

You Can't Always Give What You Want: The Challenge of Providing Social Support to Low Self-Esteem Individuals

Denise C. Marigold
University of Waterloo

Justin V. Cavallo
Wilfrid Laurier University

John G. Holmes and Joanne V. Wood
University of Waterloo

It can be challenging for support providers to facilitate effective social support interactions even when they have the best intentions. In the current article, we examine some reasons for this difficulty, with a focus on support recipients' self-esteem as a crucial variable. We predicted that recipients' receptiveness to support would be influenced by both support strategy and recipient self-esteem and that receptiveness in turn would impact providers' perceived caregiving efficacy and relationship quality. Study 1 (hypothetical scenarios), Study 2 (confederate interaction), and Study 3 (reports of recently received support) showed that individuals with low self-esteem (LSEs) are less receptive than are individuals with high self-esteem (HSEs) to support that positively reframes their experience but are equally receptive to support that validates their negative feelings. In Study 4, providers demonstrated some knowledge that positive reframing would be less helpful to LSEs than to HSEs but indicated equal intention to give such support. Study 5 showed that, in a real interaction, friends were indeed equally likely to offer positive reframing to both LSEs and HSEs but were less likely to offer validation to LSEs. LSEs were less accepting of such support, and in turn providers felt worse about the interaction, about themselves, and about their friendship more broadly. Study 6 confirmed that recipients' receptivity to support directly influenced providers' experience of a support interaction as well as their self- and relationship evaluations. The findings illustrate how well-meaning support attempts that do not match recipients' particular preferences may be detrimental to both members of the dyad.

Keywords: social support, self-esteem, interpersonal relationships

Many people have friends who seem impossible to cheer up when things go poorly. No matter their desirable qualities—intelligence, physical attractiveness, talent—these friends often interpret critical feedback, romantic rebuffs, or rejected job applications as further evidence of their general unworthiness. As such, they seem resistant to your reminders of how positively you see them, to your reframing of their problem as an opportunity for growth, and to your expressions of optimism and encouragement for bettering their situation. Supporting these friends may seem frustrating and tiring, so much so that you come to dread and even

avoid social contact when you know they are struggling with a personal problem. Who are these individuals, and why are they so resistant to what you believe is caring and thoughtful support? Could there be a more effective way to support them, which leaves you feeling both fulfilled and satisfied with the interaction?

In this paper, we show that individuals with low self-esteem (LSEs) are often resistant to being cheered up by their well-meaning friends after experiencing failure or rejection, and we draw on theories of self-verification and mood regulation to understand LSEs' resistance. We further explore the extent of providers' knowledge of self-esteem differences in support preferences and the consequences of providing support that does not match these preferences for both recipients' and providers' experience of the interaction and of their friendships more broadly. The providers' perspective on unsuccessful support interactions has received little attention in the social support literature. We seek to redress that imbalance in this paper.

Social Support Strategies

The belief that family, friends, and romantic partners are willing and able to provide effective support during times of stress has been consistently linked to good mental and physical health (for

Denise C. Marigold, Renison University College, University of Waterloo; Justin V. Cavallo, Department of Psychology, Wilfrid Laurier University; John G. Holmes and Joanne V. Wood, Department of Psychology, University of Waterloo.

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Correspondence concerning this article should be addressed to Denise C. Marigold, Renison University College, University of Waterloo, 240 Westmount Road North, Waterloo, Ontario N2L 3G4, Canada. E-mail: dcmarigold@uwaterloo.ca

reviews, see Lakey & Orehek, 2011; Uchino, Cacioppo, & Kiecolt-Glaser, 1996). However, enacted social support does not always have beneficial effects; in fact, it may yield negative effects on recipients in terms of mood, optimism, self-esteem, and coping (e.g., Bolger & Amarel, 2007; Bolger, Zuckerman, & Kessler, 2000; Dunkel-Schetter, Blasband, Feinstein, & Herbert, 1992; Kaul & Lakey, 2003). Unfortunately, the provider's good intentions are not sufficient to ensure sensitive and effective support (Burleson, 2003a). For support to be effective it seems to matter more that support fits well with what recipients perceive as their needs, rather than some objective assessment of need arising from the situation (Burleson, 2009; Dunkel-Schetter et al., 1992; Rafaeli & Gleason, 2009).

There are certain kinds of support that are almost always helpful (e.g., expressing care, concern, interest, and affection) and some that are almost always unhelpful (e.g., criticizing and blaming the recipient; Burleson, 2003a; Rafaeli & Gleason, 2009). Much gray area remains between these two classes of behavior in terms of what may or may not be effective. Appropriate support may depend on aspects of the person (age, gender, personality) and the situation (type of stressor, degree of distress, time since the incident).

We are particularly interested in support that is aimed explicitly at immediately reducing negative thoughts and feelings about the eliciting event or problem. We use the term *positive reframing* to encompass verbal support that includes things like reassurances that the negative event is ultimately beneficial to the recipient's growth, that improvement is very likely, and that the problem is minor and ultimately insignificant. This kind of support may be intended to be caring and helpful, but it may be perceived as dismissing or invalidating. Indeed, the literature indicates that the benefit of these support behaviors is mixed (e.g., Clark et al., 1998; Dunkel-Schetter et al., 1992; Lehman & Hemphill, 1990; Jones & Burleson, 1997), varying according to circumstance (e.g., illness severity), time passed since the eliciting event, and other unknown individual differences. We suggest that self-esteem is one individual difference variable that can shed light on the relative helpfulness of this support strategy.

We use the term *negative validation* to refer to support behaviors that communicate that the feelings, actions, or responses of the recipient are normal and appropriate to the situation; that express appreciation for the recipient's predicament or for the difficulty of the situation; and that give assurance that expression of negative emotions is permissible and understandable. This kind of support is nearly always experienced as helpful (Burleson, 2003a; Burleson, 2009; Holmstrom & Burleson, 2011; Servaty-Seib & Burleson, 2007). Note that we are conceptualizing negative validation as reflecting *understanding* (one is aware of how one's partner sees the situation) rather than *agreement* (one shares one's partner's assessment; Reis & Shaver, 1988). For example, if a student receives a poor mark on an essay and feels incompetent about his or her writing skills, negative validation would mean that the provider acknowledges that the recipient feels incompetent but does not agree that the recipient is indeed incompetent. Of importance, perceived partner responsiveness is theorized to depend on understanding and not on agreement (Reis & Clark, 2013).

We predict that LSEs and individuals with high self-esteem (HSEs) will be equally receptive to negative validation support but that LSEs will be less receptive than HSEs to positive reframing

support. As well, LSEs will be less receptive to positive reframing support than to negative validation support, given that the former is inconsistent with their self-verification and mood regulation goals.

The Role of Recipient's Self-Esteem in Social Support Preferences

Some studies have shown that higher self-esteem is associated with perceptions of more available social support (Lakey & Cassady, 1990; Sarason, Sarason, & Pierce, 1990; Vinokur, Schul, & Caplan, 1987) and of more responsive and satisfying support from friends and family (Marigold, Cavallo, Holmes, & Wood, 2013). Although these findings may result in part from LSEs receiving less objectively beneficial and responsive support, we suspected that LSEs would interpret the very same support messages differently than do HSEs based on their goals in a support interaction (cf. Collins & Feeney, 2004). There is a strong theoretical basis, stemming from self-verification theory and mood regulation research, for predicting that LSEs and HSEs would have different goals in an interaction in which they are sharing a negative experience.

Self-Verification and Mood Regulation

According to self-verification research, people act to maintain their views of themselves even if those views are unfavorable. People pay more attention to information that is consistent with their self-views than to information that is inconsistent, and they behave in ways that elicit self-verifying reactions from interaction partners (see Swann, 2012, for a review). Although people with relatively negative self-views might experience positive affect toward interaction partners who provide self-enhancing feedback, they seem to prefer interacting with self-verifying partners (Kwang & Swann, 2010). Those partners convey understanding and validation, which suggests that the listener recognizes and appreciates core aspects of the self (Laurenceau, Barrett, & Pietromonaco, 1998; Reis & Shaver, 1988).

What might self-verification motives mean for people's social support preferences? We suspect that LSEs respond more favorably to interaction partners whose support messages are consistent, rather than inconsistent, with their relatively negative self-views (see also Swann & Brown, 1990). When providers offer negative validation, they convey an understanding and acceptance of the negative thoughts and feelings associated with the recipient's experience, leaving LSEs with the sense that the provider is in touch with who they are. In contrast, HSEs should respond more favorably than do LSEs to interaction partners who use positive reframing, focusing on the potentially positive outcomes of a failure (e.g., learning something, new opportunities). A failure or rejection is not consistent with their self-view, so they are more confident that their failure will not be repeated and thus more comfortable with providers who express an optimistic outlook for them.

Self-esteem also moderates the extent to which people seek to reduce their negative emotions. When experiencing negative affect, HSEs attempt to counteract these feelings by bringing to mind personal strengths and positive thoughts and memories, whereas LSEs remain mired in the negative experience (Dodgson & Wood,

1998; Smith & Petty, 1995). Moreover, LSEs explicitly express lower motivation than HSEs to repair negative moods, even though they know how to do so (Heimpel, Wood, Marshall, & Brown, 2002; Wood, Heimpel, Manwell, & Whittington, 2009). When they are in good moods, LSEs are more likely than HSEs to want to dampen them (Wood, Heimpel, & Michela, 2003). Because LSEs see good feelings as undeserved, atypical, and potentially disappointing (Wood et al., 2009), LSEs may be uncomfortable and motivated to avoid them.

