .52 for the Response to the Support Offerings Scale, whereas Marigold et al. (2014) computed reliability coefficients for each subscale of the RSO. Marigold et al. (2014) yielded reliability coefficients ranging from .77-.88 for the four subscales of the RSO. Given that the current study yielded a reliability coefficient of only .52, it is perhaps not surprising that no significant differences were found. It is unclear why the reliability coefficient found for the entire scale in this study was substantially lower than even the least reliable subscale from Marigold et al. (2014). Finally, the “file drawer problem” (Rosenthal, 1979) is always a possibility in helping us understand possible reasons for failure to replicate. Since we do not know whether replications of Marigold et al. (2014) have been previously attempted, it is difficult to know whether this is a factor in the current inconsistency in findings between the two studies.

Summary of Findings

Descriptive statistics. To gain an understanding of basic correlations between variables studied, correlational analyses were conducted to examine how measures and sample characteristics were related to each other (See Table 2). There were no significant relationships between self-esteem, response to social support, and masculinity. However, results from the

analyses did indicate that self-esteem was significantly correlated with attachment. This finding seems to fit with the existing body of literature on self-esteem and attachment. That is, research suggests that young adult perceptions of the parent-child relationship are important to the development of healthy self-perceptions and relationships with others. Thus, one's perception of self and relationships (attachment) to others can either hinder or promote social support behaviors (Haigler et al., 1995; Rice et al., 1996). According to Byslma, Cozzarelli, Sumer (1997), there is evidence to suggest that there is an intersection between attachment and self-esteem. That is, the cognitive model that underlies that of attachment styles appears to also be like that of the components of self-esteem and one's construction of self (Byslma et al., 1997; Mikulincer, 1995; Mikulincer & Shaver, 2009). Thus, the more secure individuals feel in their relationships, the healthier their concept of self/self-esteem, and the less securely they are attached, the less secure they may feel in their concept of self (Mikulincer, 1995).

The mean comparisons of the studied variables based on condition (*positive reframing* and *negative validation*) were computed; results indicated no significant differences in mean scores of variables based on condition (See Table 3). Additionally, it was of interest whether the gender of the friend participants chose to imagine as providing support might have impacted responsiveness to social support or other variables of interest in this study. A series of t-tests were conducted to examine this question and there were no significant differences across measures based on the gender of friend imagined. According to Barbee et al. (1993), "the role of gender in the process of social support is a complex and intriguing phenomenon" (p.187). It has been widely established across many studies that women tend to be more helpful and supportive than are men. This finding has been understood to be a function of the perceived sex role traits that are believed to be held by women (e.g., nurturance, warmth, kindness), whereas the

perceived sex role traits held by men such as independence and competitiveness, are believed to be traits that prevent men from being emotionally available for others (Nadler, Maler, Friedman, 1984, Reevy & Maslach, 2001). Furthermore, previous studies have indicated that females are more often support providers than are men (Belle, 1982; Fischer, 1982 as cited by Reevy & Maslach, 2001). However, despite the aforementioned claims, the findings from the current study challenge these findings (albeit indirectly) given that participants imagined a male friend providing support more often than they imagined a female friend providing support. Moreover, regardless of whether the male participant imagined a female or male friend providing support, this did not affect his rating of the support offered.

Regression analyses. A regression analysis was conducted to test hypotheses 1 and 2. Results obtained did not support these hypotheses. Attachment and self-esteem did not explain a significant amount of variance in RSO scores (See Table 4). Similarly, hypotheses 3-6 which were tested using hierarchical regression analyses were not supported by results obtained (See Table 4). Hypotheses 3-6 explored whether type of social support offered (positive reframing or negative validation) predicted responsiveness to social support, whether attachment and self-esteem moderated the impact of condition on responsiveness to social support, and whether masculinity moderated the relationship between attachment and responsiveness to social support. In predicting responsiveness to social support, condition did not explain a significant amount of variance in RSO scores. Furthermore, the interaction between self-esteem and attachment also did not explain a significant amount of variance in RSO scores. When adding condition (positive reframing or negative validation) to the interaction between self-esteem and attachment this too did not explain a significant amount of variance in RSO scores obtained. Lastly, the interaction between attachment and masculinity was examined along with masculinity being a potential

moderator between attachment and RSO (hypothesis 6). Results indicated that the interaction between attachment and masculinity did not explain a significant amount of variance in RSO scores and thereby not supporting masculinity as a moderator.

Limitations

As is always the case when there are non-significant findings, there are many possible explanations for those findings. In this case, the results also reflect a failure to replicate a previously published study. Limitations in this study may rest within the methodology of the study which includes the sampling method, instrumentation (measurements), and design used. First, the sampling method used will be explored. Given that it was the desire of the researcher to focus on a male only population, a non-random sampling method was used. More specifically, participants were gathered via an internet-based data collection site (Mechanical Turk). Selecting participants in this manner is often referred to as convenience sampling. Although the use of this type of sampling method has its advantages (i.e., time efficiency, low costs, etc.) it does not come without limitations (Fricker & Schonlau, 2002). Use of this non-random sampling method may lessen the external validity of a study, that is, findings are not often generalizable because the sample may not be representative of the population. In this case, male mechanical turk workers may not be representative of the male population and thus the results obtained are not generalizable.