Obstacles to Effective Support Provision

In this paper we adopt the perspective of several other theorists that support is most beneficial when it matches the specific needs or goals of the distressed individual, in ways that indicate that the provider is attuned to and understands the recipient (Cavallo & Higgins, 2013; Cutrona, Cohen, & Igram, 1990; Cutrona & Russell, 1990; Cutrona, Shaffer, Wesner, & Gardner, 2007; Horowitz et al., 2001; Sarason et al., 1990). Given people's preferences for self-verifying feedback and LSEs' reluctance to immediately repair a negative mood, we predicted that LSEs would perceive positive reframing support as less responsive than HSEs do, as well as less responsive than LSEs consider negative validation support to be. Support that is perceived as responsive—that is, demonstrating understanding, validation, and caring of the recipient (Reis & Shaver, 1988)—has beneficial effects on emotions, coping, and relationship quality, whereas unresponsive support can have detrimental effects (Burlinson, 2003a; Burlinson & MacGeorge, 2002; Feeney & Collins, 2003; Maisel & Gable, 2009; Reis & Shaver, 1988; see also Reis & Clark, 2013, for a review).

Recipients' perceptions of the responsiveness of support often falls short of the provider's intention to be responsive (Gable, Gosnell, Maisel, & Strachman, 2012), and people experiencing a major crisis or chronic stressful condition are sometimes surprised to find that support is not as abundant or as skillful as they expected (Dunkel-Schetter & Bennett, 1990). Why are support providers not meeting expectations? For one, providers and recipients may disagree about the meaning and helpfulness of a behavior that was intended to be supportive (Dunkel-Schetter et al., 1992; Sarason et al., 1990). Second, providers may hold incorrect assumptions about the helpfulness of various kinds of support. For example, they may believe that it is always healthier to encourage distressed individuals to be cheerful and optimistic about their circumstances than to allow these individuals to focus and elaborate on negative emotions.

However, even when providers do seem to know what would be most helpful to support a friend in a particular crisis, they do not always follow through when actually faced with such a friend (Brown & Geller, 2006; Lehman, Ellard, & Wortman, 1986). If the provider feels personally threatened or uncomfortable, his or her own negative emotions may interfere with skillful support provision (Dunkel-Schetter & Bennett, 1990). In particular, providers find it more difficult to support relatively pessimistic individuals experiencing a stressful situation (Carver, Kus, & Scheier, 1994; Vollmann, Renner, & Weber, 2007). We suspect that friends of LSEs may tire of their frequent expressions of negativity—which often seem out of proportion to the eliciting event—and thus be inclined to provide positive reframing even if they do not expect it to be received enthusiastically.

Consequences of Ineffective Support for Providers

Although several attempts have been made to study when and for whom support responses may fail (e.g., Dakof & Taylor, 1990; Lehman et al., 1986; Lehman & Hemphill, 1990), few if any have focused on the consequences that unsuccessful support interactions have for support providers. There is some evidence that the recipient's acceptance or rejection of support will affect how the provider feels about the interaction, about the recipient, and about him- or herself (Barbee, Rowatt, & Cunningham, 1998; Karimiha, Rehman, & MacDonald, 2013). Much of this research has focused on the upside of successful support interactions for providers. For example, providing support to others can increase positive mood and self-evaluations (Krause & Shaw, 2000; Williamson & Clark, 1989) and one's own relationship satisfaction (Collins & Feeney, 2000; Iida, Seidman, Shrout, Fujita & Bolger, 2008). More broadly, the sense that one "matters" to others (i.e., that relationship partners depend on one for advice and support) is positively correlated with self-esteem (Elliott, Kao & Grant, 2004) and predicts decreases in depressive symptoms over time for women (Taylor & Turner, 2001).

In the current line of research we explore the downside of unsuccessful support interactions for providers. We speculate that, when faced with a recipient who does not embrace the support one offers, one may experience negative emotions and self-evaluations. This can have important consequences for future support as well. More than one unsuccessful support attempt may lead providers to believe that they are a generally ineffective caregiver and hesitate to continue offering support. Indeed, people feel more positively about supporting others when they see their support leading to noticeable improvements in the recipient's situation (Dunkel-Schetter & Bennett, 1990).

Overview of Studies

In this paper, we argue that the self-esteem of support recipients plays a key role in how they respond to support for negative experiences, and their reactions will in turn significantly affect the providers' feelings about the interaction and about their friendship more generally. To our knowledge, the influence of self-esteem on receptivity to support behaviors that fall under the category of positive reframing has not been examined previously. As well, the present studies are among the few published studies that illuminate how the support provider may also be negatively affected by an unsuccessful support interaction.

In Studies 1–3 we provide evidence that, in comparison to HSEs, LSEs respond equally well to negative validation but less well to positive reframing. In Study 3 we also show that support providers have limited knowledge of their friends' level of self-esteem and corresponding support preferences. In Study 4 we show that providers acknowledge that positive reframing is generally less helpful to LSEs than to HSEs, but they are no less likely to intend to provide it to LSEs. In Studies 5 and 6, we document the consequences for providers of providing the "wrong" kind of support to LSEs. We show that, in a real support interaction, providers engage in positive reframing with both LSEs and HSEs, but they are less likely to provide negative validation to LSEs. LSEs, in turn, are less accepting of the support they receive from their friends, and these friends feel worse about the interaction, about themselves, and about their friendship than do the providers

of friends with high self-esteem (Study 5). In Study 6, we confirm that the experience of having one's support offering rejected influences providers' evaluations of both themselves and their friendships. We suggest that giving relationship partners the kind of support that best matches their individual preferences and interaction goals benefits both recipient and provider.

Of importance, we use a range of methods to capture this phenomenon: hypothetical scenarios (Studies 1, 4, and 6), an interaction with a confederate (Study 2), reports of recently received support (Study 3), and an interaction with a friend (Study 5).

Study 1

In Study 1 we investigated how high and low self-esteem participants differ in their responses to hypothetical support scenarios involving failure or rejection experiences. Given that LSEs tend to overgeneralize the negative implications of failure (Brown & Dutton, 1995; Kernis, Brockner, & Frankel, 1989) and rejection (Sommer & Baumeister, 2002) for the self, we thought these events would activate self-verification concerns and thus highlight the influence of self-esteem on social support goals.

All participants read the same three scenarios, but in one condition participants imagined receiving positive reframing support from their friend, whereas in the other condition, they imagined receiving negative validation support. We hypothesized that LSEs and HSEs would view both types of support similarly positively (i.e., understanding that their friend's intentions were good). However, LSEs would perceive the positive reframing support to be less self-verifying and responsive than HSEs perceive positive reframing or than LSEs perceive the negative validation support, and this would subsequently influence their ratings of the friendship overall.

Method

Participants and procedure. One hundred thirteen undergraduate students participated in an online study about social support in exchange for course credit. This sample included 24 men and 89 women, with a mean age of 20.3 years. Participants first completed a measure of trait self-esteem, then responded to three hypothetical social support scenarios, and finally rated their relationship with their closest friend (whom they had been asked to keep in mind when responding to the scenarios).

Materials.

Trait self-esteem. Participants responded to the 10 Rosenberg (1965) Self-Esteem items on a scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*; $\alpha = .91$).

Hypothetical scenarios. Participants were presented with three scenarios depicting an event in their lives that they might experience and then discuss with their closest friend. They were asked to take a few moments to think about how they would feel and react after each event. The scenarios involved doing poorly on a midterm, being rejected by their romantic partner, and having a generally bad day (e.g., slipping on a patch of ice, missing a favorite television show). The first two scenarios implicated the self with room to interpret the event as a personal failure, and the last scenario was included so we could compare responses to receiving support for an event in which the self was less relevant.

Manipulation. For each scenario, participants in the positive reframing condition ($N = 56$) were told, "Your friend wants to

help ease your distress and lighten your mood." This was followed by a statement of positive reframing appropriate to the scenario (e.g., "So he/she replies, 'Don't worry about it too much, it's just one test. I'm sure you'll do better next time'"). Participants in the negative validation condition ($N = 57$) were told, for each scenario, "Your friend wants to assure you he/she understands what you're going through and your feelings are normal." This was followed by a statement of negative validation appropriate to the scenario (e.g., "So he/she replies, 'That's an awful feeling isn't it? That's happened to me before too'").

Responses to support offerings. After reading each scenario, participants rated their friend's offering of support on 15 items on a 1 (*not at all*) to 7 (*extremely*) scale. From these 15 items, four subscales were calculated: negative reaction (four items, $\alpha = .77$; e.g., "My friend's response makes me feel worse," "My friend's response is disappointing"); positive reaction (four items, $\alpha = .87$; e.g., "My friend's response was intended to make me feel good," "My friend's response shows he/she truly believes I will do better next time"); self-verification (four items, $\alpha = .88$; e.g., "My friend's response makes me more sure of myself," "My friend's response doesn't fit with who I am" [reverse-scored]); and perceived responsiveness (three items, $\alpha = .88$; "My friend's response lets me know he or she cares about me," "My friend's response shows that he or she understands the way that I'm feeling"). Although the last three subscales were highly correlated, we opted to analyze them separately. Our rationale for this was to be able to demonstrate that LSEs may recognize that positive reframing support is well-intentioned (i.e., the positive reaction subscale), yet still perceive it to be less responsive and self-verifying than negative validation.¹

Friendship ratings. Next, participants were asked to rate their current relationship with the friend they had in mind when envisioning the scenarios. There were 12 items rated on a 1 (*not at all*) to 7 (*extremely*) scale ($\alpha = .92$; e.g., "My friend believes I have many good qualities," "My friend is responsive to my needs," "I have a very strong relationship with my friend").

Results

All dependent variables were regressed on effect-coded condition (positive reframing vs. negative validation), centered self-esteem, and the condition \times self-esteem (SE) interaction. First- and second-order effects were interpreted simultaneously. Means, standard deviations, and correlations between variables are reported in Table 1.