Another limitation to this study may lie with the instruments used to measure the independent variables (self-esteem, attachment and masculinity). Although each of the measures used yielded acceptable reliability coefficients they were not normed on an older male population. Thus, it is possible that the lack of significant findings may be a result of issues with the measures used. Perhaps the measures used were not developmentally appropriate or relevant

to the participants and their current real-life situations. For instance, mother-son attachment was explored within this study but perhaps this age group of participants are in partnered long-term relationships and in fact it may be the relationship with the partner rather than their mother that is more important at this phase in their life.

The experimental design used within this study has limitations as well. To start, there was only one dependent variable (RSO). Certainly, it is the case that inclusion of multiple dependent variables often strengthens our understanding of the constructs under investigation. Additionally, this study included the use of a hypothetical scenario (vignette). Some have argued that the use of vignettes may lack ecological validity due to its inability to mirror “real-life situations” (Evans et al., 2015). That is, participants may respond to what they *think* they would do or feel as opposed to what they actually *would* do or feel in a real life-situation (Sanders, 1981 as cited by Blair, 2012; Cutrona et al., 1990, Evans et al., 2015). Thus, it is often difficult to make valid conclusions based on data yielded from vignette based experimental designs (Evans et al., 2015). Finally, even if significant differences had been found, this would not necessarily mean that in “real-life” situations men would prefer one form of help over the other.

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APENDIX A

Operational Definitions

1. **Mother-Son Attachment.** Attachment will be defined as perceptions of the positive and negative affective/cognitive dimension of the relationship with the mother. The perception of the mother as a source of psychological security will be measured by the Inventory of Parent and Peer Attachment-Revised (IPPA-R). The IPPA-R measures three broad dimensions: degree of mutual trust, quality of communication; and extent of anger and alienation. Higher scores on the mother attachment scale of the IPPA-R will be indicative of a more secure relationship with the mother whereas lower scores obtained will be indicative of a less secure attachment with the mother.

2. **Responsiveness to Social Support.** Response to social support will be defined as one's reaction (positive or negative) to social support offerings received as measured by the Response to Support Offerings (RSO) developed by Marigold et al. (2014). Higher scores obtained on the RSO scale will be indicative of more positive reactions and lower scores will be indicative of more negative reactions.

3. **Social Support Offerings.** Defined as the actions of communicative behaviors that one performs when offering support to an individual (Chen & Feeley, 2012; Goldsmith, 2004). For the purposes of this study there will be two types of social support offerings explored, which (following Marigold) are referred to as positive reframing and negative validation.
 - a. **Positive Reframing:** will be defined as verbal support that includes reassurances that the negative event is beneficial to the recipient's growth, that improvement is likely, and that the problem one faces is minor and ultimately insignificant

(Marigold et al., 2014). For the purposes of this study, positive reframing will be conceptualized via the statement “Don’t worry too much, it’s just one test, I’m sure you’ll do better next time” or “You’re better off without him/her. I’m sure you’ll find someone else soon!” as proposed in previous research (see Marigold, 2014; Appendix C).

- b. **Negative Validation:** will be defined as support behaviors that communicate that the feelings, actions, or responses of the recipient are normal and appropriate to the situation; express appreciation for the recipient’s predicament of for the difficulty of the situation; and that give assurance that the expression of negative emotions is permissible and understandable (Marigold et al., 2014). For the purposes of this study, negative validation will be conceptualized via the statement “Aw, I’m so sorry to hear that. That kind of thing really hurts.” or “That’s an awful feeling isn’t it? That’s happened to me before too.” (see Marigold, 2014; Appendix C)
4. **Self-Esteem:** Self-esteem will be defined as a favorable or unfavorable attitude toward the self as measured by the Rosenberg Self-Esteem Scale (Rosenberg, 1965). Throughout the text, a favorable view of the self will be labeled as High Self-Esteem (HSE) and an unfavorable view of the self will be labeled as Low Self-Esteem (LSE). Higher scores obtained on the RSES are indicative of higher self-esteem whereas lower scores obtained are indicative of lower self-esteem.

APPENDIX B

Information Letter/Informed Consent

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS AN IRB APPROVAL NUMBER WITH CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT)

**INFORMATION LETTER
for a Research Study entitled
"Males' Perceptions of Social Support"**

You are invited to participate in a research study that investigates males' perceptions of themselves and thoughts about social support received. To be eligible for this study, you must be a male between ages 19-50 residing in the United States. The study is being conducted by Tenille Gaines, M.S., a graduate student in the Auburn University Department of Special Education, Rehabilitation, and Counseling under the direction of Randolph Pipes, PhD. You were selected as a possible participant because you are registered as a worker on Amazon Mechanical Turk.