Responses to support offerings. For the personal failure scenarios, there was a main effect of self-esteem, $\beta = .19$, $t(109) = 2.07$, $p = .041$, that was qualified by a significant condition \times SE interaction, $\beta = .19$, $t(109) = 2.05$, $p = .043$, on the measure of self-verification (see Figure 1). Simple effects analysis showed that LSEs rated the positive reframing support as significantly less self-verifying than did HSEs, $\beta = .38$, $t(109) = 2.30$, $p = .004$, as well less self-verifying than LSEs rated the negative validation support, $\beta = .32$, $t(109) = 2.46$, $p = .015$. No other simple effects reached significance ($ps > .66$).

¹ The responses to the first two personal failure scenarios were combined as dependent variables. Alphas were taken from the average of the subscales across the three scenarios.

Table 1
Means, Standard Deviations, and Correlations Between Variables in Study 1

Variable	1	2	3	4	5	6	7	8	9	10
1. Self-esteem ($M = 5.48, SD = 1.06$)	—	.13	-.21*	.20*	.04	-.26**	-.13	.25*	.10	.35**
2. Positive reactions (PF; $M = 4.35, SD = 1.16$)		—	-.45**	.62**	.71**	.56**	-.33**	.44**	.43**	.28**
3. Negative reactions (PF; $M = 2.24, SD = .97$)			—	-.80**	-.56**	-.23**	.66**	-.45**	-.36**	-.27**
4. Self-verification (PF; $M = 4.86, SD = 1.14$)				—	.70**	.39**	-.55**	.66**	.45**	.36**
5. Responsiveness (PF; $M = 4.32, SD = 1.35$)					—	.35**	-.46**	.53**	.55**	.30**
6. Positive reactions (BD; $M = 4.42, SD = 1.13$)						—	-.40**	.61**	.76**	.17
7. Negative reactions (BD; $M = 2.08, SD = 1.09$)							—	-.74**	-.59**	-.21*
8. Self-verification (BD; $M = 5.01, SD = 1.23$)								—	.70**	.28**
9. Responsiveness (BD; $M = 4.47, SD = 1.39$)									—	.11
10. Friendship ratings ($M = 5.95, SD = .83$)										—

Note. $N = 113$. PF = personal failure scenario; BD = bad day scenario; SD = standard deviation.

* $p < .05$. ** $p < .01$.

Similarly, there was a main effect of condition, $\beta = -.27$, $t(109) = -2.94$, $p = .004$, and a marginal condition \times SE interaction, $\beta = .15$, $t(109) = 1.66$, $p = .100$, on perceived responsiveness of support for the personal failure scenarios. We tested the simple effects for this marginal interaction and found the key effect of interest—the effect of condition as low self-esteem—was significant, $\beta = .42$, $t(109) = 3.25$, $p = .002$. That is, in line with our hypotheses, LSEs perceived positive reframing support to be less responsive than negative validation support. No other simple effects reached significance ($ps > .16$).

There was only a main effect of self-esteem, $\beta = -.21$, $t(109) = -2.25$, $p = .027$, on negative reactions toward support for personal failures, such that LSEs tended to have more negative reactions than did HSEs. As we expected, there were no significant effects on participants' positive reactions to the support for personal failure scenarios (all $ps > .15$).

For the bad day scenario, there were several main effects but no interactions. There were main effects of condition, $\beta = -.20$, $t(109) = -2.18$, $p = .031$, and self-esteem, $\beta = .24$, $t(109) = 2.62$, $p = .010$, on self-verification. Raw means showed that all participants, regardless of self-esteem, recognized the negative validation support as more self-verifying ($M = 5.26$) than the positive reframing support ($M = 4.75$). Similarly, there was a main effect of condition on perceived responsiveness, $\beta = -.21$, $t(109) = -2.24$, $p = .027$, such that negative validation support

was believed to be more responsive ($M = 4.76$) than positive reframing support ($M = 4.17$) by all participants. There was only a main effect of self-esteem, $\beta = .26$, $t(109) = 2.81$, $p = .006$, on positive reactions, such that HSEs tended to have more positive reactions to any support offered for a bad day than did LSEs. There were no significant effects on participants' negative reactions to support for the bad day scenario.

Friendship ratings. On participants' overall ratings of their relationship with the friend whom they imagined in the hypothetical scenarios, there was a main effect of self-esteem, $\beta = .35$, $t(109) = 4.01$, $p < .001$, and a condition \times SE interaction, $\beta = .20$, $t(109) = 2.27$, $p = .025$ (see Figure 2). As predicted, LSEs were significantly more positive about their friendships after imagining receiving negative validation support compared to positive reframing support, $\beta = .34$, $t(109) = 2.73$, $p = .007$. The effect of self-esteem was significant in the positive reframing condition, $\beta = .53$, $t(109) = 4.39$, $p < .001$, but not in the negative validation condition ($\beta = .15$, ns).

Mediation. We tested the mediating effect of self-verification on friendship ratings among LSEs and HSEs by using confidence intervals with standard errors that were estimated via bootstrapping (as suggested by Preacher, Rucker, & Hayes, 2007, Model 2). LSEs' ratings of how self-verifying the negative validation support was relative to the positive reframing support significantly mediated their ratings of friendship quality in the negative validation

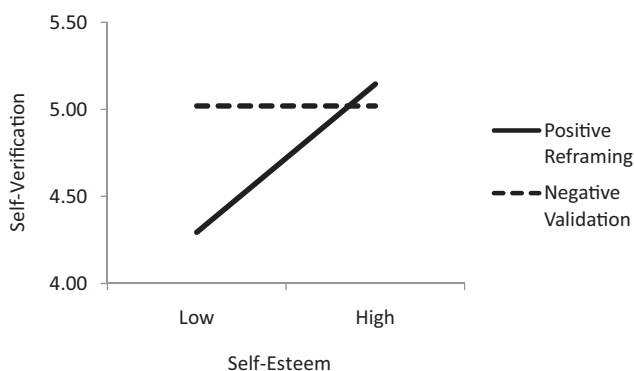


Figure 1. Participants' rating of how self-verifying was the support from their closest friend as a function of condition and self-esteem: Study 1.

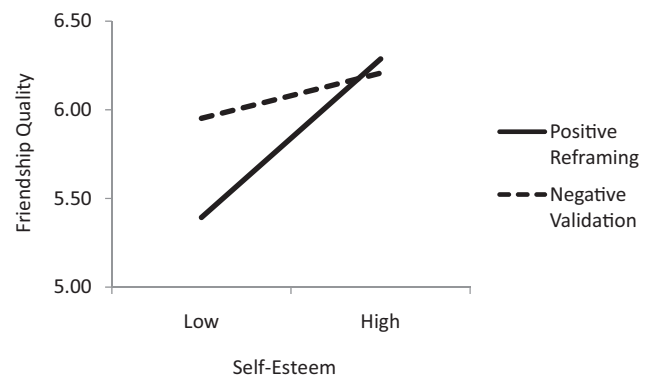


Figure 2. Participants' rating of the quality of their friendship as a function of condition and self-esteem: Study 1.

condition relative to the positive reframing condition (point estimate = $-.095$, 95% bias-corrected and accelerated confidence interval [BCa CI] of $-.205$ to $-.033$). Among HSEs, however, this mediation effect was not significant (point estimate = $-.008$, 95% BCa CI of $-.083$ to $.052$). That is, results were consistent with the view that perceiving more self-verification from their friends' negative validation in the hypothetical scenarios led LSEs (but not HSEs) to rate their friendships more positively.

Discussion

Results of the study supported our hypotheses. When imagining receiving support for personal failures, LSEs found positive reframing support significantly less responsive and self-verifying than the negative validation support, which mediated the subsequent effect on LSEs' lower ratings of their friendship quality in the positive reframing condition. These effects were not found for the bad day scenario. Although this result might possibly be an artifact of the particular scenarios used in this study, it is consistent with self-verification theory because self-views come into play more when considering poor performance or romantic rejection, rather than random back luck.

Of importance, LSEs had similar levels of positive and negative thoughts as did HSEs regardless of what type of support they imagined. That is, LSEs were not any less likely than HSEs to believe that positive reframing was intended to make them feel good or that their friend was truly optimistic about the recipients' future. This helps rule out an alternative explanation for LSEs' lower receptiveness to positive reframing: namely, that they suspect the provider is being purposely dismissive or inauthentic. Similarly, people with negative self-views often experience positive affect toward interaction partners who provide self-enhancing feedback, though they prefer interacting with self-verifying partners (Kwang & Swann, 2010). We return to this point in Studies 2 and 5, in which participants received support in a live interaction.

It is noteworthy that although participants imagined support scenarios that were purely hypothetical, doing so affected their current ratings of their relationships with their closest friends. This result may attest to the power of using hypothetical scenarios in this context. We see similar findings in Study 6. At the same time, we recognize that responses to hypothetical scenarios may not accurately reflect individuals' reactions to a real support attempt. We examine actual behavior in Studies 2 and 5.

Study 2

In Study 2 we used a confederate support provider to manipulate what kind of support was provided to low versus high self-esteem individuals in a real support context. We expected that HSEs would be equally responsive to positive reframing and negative validation but that LSEs would show a clear preference for negative validation. By coding the interactions we could investigate the actual behaviors that LSEs display when support is perceived to be more or less responsive to their needs.

In this study participants shared a failure experience with a confederate whom they were told was another participant. The confederate was trained to respond with either negative validation (consistent with LSEs' self-verification and mood regulation goals) or positive reframing (inconsistent with LSEs' self-

verification and mood regulation goals). Our hypotheses were that the confederate would find it easier to positively reframe the failure for HSEs than for LSEs (as corroborated by outside observers), and the LSEs would like the confederate more when she engaged in negative validation rather than when she engaged in positive reframing.

Method

Participants and procedure. Forty-five female participants signed up for a study of "sharing personal events with others" in exchange for course credit.² Mean age of participants was 19.8 years. One participant was removed from the analyses because she did not agree to have her data used.

The experimenter gave each participant and the confederate (a female research assistant acting as another participant) a brief questionnaire to complete upon arriving at the lab. This questionnaire contained demographic questions, the self-esteem scale, and a "life events" questionnaire. Next, the experimenter gave the participants instructions for sharing a failure and gave the confederate one of two sets of instructions (randomly assigned) for supporting the participant. She then left the room and allowed the participant and confederate to have a discussion for up to 10 minutes.

Upon her return, the experimenter gave the participant and confederate another package of questionnaires assessing their thoughts and feelings about the interaction and about themselves. When these were completed, participants were thanked and fully debriefed.

Materials.

Trait self-esteem. Same as in Study 1 ($\alpha = .93$).

Life events questionnaire. All participants were asked to "take a few moments to think of an example of each of the following types of events in your life. They should have occurred relatively recently; that is, within the last year." Participants were first asked to think of a success experience they have had. Examples given were winning an award at school, getting a new job, or forming a new relationship. They were then asked to think of a failure experience they have had. Examples given were failing a course at school, getting fired, or ending a relationship. They wrote down in a sentence what each event was and answered some questions about it to bring the details to mind before discussing it.

Manipulation of type of support provided. All participants were asked to talk about their failure experience with the confederate, though they were led to believe they were randomly assigned to this role. The confederate was instructed either to negatively validate ($N = 24$) or to positively reframe ($N = 20$) the participant's experience. In the negative validation condition, the confederate was told, "Your goal is to validate the negative aspects of the participants' experience. Go along with anything negative they have to say about it, for example, 'that really sucks,' 'I'd feel pretty bad if that happened to me too,' 'you must have had a hard time dealing with that.'" In the positive reframing condition, the confederate was told, "Your goal is to try and cheer the partici-

² We did not select men for the study. We thought it was important to have same-sex pairs in the study but opted against hiring a male confederate to interact with male participants, because we thought they might find it awkward to share personal information with each other.

pants up and turn their negative experience into a positive one. Counteract anything negative the participants say about their experience, for example, 'that's not so bad,' 'you'll do better next time,' 'at least you learned something.'" We trained the confederate by giving her some written examples of failures and suggesting what she might say in each condition. A research assistant then shared different examples of failures, and we watched the confederate practice responding to the assistant until we were confident that she could fully make the distinction between the two support approaches. Although the confederate was clearly aware of the condition, she was blind to participants' self-esteem and to our hypotheses for the study.

Participants' ratings.

Interaction ratings. There were four items assessing how well participants thought the interaction went (e.g., "How easy was it for you to talk to your partner?" "How much did you enjoy interacting with your partner?"; $\alpha = .74$) and four items assessing how well they believed their partner thought the interaction went (e.g., "How easy do you think it was for your partner to talk to you?" "How much do you think your partner enjoyed interacting with you?"; $\alpha = .73$). Another four items assessed how well their partner supported them (e.g., "How supportive was your partner?" "How well did your partner listen to you?"; $\alpha = .68$).

Mood. The Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) was used to assess mood. There were 10 positive affect items (e.g., "enthusiastic," "inspired") and 10 negative affect items (e.g., "afraid," "upset"), which were rated on a 1 (*not at all*) to 7 (*extremely*) scale ($\alpha = .89$ for positive affect and $\alpha = .90$ for negative affect).

Confederate's ratings.

Interaction ratings. The confederate rated similar statements about the interaction: Eight items evaluated how well she felt the interaction went (e.g., "How easy was it for you to talk to your partner?" "How supportive were you?" "How much did you enjoy interacting with your partner?"; $\alpha = .88$), and four items assessed how she thought the participant felt about the interaction (e.g., "How easy do you think it was for your partner to talk to you?" "How much did you think your partner enjoyed interacting with you?"; $\alpha = .88$).

Observers' ratings. As a manipulation check, two coders rated the extent to which the confederate tried to positively reframe the participant's failure (1 = *not at all* to 5 = *extremely*). Their ratings were correlated at $r(43) = .61, p < .001$.

Using the same 5-point scale, three different coders rated "How much negative affect did the participant express?" (intraclass correlation coefficient [ICC] = .72); "How accepting was the participant of the support offered to her?" (i.e., agreeing with the confederate's statements; ICC = .56); "How easy was it for the participant to discuss their failure?" (i.e., did they speak freely about it or did the confederate have to draw out the details; ICC = .62); and "How engaged was the participant in the conversation?" (i.e., was she animated, responsive, and did she seem to want to be there; ICC = .74). The last two items (ease and engagement) were highly correlated, $r(44) = .76, p < .001$, so we combined them into one index of participant engagement ($\alpha = .86$).

Results

All dependent variables were regressed on effect-coded condition (negative validation vs. positive reframing), self-esteem of participant, and the condition \times SE interaction. First- and second-order effects were interpreted simultaneously. See Table 2 for means, standard deviations, and correlation between dependent variables.

There was a main effect of condition on the confederate's positive reframing (as rated by observers), $\beta = -.75, t(43) = -7.01, p < .001$, which confirmed that indeed the confederate was doing significantly more positive reframing in the positive reframing condition ($M = 2.68$) than in the negative validation condition ($M = 1.44$). Of importance, there was neither a main effect of self-esteem nor an interaction between condition and self-esteem ($\beta = .02$ and $\beta = -.07, ns$), confirming that the confederate treated LSEs and HSEs equally in their respective conditions.

Participants' ratings. There were no effects on participants' ratings of the interaction or their mood.

Confederate's ratings. There was a significant condition \times SE interaction on the confederate's ratings of how well the interaction went, $\beta = -.32, t(40) = -2.21, p = .033$ (see Figure 3). Simple effects analysis showed that support exchanges in which the confederate tried to positively reframe an LSE's failure went significantly worse than interactions in which she tried to negatively validate it, $\beta = .46, t(40) = 2.17, p = .036$, or in which she tried to positively reframe a HSE's failure, $\beta = .45, t(40) = 2.26, p = .030$. The effect of condition at HSE was not significant ($\beta =$

Table 2
Means, Standard Deviations, and Correlations Between Variables in Study 2

Variable	1	2	3	4	5	6	7	8	9
1. P's rating of interaction ($M = 4.70, SD = 0.90$)	—	.80**	.47**	.15	.10	.20	-.20	-.02	.05
2. P's rating of how C perceived interaction ($M = 4.41, SD = 0.91$)		—	.54**	-.02	-.06	.23	-.22	.02	-.07
3. P's rating of C's support ($M = 5.36, SD = 0.84$)			—	-.15	-.11	.16	.01	-.02	-.19
4. C's rating of interaction ($M = 4.96, SD = 0.61$)				—	.75**	-.09	-.03	-.14	.33*
5. C's rating of how P perceived interaction ($M = 4.49, SD = 0.71$)					—	.04	-.42**	-.04	.36*
6. P's positive affect ($M = 3.77, SD = 1.16$)						—	-.33*	.16	.05
7. P's negative affect ($M = 2.15, SD = 1.14$)							—	-.19	-.20
8. O's rating of C's positive reframing ($M = 2.00, SD = 0.84$)								—	-.27
9. O's rating of P's engagement ($M = 3.41, SD = 0.66$)									—

Note. $N = 44$. P = participant; C = confederate; O = observer.

* $p < .05$. ** $p < .01$.

.21, *ns*), nor was the effect of self-esteem in the negative validation condition ($\beta = -.21$, *ns*).

The confederate appeared to project her own view of the interaction onto the participant. There was a condition \times SE interaction, $\beta = -.29$, $t(40) = -1.99$, $p = .054$, on the confederate's beliefs about how well the participant thought the interaction went. The pattern of results mirrored her own evaluation. Simple effects analysis showed that the confederate believed that LSEs were less positive about the interaction when they were positively reframed than when they were negatively validated, $\beta = .42$, $t(40) = 2.01$, $p = .051$. As well, she thought LSEs were less positive about the positive reframing support than HSEs were, $\beta = .53$, $t(40) = 2.66$, $p = .011$. The effect of condition at HSE was not significant ($\beta = -.17$, *ns*), nor was the effect of self-esteem in the negative validation condition ($\beta = -.06$, *ns*).

Observers' ratings. Observers also saw participants responding differently to the support types according to their self-esteem. Analyses of observers' ratings of participant engagement yielded a main effect of condition, $\beta = .29$, $t(40) = 2.08$, $p = .044$, and a condition \times SE interaction, $\beta = -.28$, $t(40) = -2.10$, $p = .043$ (see Figure 4). Simple effects analyses revealed that LSEs appeared to be less engaged in the interaction when they were being supported with positive reframing than with negative validation, $\beta = .58$, $t(40) = 2.95$, $p = .005$. LSEs also appeared less engaged than did HSEs in the positive reframing condition, $\beta = .55$, $t(40) = 3.00$, $p = .005$, but they did not differ from HSEs in the negative validation condition ($\beta = -.02$, *ns*). There was no effect of condition at HSE ($\beta = .005$, *ns*). Observers' ratings of how engaged the participant was in the interaction were correlated with the confederate's estimate of how well the participant thought the interaction went, $r(44) = .45$, $p = .002$, but were unrelated to participants' own reports of how well the interaction went.

There were no main or interaction effects on observer's ratings of participant's negative affect expression or verbal acceptance of the confederate's support (all $ps > .13$).