What will be involved if you participate? If you decide to participate in this research study, you will read a scenario and will provide information about some of your opinions, behaviors, and beliefs in regards to yourself and social support. Your total time commitment will be approximately one hour.

Are there any risks or discomforts? The risks associated with participating in this study are that you may find yourself uncomfortable when answering the questions. To minimize these risks, we ask that you provide answers regarding your beliefs using rating scales. The questions asked are commonly used in this type of research and have no right or wrong answers. The questions are sufficiently general that we would not be unable to identify who you are. In addition, we have made it possible for you to indicate a desire not to respond to an item or skip some items if you do encounter item(s) you do not wish to answer. You will be solely responsible for any medical costs resulting from your participation in the study.

Are there any benefits to yourself or others? There are no direct benefits to you for participating other than compensation through Mechanical Turk.

Will you receive compensation for participating? To thank you for your time you will be paid \$1.00 through Amazon Mechanical Turk. You will be paid only if all the criteria listed below are

1. You are a male between ages 19-50
2. You pass attention check questions throughout the survey
3. You enter the correct validation code into the Amazon Mechanical Turk window upon completion of the study. Unfortunately, if the survey terminates for reasons outside of anyone's control, you will not receive the validation code and will not be compensated.

Are there any costs? There are no costs for you to participate in this study.

If you change your mind about participating You can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to

stop participating will not jeopardize your future relations with Auburn University, the Department of Special Education, Rehabilitation, and Counseling, or Tenille Gaines

Any data obtained in connection with this study will remain anonymous. The survey does not require you to enter your Amazon Mechanical Turk worker ID, which means that individuals will not be able to match your worker ID or the data associated with your worker ID to your responses to the questionnaires. The data you provide will be anonymous and only average responses for large groups of people from MTurk (and sometimes from other data collection sources) will be reported.

If you have any questions about this study, please contact Tenille Gaines, M.S. at trg0003@tigermail.auburn.edu. You may also print a copy of this page for your records.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Human Subjects Research or the Institutional Review Board by phone (334) 844-5966 or email at hsubjec@auburn.edu or IRBChair@auburn.edu

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO. THIS LETTER IS YOURS TO KEEP.

Tenille Gaines
Investigator

01-15-2016
Date

The Auburn University Institutional Review Board has approved this document for use from January 15, 2016 to January 14, 2017. Protocol #16-015

APPENDIX C

DEMOGRAPHIC SURVEY

Directions: For the following items please select the response that best fits you. Your responses will allow the researcher to provide an accurate description of the sample. Please **DO NOT** include your name or any other identifying information. Your responses will remain confidential and you may decline to answer any of the following questions.

Please fill in the blank or select the answer that describes you.

1. Age _____

2. **Gender:**

Male

Female

Other (specify): _____

3. **Ethnicity:**

African American, Black, African Descent

Asian, Asian American or Pacific Islander

Hispanic or Latino(a)

Native American or American Indian

White/Caucasian or European

Multi-Ethnic (specify): _____

Other (specify): _____

4. **Sexual Orientation:**

Heterosexual

Gay Male

Lesbian

Other (specify): _____

5. **Education Level (check the category that best describes your education level)**

Less Than High School

Associates Degree

High School Graduate

Bachelors Degree

Some College

Post Bachelors Degree

6. **Please describe your household configuration as a child**

Two-Parent Home (please specify: i.e, male-female, female-female, male-male)

Single-Parent Home (please specify the parent whom you resided with)

Other (please specify)

7. Please list the state and/or region of the United States you reside in

APPENDIX D

HYPOTHETICAL SCENARIO

You will be presented with a hypothetical scenario depicting an event in your life that you might experience and then discuss with your best friend (if you don't have just one best friend, choose one of your closest friends to think about). Please take a moment to envision yourself in the scenario. Imagine the situation and envision how you would feel, what you would think, and how you would react.

A few months ago you meet an attractive person in one of your classes and the two of you began talking. Things have been going great, but recently your partner has become less willing to make plans and you don't seem to talk to him/her that often. When you eventually ask him/her if something is wrong, he/she tells you that you are "better off as friends" and breaks up with you. You are upset because you really liked that person. When you meet up with your best friend, you tell him/her what has happened.

Condition 1 (Negative Validation): *Your friend wants to assure you he/she understands what you're going through and your feelings are normal, so he/she replies, "Aw, I'm so sorry to hear that. That kind of thing really hurts."*

Or

Condition 2 (Positive Reframing): *Your friend wants you to help ease your distress and lighten your mood, so he/she replies, "You're better off without him/her. I'm sure you'll find someone else soon!"*