Discussion

Our hypotheses concerning the confederate's and observers' ratings for Study 2 were supported: The confederate found it more difficult and less pleasant to provide positive reframing support

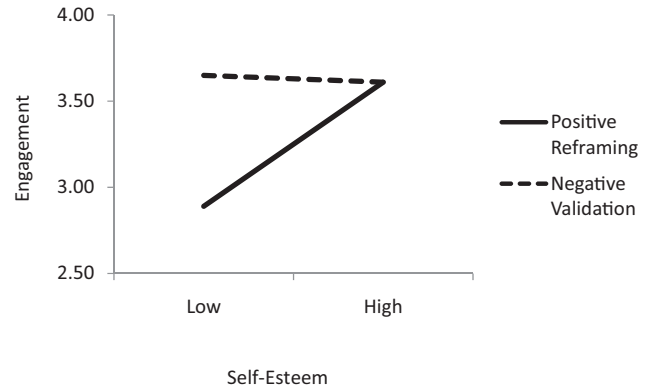


Figure 4. Observers' ratings of how much the participant was engaged in the interaction as a function of condition and recipient self-esteem: Study 2.

than negative validation support to LSEs. Negative validation is more consistent with LSEs' self-verification and mood regulation goals than is positive reframing, and LSEs clearly had some resistance to the positive reframing support that the confederate picked up. This view was corroborated by outside observers, who noted that LSEs were less engaged in the interaction when they were receiving positive reframing than when they were receiving negative validation.

We had also hypothesized that LSEs would like the confederate less in the positive reframing condition, but this was not supported. Although the behavior of LSEs indicated different responses to the two types of support, they did not rate the confederate differently between conditions. Perhaps LSEs did not rate the positive reframing confederate negatively (even though behaviorally they responded more negatively to her) because they believed her support was well-intentioned and she simply did not know them well enough to provide responsive support. Because this study involved an interaction with a stranger, for whom there are different norms and expectations than there are in a support interaction with a friend, less disappointment is likely to occur. LSEs' resistance to positive reframing may very well result in different behavioral expressions when interacting with a friend, which we will see in Study 5.

HSEs did not appear to be affected by the manipulation. Though the positive reframing support was designed to make participants feel better, the negative validation support was not designed to make participants feel worse about their situation. In other words, the negative validation was not actively opposing HSEs' natural inclinations as much as the positive reframing was opposing those of LSEs.

Study 3

We had two main goals for Study 3: The first was to provide further evidence that LSEs find positive reframing support to be less responsive than do HSEs and to be less responsive than negative validation support. Study 1 showed that LSEs perceived positive reframing to be less self-verifying and responsive when imagining receiving it from a friend, and Study 2 showed that LSEs did not respond as well to positive reframing in a real interaction with a confederate in which support type was manip-

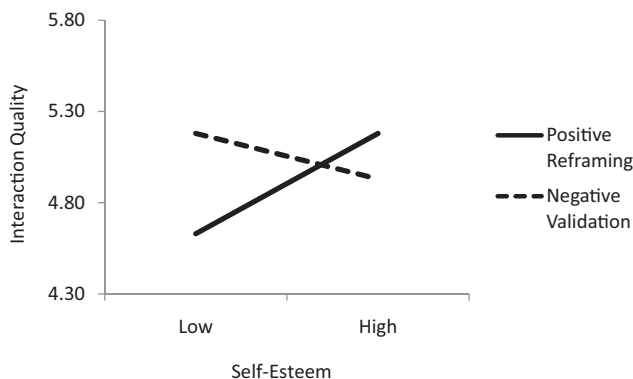


Figure 3. Confederates' perception of how well the interaction went as a function of condition and recipient self-esteem: Study 2.

ulated. Study 3 was an online dyad study in which we could assess both recipient and provider reports of receiving/providing positive reframing and negative validation in the past month. We tested our hypothesis that recipients who were LSEs would rate their support experience as more responsive to the extent that they received negative validation, as opposed to positive reframing, based on provider reports of their actual behavior. This study thus moves beyond hypothetical situations and individual perceptions of support to examine reactions in a dyadic context.

The second goal was to investigate providers' knowledge of their friends' support preferences. How accurate are providers in their beliefs about the kind of support that is helpful to their friends? We gathered data on providers' beliefs of helpfulness and recipients' perceptions of helpfulness for positive reframing, negative validation, and distraction (defined as trying to divert the recipient's focus from the negative event altogether). It is important to understand what may limit providers' ability to actually be responsive. Successful support may depend both on their knowledge, which we investigate in both Study 3 and Study 4, as well as their willingness, which we address more specifically in Studies 4 and 5.

Method

Participants and procedure. One hundred and nineteen friendship pairs completed an online survey about "personality and social support." One member of each pair was recruited from the undergraduate subject pool and received course credit for participating. The friend he or she nominated to participate received a \$10 gift certificate to amazon.ca for completing the study.³ Participants' average age was 21, and their friendships averaged about 5 years. There were 66 men, 164 women, and 8 who declined to report gender.

Materials. After signing up for the study, subject pool participants provided initials and an e-mail address for both themselves and a friend. One member of each friendship pair was randomly assigned to receive the recipient questionnaire, and the other received the provider questionnaire. Both participants completed the Rosenberg Self-Esteem Scale, as in previous studies (though we were interested only in the influence of recipient self-esteem on support outcomes), as well as some demographic items. Both friends also rated the quality of their friendships on the same 12-item scale as in Study 1.

Measures of interest specific to recipients.

Perceptions of social support availability. Recipients completed the 24-item Social Provisions Scale (Cutrona & Russell, 1987) to assess general perceptions of support availability. The instructions requested that participants indicate the extent to which each statement described their current relationships with other people (e.g., family members, friends, coworkers). Items were rated on a scale of 1 (*strongly disagree*) to 7 (*strongly agree*) and had an α of .92.⁴

Received social support. Participants then completed two sets of questions specific to the friend who was completing the study with them. The first set asked participants to think about how their friend "typically responds when you tell them about something bad that has happened to you." They indicated how often their friend did each of 25 support strategies on a scale of 1 (*never occurred/not true of my friend*) to 7 (*occurred all the time/very true of my*

friend) over the past few months. Of primary interest were the items relating to negative validation (seven items, $\alpha = .81$; e.g., "He/she told me that it's okay to feel the way I do," "He/she listened to me for as long as I wanted to talk"), positive reframing (six items, $\alpha = .79$; e.g., "He/she tried to cheer me up," "He/she pointed out that my problems are not as big as they seem"), and perceived responsiveness (four items, $\alpha = .92$; e.g., "He/she understood me," "He/she made me feel cared for").⁵

Hypothetical social support. The next set of questions asked participants to imagine two hypothetical scenarios (regarding a poor midterm grade and failed relationship, as in Study 1) and rate 16 support strategies in terms of how much they would benefit from each if provided by their friend (1 = *not at all* to 7 = *extremely*). Responses for the two scenarios were combined, and three subscales were created. One represented the extent to which recipients believed they would benefit from negative validation (seven items per scenario, $\alpha = .93$; e.g., "How much would you benefit if your friend tried to . . . tell you it's okay to feel the way you do?" ". . . listen to you for as long as you wanted to talk?"). Another subscale indexed the extent to which recipients believed they would benefit from positive reframing (seven items per scenario, $\alpha = .89$; e.g., "How much would you benefit if your friend tried . . . to cheer you up?" ". . . to make you realize that your problems are not as big as they seem?"). The third subscale indexed the extent to which recipients believed they would benefit from being distracted from the problem at hand (two items, $\alpha = .79$; "How much would you benefit if your friend tried . . . to distract you from your situation?" ". . . to do something fun with you?").

Measures of interest specific to providers.

Given social support. Providers completed materials that were complementary to those for their recipient friends. For one, they were asked to think about how they "typically respond when your friend tells you about something bad that has happened to them." They indicated how often they did each of 25 support strategies on a scale of 1 (*never occurred/not true of me*) to 7 (*occurred all the time/very true of me*) in the past few months. Subscales comparable to those for recipients were created, including negative validation ($\alpha = .74$), positive reframing ($\alpha = .75$), and responsiveness ($\alpha = .87$).

Hypothetical social support. Providers were then asked to imagine the hypothetical scenarios happening to their friend and to record how much they thought their friend would benefit if they provided negative validation ($\alpha = .85$), positive reframing ($\alpha = .88$), and distraction ($\alpha = .86$).

³ Two hundred ten participants from the undergraduate pool completed the study. In many cases the friend they nominated declined to participate, and sometimes the friend completed the survey but the subject pool recruit did not. We were left with 119 matched pairs, and only their data was analyzed.

⁴ Six subscales, with four items each, can be formed from this 24-item scale. These scales were all highly correlated with each other and with self-esteem, so we combined all items into one general measure of social support availability.

⁵ There were also items relating to amount of instrumental support (three items), emotional support (three items), and distraction (two items). These items were included to cover a broad range of support strategies in order to bolster the cover story, but they were not of interest in the analyses.

Perceived self-esteem of recipients. Providers were also asked to rate their friend's self-esteem by completing the 10-item Rosenberg Self-Esteem Scale from their friend's perspective ($\alpha = .89$; e.g., "My friend feels that he/she has a number of good qualities"; "My friend takes a positive attitude toward him/herself").

Results

Did providers accurately guess their friends' level of self-esteem? There was a modest correlation between recipients' self-reported self-esteem and providers' rating of recipients' self-esteem, $r(119) = .26$, $p = .005$, suggesting a small degree of accuracy. Providers' own self-esteem was also correlated with providers' rating of recipients' self-esteem, $r(119) = .34$, $p < .001$, but not with recipients' self-reported self-esteem, $r(119) = .06$, ns . Thus, providers engaged in some projection of their own self-esteem when they rated their friends' self-esteem.

Self-esteem was highly correlated with the Social Provisions Scale, $r(119) = .64$, $p < .001$, indicating that LSEs generally believed that less social support was available to them than did HSEs.

Recipient self-esteem predicted recipient's own friendship quality, $r(119) = .43$, $p < .001$, but not providers' friendship quality, $r(119) = .17$, ns . Provider and recipients' friendship quality was also correlated, $r(119) = .30$, $p = .001$.

Actual reports of support given/received. Recipient reports of social support received in the past few months were significantly correlated with providers' reports of social support provided, on each of the four subscales (correlations ranging from .23 to .38; see Table 3). Note that high recipient self-esteem was associated with higher recipient reports of validation and responsiveness but had no associations with provider reports (i.e., self-esteem influenced the kind of support recipients thought they received but not the kind of support their friends thought they provided). Note also that responsiveness was significantly associated with reports of negative validation but not with positive reframing (i.e., both recipients and providers believed that more negative validation, but not more positive reframing, was more responsive).

One of our main questions was, does the report of negative validation or positive reframing received/given predict recipient's perceived responsiveness of support differently as a function of recipient self-esteem? To answer this question, we conducted a series of regressions using recipient self-esteem (centered), report of support received or given (centered), and the interaction be-

tween the two to predict recipient's perception of responsiveness. This resulted in four regressions with four different variables used as the second predictor (report of support): (a) recipients' report of negative validation received; (b) recipients' report of positive reframing received; (c) providers' report of negative validation provided; and (d) providers' report of positive reframing provided.

For regression a, there was a main effect of self-esteem, $\beta = .19$, $t(112) = 2.76$, $p = .007$, and of recipient's report of negative validation, $\beta = .59$, $t(112) = 8.74$, $p < .001$, qualified by an interaction between the two, $\beta = -.20$, $t(112) = -3.09$, $p = .003$ (see Figure 5). Simple effects analyses showed that recipients who reported high levels of validation from their friends perceived equally responsive support regardless of self-esteem ($\beta = .02$, ns). However, among recipients who reported low levels of validation, LSEs perceived significantly less responsiveness than did HSEs, $\beta = .36$, $t(112) = 4.67$, $p < .001$. The effect of validation was significant among both LSEs, $\beta = .75$, $t(112) = 9.20$, $p < .001$, and HSEs, $\beta = .42$, $t(112) = 4.62$, $p < .001$.

For regression d, there was a main effect of recipient self-esteem, $\beta = .40$, $t(112) = 4.65$, $p < .001$, that was qualified by an interaction between self-esteem and provider's report of positive reframing, $\beta = .18$, $t(112) = 2.07$, $p = .041$ (see Figure 6). Simple effects analyses showed that for recipients who were HSEs, providers' reports of positive reframing had no effect on their perceived responsiveness, $\beta = .14$, $t(112) = 1.15$, ns . For recipients who were LSEs, providers' report of positive reframing negatively affected their perceived responsiveness, $\beta = -.17$, $t(112) = -1.67$, $p = .098$. That is, LSEs reported (marginally) lower responsiveness to the extent that providers reported giving them more positive reframing support. The effect of self-esteem was significant at high provider reframing, $\beta = .55$, $t(112) = 5.49$, $p < .001$, and marginal at low provider reframing, $\beta = .25$, $t(112) = 1.96$, $p = .053$.

The remaining two regressions yielded only main effects, which are already represented as correlations in Table 3.

Hypothetical reports of support perceived to be beneficial. As shown in Table 4, higher recipient self-esteem was associated with higher expected benefit from positive reframing and distraction according to recipients but not providers. There were no associations between recipients' and providers' reports of the helpfulness of negative validation or positive reframing. Thus, there appears to be little match in terms of what recipients think is helpful to them and what providers think is helpful to recipients.

Another goal in the study was to determine whether providers were more or less accurate about the desired social support of low

Table 3

Means, Standard Deviations, and Correlations Between Recipient and Provider Reports of Support Given in Past Month, Study 3

Variable	1	2	3	4	5	6	7
1. Self-esteem (RR-a), $M = 5.18$, $SD = 1.19$	—	.32**	.22*	.44**	-.001	.02	.04
2. Validation (RR-a), $M = 5.28$, $SD = 1.03$		—	.15	.68**	.23*	.02	.20*
3. Positive reframing (RR-a), $M = 4.51$, $SD = 1.28$			—	.17	.04	.38**	.16
4. Responsiveness (RR-a), $M = 5.94$, $SD = 1.14$				—	.26**	-.04	.26**
5. Validation (PR-a), $M = 5.29$, $SD = 0.90$					—	.09	.52**
6. Positive reframing (PR-a), $M = 4.36$, $SD = 1.14$						—	.17
7. Responsiveness (PR-a), $M = 5.87$, $SD = 0.97$							—

Note. $N = 118$. RR-a = recipient report minus actual; PR-a = provider report minus actual.

* $p < .05$. ** $p < .01$.

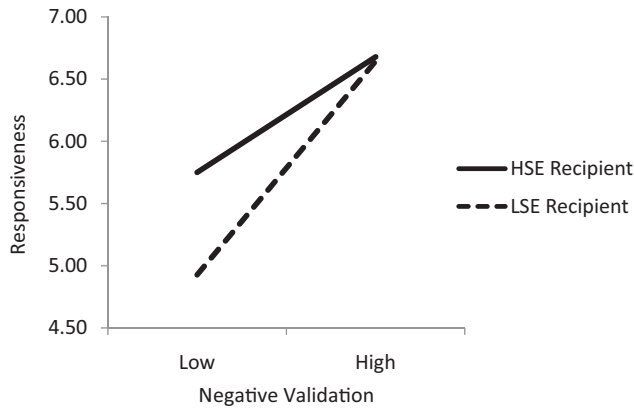


Figure 5. Recipients' rating of responsiveness of support as a function of recipient self-esteem and recipients' report of receiving negative validation (low or high): Study 3. HSE = high self-esteem; LSE = low self-esteem.

versus high self-esteem friends. To answer this question we computed difference scores by subtracting recipient's desired support (validation, positive reframing, or distraction) from the corresponding index of providers' believed benefit of support for the recipient. We then took the absolute value of these scores and ran a correlation with recipient self-esteem. All three difference scores were negatively associated with self-esteem: $r(116) = -.19, p = .043$ for negative validation; $r(116) = -.16, p = .081$ for positive reframing; and $r(116) = -.23, p = .013$, for distraction. These findings suggest that providers were generally less accurate about the helpfulness of all three support strategies for recipient LSEs than for recipient HSEs.

Discussion

Obtaining complementary data from both members of a friendship dyad allowed us further insights. Recall we had two main goals in Study 3. The first was to provide further evidence that LSEs perceive positive reframing support to be less responsive than do HSEs and to be less responsive than LSEs perceive negative validation support. Indeed, our results showed that LSEs tended to report lower responsiveness to the extent that providers reported giving them positive reframing support. For recipients who were HSEs, providers' reports of positive reframing had no effect on their perceived responsiveness. LSEs were particularly sensitive to receiving low levels of negative validation as well. All recipients reported lower responsiveness to the extent that they perceived less validation from their friends, but this drop was especially steep for LSEs; in fact, the effect of recipient self-esteem on perceived responsiveness was significant only among recipients who perceived low levels of validation. Recipients who reported high levels of validation from their friends perceived equally responsive support regardless of self-esteem.

One question stemming from these findings is why the recipients' perceived responsiveness was predicted by recipient self-esteem in combination with recipients' (but not providers') report of negative validation and providers' (but not recipients') report of positive reframing. One possibility is that negative validation is more in the heads of recipients—it is the extent to which one feels that one's negativity was heard and accepted—whereas positive

reframing is more indicative of the provider's goal. Recipients may not be fully aware of the extent to which providers were actively trying to cheer them up, though they were certainly affected by it. This interpretation is highly speculative, however, and further research is required.

The second goal in Study 3 was to determine whether providers know what kind of support is helpful to their friends. Comparing recipients' reports of what support strategies they find helpful to providers' reports of what support strategies they believe to be helpful suggested limited accuracy, particularly for recipients who were LSEs. There were no associations between recipients' and providers' reports of the helpfulness of negative validation or positive reframing. Higher recipient self-esteem was associated with higher expected benefit from positive reframing according to recipients but not providers.

Consistent with past research (Lakey & Cassady, 1990; Sarason et al., 1990; Vinokur et al., 1987), LSEs generally believed that less social support was available to them than did HSEs. There is likely an element of bias here, in that LSEs tend to underestimate the extent to which relationship partners care about them (Baumeister, Campbell, Krueger, & Vohs, 2003; Murray, Holmes, & Collins, 2006), but our findings suggest there is an element of truth as well. Providers seem to have more trouble accurately intuiting the support needs of their LSE friends, making it more difficult to provide responsive support.

The correlational nature of this study limits our interpretation of the findings. However, the results are consistent with the five experimental studies—two of which manipulate positive reframing and negative validation support—reported in this paper.

One thing that may limit providers' understanding of what is responsive support is their difficulty in correctly estimating their friends' level of self-esteem (recall there was a fairly modest correlation of .26 between recipients' self-reported self-esteem and providers' rating of recipients' self-esteem). In Study 4, we asked participants to think about a prototypical high or low self-esteem friend to determine beliefs about the benefit of positive reframing and negative validation in low versus high self-esteem individuals and their intentions to provide corresponding support.

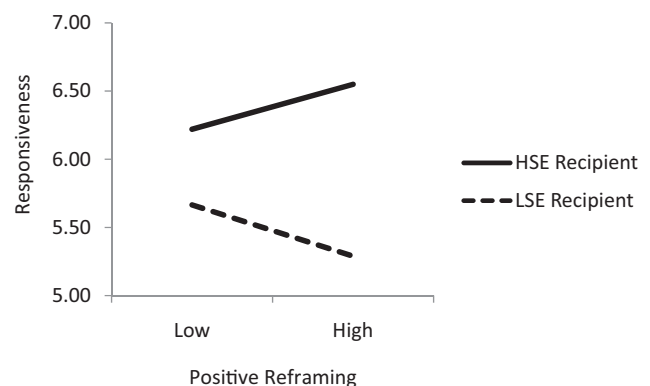


Figure 6. Recipients' rating of responsiveness of support as a function of recipient self-esteem and providers' report of giving positive reframing support (low or high): Study 3. HSE = high self-esteem; LSE = low self-esteem.

Table 4
Means, Standard Deviations, and Correlations Between Recipient and Provider Reports of
Support Believed to Be Helpful in Hypothetical Scenarios, Study 3

Variable	1	2	3	4	5	6	7
1. Self-esteem (RR), $M = 5.15$, $SD = 1.22$	—	.16	.28**	.20*	-.14	.03	.03
2. Validation (RR-h), $M = 5.28$, $SD = 1.09$		—	.40**	.52**	.14	-.01	.14
3. Positive reframing (RR-h), $M = 4.59$, $SD = 1.15$			—	.51**	.09	.16	.08
4. Distraction (RR-h), $M = 5.41$, $SD = 1.26$				—	.21*	.10	.24**
5. Validation (PR-h), $M = 5.28$, $SD = 0.80$					—	.13	.33**
6. Positive reframing (PR-h), $M = 4.36$, $SD = 1.06$						—	.48**
7. Distraction (PR-h), $M = 5.40$, $SD = 1.11$							—

Note. $N = 119$. RR = recipient report; RR-h = recipient report, hypothetical; PR-h = provider report, hypothetical.

* $p < .05$. ** $p < .01$.

Study 4

Findings from Studies 1–3 supported our contention that positive reframing is not the most responsive support strategy for LSEs. Study 3 also showed that providers may be limited in their ability to be responsive by their inaccuracy about their friends' self-esteem and specific support preferences. We suspected that if focused on exemplars of high or low self-esteem individuals, providers may demonstrate better understanding of how support preferences differ according to the self-esteem of the recipient. However, even when armed with accurate knowledge, providers might not be willing to adapt their support strategy to low versus high self-esteem recipients. They may find LSEs' expressions of negativity to be out of proportion to the eliciting event, repetitive, and frustrating, and thus they may be inclined to provide positive reframing even if they do not expect it to be received eagerly.

In Study 4 we examined whether providers can distinguish what kind of support is helpful for low versus high self-esteem friends and whether they would act in accordance with that knowledge. In these studies, hypothetical scenarios particularly suited our hypotheses: that providers believe LSEs do not benefit from positive reframing as much as HSEs but are no less likely to intend to provide such support.

Method

Participants and procedure. Three hundred ninety-eight undergraduate students participated in an online study about social support for course credit. The sample included 78 men, 313 women, and 7 who declined to report gender. Mean age was 20.2 years.⁶

Hypothetical scenarios. Participants were instructed to envision a number of scenarios that a friend might experience and then discuss with them. The scenarios involved the friend doing poorly on a midterm, being rejected by their romantic partner, and having a generally bad day, as in Study 1.

Manipulation. Participants in the high self-esteem (HSE) friend condition ($N = 200$) were told to "think of a friend that you have who has high self-esteem. That is, someone who seems confident and secure and holds a positive opinion of him/herself." Participants in the low self-esteem (LSE) condition ($N = 198$) were told to "think of a friend who you believe to have low self-esteem. That is, think of a person that you know who seems to

doubt him/herself often, seems insecure at times, and holds a somewhat negative opinion of him/herself."

Participants were also randomly assigned to a second manipulation regarding how the support provision questions were framed. Participants in the *helpful* condition ($N = 196$) were asked to rate "how helpful you think it would be if you did the following things in this situation" (indicating their beliefs). Participants in the *likely* condition ($N = 202$) were asked to rate "the extent to which you are likely to do each of the following things in this situation" (indicating their intentions). These manipulations yielded a 2×2 between-subject design. There were 91 in the LSE/likely condition, 107 in the LSE/helpful condition, 105 in the HSE/likely condition, and 95 in the HSE/helpful condition.

Support provision. For each scenario, participants rated the extent to which they believed their friend (who was either low or high in self-esteem) would benefit if they enacted 16 different support behaviors (same as the hypothetical section of Study 3). The equivalent subscales for the two scenarios related to personal failure (school and romantic relationship issues) were highly correlated and so were averaged together, and the indices for the bad day scenario were analyzed separately, as in Study 1. Three subscales were created, as in Study 3: negative validation (seven items, $\alpha = .85$ for personal failures and .78 for bad day); positive reframing (seven items, $\alpha = .87$ for personal failures and .78 for bad day); and distraction (two items, $\alpha = .77$ for personal failures and .62 for bad day).

Results

Analyses of variance (ANOVAs) were conducted with all 6 subscales used as dependent variables. Means are reported in Table 5, and correlations between variables are reported in Table 6.

For the personal failures, there was a main effect of question framing on use of positive reframing, $F(1, 394) = 80.85$, $p < .001$, which was qualified by an interaction with friend self-esteem, $F(1, 394) = 6.01$, $p = .015$. As shown in Figure 7, participants reported that positive reframing would be less helpful to LSE friends than to HSE friends, $F(1, 394) = 5.71$, $p = .025$, but they reported

⁶ Participants completed a measure of trait self-esteem to prime them with the content of self-esteem before considering their friend's level of self-esteem. This variable was not used in analyses.

being equally likely to positively reframe both LSE and HSE friends, $F(1, 394) = 1.18, ns$.

There were main effects only on the two other personal failure dependent variables. There was a marginal main effect of friend self-esteem, $F(1, 394) = 3.69, p = .055$, on use of negative validation: Participants rated this higher for HSE friends than for LSE friends, regardless of question framing. Second, there was a main effect of question framing, $F(1, 394) = 6.92, p = .009$, on use of distraction as a support strategy. Participants reported this to be more likely than to be helpful, regardless of recipient self-esteem.

For the bad day scenario, there was a main effect of question framing on participants' use of positive reframing, $F(1, 393) = 9.94, p = .002$. Participants reported positive reframing to be more likely than helpful, regardless of their friend's level of self-esteem. No other effects on this or the other two dependent variables reached significance.

Discussion

We expected that support providers would recognize that validating negative feelings would equally benefit low and high self-esteem friends but that LSEs would benefit less than HSEs from positive reframing, especially for personal failures. Results supported these hypotheses. Of importance, although providers believed that positive reframing was less helpful to LSEs than to HSEs, they were no less likely to report that they would provide it.

We were unsure of how providers would view the distraction strategy, because recipients may recognize this as well-intentioned regardless of whether they find it helpful and as such not give clear feedback to providers about its usefulness. The data indicated that providers did not distinguish between LSE and HSE friends for this strategy.

After we had documented LSEs' resistance to positive reframing support (Studies 1, 2, and 3) and shown that providers recognize this resistance at some level yet do not intend to change their actions accordingly (Study 4), the next step was to investigate these processes in a real support interaction between friends. In Study 5 we examined LSEs' resistance to positive reframing, providers' actual likelihood of providing positive reframing (and negative validation) to low and high self-esteem individuals differentially, and the consequences for providers of offering relatively nonresponsive support.

Table 6

Correlations Between Variables in Study 4

Variable	1	2	3	4	5	6
1. Validate (PF)	—	.17**	.28**	.57**	.20**	.25**
2. Positively reframe (PF)		—	.38**	.19**	.52**	.07
3. Distract (PF)			—	.20**	.26**	.30**
4. Validate (BD)				—	.09	.20**
5. Positively reframe (BD)					—	.33**
6. Distract (BD)						—

Note. $N = 398$. PF = personal failure scenario; BD = bad day scenario.
** $p < .01$.

Study 5

In Study 5, one member of a friendship dyad discussed a success or failure experience while the other member provided support in a face-to-face interaction. This paradigm enabled us to investigate three main questions:

1. What kind of support do providers typically give to low and high self-esteem friends? We hypothesized that, although LSEs prefer a different kind of support than do HSEs (Studies 1–3) and providers have some understanding of this (Study 4), with the subtle pressures of a real interaction providers may be less likely to offer negative validation to LSEs and more likely to downplay or positively reframe their negative feelings. If the thoughts that LSEs express about their failures seem blown out of proportion with the event or attributed to overly internal and stable causes, it may be hard for providers to avoid trying to address those “errors” in thinking. Further, providers may resist allowing LSEs' negative thoughts and feelings to pervade the conversation—even though that may be what the LSEs want—in a misguided effort to reassure LSEs.

2. How do LSEs respond to positive reframing support in an interaction with a friend? We hypothesized that they would indicate lower acceptance of the provider's assertions and reassurances verbally but that they would not do so behaviorally by disengaging from the conversation as they did in Study 2. They may not disengage from an interaction with a friend who provides nonresponsive support as they do with a stranger (Study 2) because they are more invested in the relationship.

3. How do providers feel when their support offering is not readily accepted by the recipient? We hypothesized that providers' perceptions of an unsuccessful interaction will have a pervasive

Table 5

Means and Standard Deviations of Variables in Study 4

Variable	LSE/likely	LSE/helpful	HSE/likely	HSE/helpful
Validate (PF), $M = 4.83, SD = 0.93$	4.76 _a	4.73 _a	4.98 _a	4.96 _a
Positively reframe (PF), $M = 4.27, SD = 1.10$	4.81 _a	3.67 _b	4.66 _a	4.00 _c
Distract (PF), $M = 5.17, SD = 1.22$	5.39 _a	4.96 _b	5.29 _a	5.08 _b
Validate (BD), $M = 4.43, SD = 1.10$	4.34 _a	4.32 _a	4.57 _a	4.49 _a
Positively reframe (BD), $M = 4.70, SD = 1.03$	4.85 _a	4.41 _b	4.92 _a	4.65 _b
Distract (BD), $M = 4.79, SD = 1.44$	4.65 _a	4.85 _a	4.71 _a	4.95 _a

Note. $N = 398$. In each row, values with different subscripts are significantly different at $p < .05$. LSE = individual with low self-esteem; HSE = individual with high self-esteem; PF = personal failures scenarios; BD = bad day scenario.

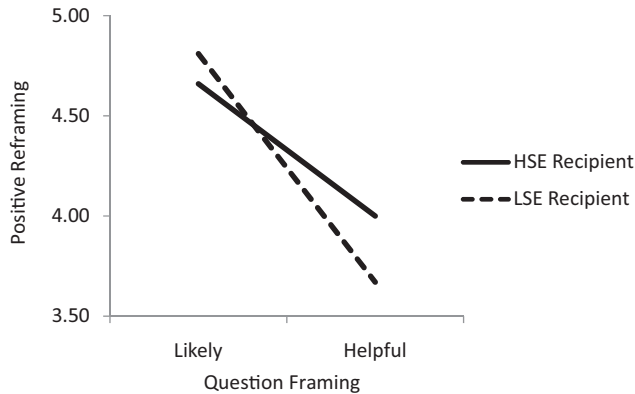


Figure 7. Participants' intention to positively reframe their friend's negative experience as a function of question framing and friend self-esteem: Study 4. HSE = high self-esteem; LSE = low self-esteem.

negative influence on their feelings about themselves, about the interaction, and about their relationship with their friend more generally. We also looked at whether supporting an LSE friend could be depleting. In other research, participants who interacted with a confederate who was trained to respond pessimistically to the participants' suggestions for improving his or her difficult situation exhibited depleted resources on a subsequent task requiring self-control (compared to a condition in which the confederate was more receptive to suggestions; Finkel et al., 2006, Study 4).

We contrasted the failure-sharing condition with a success-sharing condition to demonstrate that interacting with LSEs is not always more difficult than interacting with HSEs. Self-report and behavioral coding measures were used to assess support providers' and recipients' thoughts, feelings, and behaviors during the interaction. We expected that supporting LSEs for failures would result in more negative outcomes than would supporting HSEs for failures or supporting LSEs for successes.

Method

Participants and procedure. Fifty-two pairs of friends (104 participants) signed up for a study on "sharing personal events with friends" in exchange for course credit (if they were in an eligible undergraduate psychology course) or for \$5 cash (if they were not psychology students). The support recipients included 7 men and 45 women, with a mean age of 19.2 years. The support providers included 11 men and 41 women, also with a mean age of 19.3 years.⁷ Length of friendship of the dyads ranged between 2 months and 18 years, with an average length of 3 years.

The experimenter gave each friendship pair a brief questionnaire to complete upon arriving at the lab. This questionnaire contained the self-esteem measure and a "life events" questionnaire, as in Study 2. Following this, the experimenter randomly distributed to each person one of two envelopes containing instructions for the interaction. The experimenter was unaware of which instructions each participant received. She then left the room and allowed the participants to have a discussion for up to 10 minutes.

Following the discussion period, the experimenter returned to give participants another package of questionnaires assessing their thoughts and feelings about the interaction, about themselves, and

about their friend. When both participants had completed these questions, they were thanked for their participation and fully debriefed.

Materials.

Trait self-esteem. Same as previous studies ($\alpha = .85$).

Life events questionnaire. All participants were asked to think of recent success and failure experiences as in Study 2. They wrote down in a sentence or two what each event was and indicated how long ago it had occurred. They were told that these should be events that the friend they brought with them was not directly involved in, although they may have discussed the event with that friend already. The majority of failures that recipients recalled were related to school (62%), and the next most common category was relationships (17%). The majority of successes recipients recalled were also related to school (29%), plus there were a significant number of successes related to work (23%) and winning awards (21%). Both successes and failures occurred, on average, 5 months earlier.

Manipulation. All participants were asked to recall one success and one failure experience, but only recipients (one randomly assigned member of each friend pair) were asked to share their experience. Recipients were randomly assigned to the success-sharing condition ($N = 26$) or the failure-sharing condition ($N = 26$). Recipients received the following instructions:

Please take a few minutes to tell your friend about the success [failure] experience you just recalled. Tell them the details surrounding the event, how it made you feel about yourself, and anything else you wish to share.

Providers received the following instructions:

You have been assigned to the support condition. Your friend has been assigned to share either the success or failure experience they just recalled. Your job is simply to listen, ask questions, and generally be supportive as you usually would with this friend.

Interaction ratings. All participants rated their interactions on several dimensions, on a scale ranging from 1 (*not at all*) to 7 (*extremely*). There were seven items evaluating how well they thought the interaction went (e.g., "How easy was it for you to talk to your friend?"; $\alpha = .73$). The same seven items assessed the meta-perceptions of how well they believed their friend thought the interaction went (e.g., "How easy do you think it was for your friend to talk to you?"; $\alpha = .85$). "How much did you think your friend enjoyed interacting with you?"; $\alpha = .85$).

Mood. Same as Study 2 ($\alpha = .89$ for positive affect and .80 for negative affect).

Perceived regard. Participants rated six statements, adapted from the Rosenberg Self-Esteem Scale, to assess how positively they believed their friends regarded them (e.g., "My friend feels that I have a number of good qualities," "All in all my friend is inclined to feel that I am a failure" [reversed]; $\alpha = .93$).

Relationship quality. Those who question their partner's caring for them tend to rate their relationships more negatively (Murray et al., 2006), and so we evaluated relationship quality.

⁷ Opposite-sex dyads were included if they indicated that they were not in a romantic relationship.

Fourteen items assessed how participants felt about their friendship generally by measuring felt security (e.g., "My friend accepts me unconditionally"), commitment (e.g., "I am very committed to my friendship"), and satisfaction (e.g., "I am extremely happy with my friendship"; $\alpha = .92$). Items were rated on a scale ranging from 1 (*not at all true*) to 7 (*completely true*).

Behavioral coding. Participants' interactions were videotaped and were watched by four sets of coders.⁸ Two sets focused on the recipients' behavior, and two sets focused on the providers' behavior.

Recipients. The following items were coded for the recipients, on a scale ranging from 1 (*not at all*) to 5 (*very much*): "To what extent did the recipient express positive thoughts/feelings about the event?" (four coders, ICC = .90) and "To what extent did the recipient express negative thoughts/feelings about the event?" (four coders, ICC = .92). Two more items, "How engaged were the recipients in the interaction?" (four coders, ICC = .74) and "How easy was it for recipients to discuss their event?" (four coders, ICC = .80), were combined into one recipient engagement index, as in Study 2 ($\alpha = .93$). Most central to the hypotheses was the question "How accepting was the recipient of the support offered?" (six coders, ICC = .66).

Providers. Two items were coded for providers (on a scale ranging from 1 = *not at all* to 5 = *extremely*): the extent to which the provider validated their friend's experience (e.g., "that sounds really difficult" for a failure or "you must have been excited about that" for a success) and the extent to which the provider downplayed or reframed the friend's experience (e.g., "that's not so bad, it could have been worse" for a failure or "weren't you worried you wouldn't do that well again" for a success). ICC = .74 for reframing, .59 for validation. The correlation between validation and reframing was $r(45) = -.13$, *ns*.

Providers were also coded on a 5-point scale for how depleted (i.e., tired, frustrated, exasperated) they appeared to be by the end of the event discussion (four coders, ICC = .76).⁹

Results

There were no self-esteem differences on what domain (school, relationships, etc.) the successes or failures were in, nor how recent they were. All dependent variables (self-report ratings and behavioral coding of both recipients and providers) were regressed on effect-coded condition (success-sharing vs. failure-sharing), centered self-esteem of recipient, and the condition \times SE interaction.¹⁰ First- and second-order effects were interpreted simultaneously. Predicted values for the self-report variables are given in Table 7, and those for the coded variables are given in Table 8. Correlations between self-reported variables are given in Table 9, and those for coded variables are given in Table 10.

Interaction ratings. The interactions went poorly for recipients who were LSEs and who described a failure. There was a significant effect of self-esteem, $\beta = .38$, $t(48) = 2.91$, $p = .005$, and a condition \times SE interaction, $\beta = -.26$, $t(48) = -1.99$, $p = .052$, on recipients' rating of how well they thought the interaction went (see Figure 8). Simple effects analyses showed that, in the failure condition, LSEs rated the interaction significantly less positively than did HSEs, $\beta = .63$, $t(48) = 3.81$, $p < .001$. Self-esteem had no effect in the success condition ($\beta = .12$, *ns*). As well, LSEs rated the interaction less positively when they were

Table 7

Predicted Values (Self-Report) for Success and Failure Conditions at Low and High Recipient Self-Esteem, Study 5

Self-esteem (SE) of recipient	Low SE		High SE	
	Success	Failure	Success	Failure
Recipient dependent variable				
Rating of interaction ($M = 5.77$, $SD = 0.62$)	5.72 _a	5.27 _b	5.88 _a	6.05 _a
Provider dependent variables				
Rating of interaction ($M = 5.94$, $SD = 0.57$)	6.14 _a	5.56 _b	5.82 _a	6.12 _a
Perception of recipient's rating of interaction ($M = 5.87$, $SD = 0.71$)	6.07 _a	5.24 _b	5.85 _a	6.12 _a
Perceived regard ($M = 6.28$, $SD = 0.65$)	6.51 _a	5.74 _b	6.21 _a	6.50 _a
Relationship quality ($M = 6.11$, $SD = 0.69$)	6.23 _a	5.57 _b	5.97 _a	6.47 _c
Positive affect ($M = 4.46$, $SD = 1.15$)	4.77 _a	3.80 _b	3.97 _a	5.02 _c

Note. Ratings were made on 7-point scales. In each row, values with different subscripts are significantly different at $p < .05$.

in the failure condition than when they were in the success condition, $\beta = .38$, $t(48) = 2.03$, $p = .048$. HSEs did not differ between conditions ($\beta = -.14$, *ns*). Note that this was the only recipient self-report variable on which there was a significant condition \times SE interaction, so the remaining recipient self-report ratings (mood, perceived regard, and relationship qualities) will not be discussed.

Turning now to providers' self-reports, there was a significant condition \times SE interaction, $\beta = -.39$, $t(48) = -2.91$, $p = .005$, on providers' ratings of how well they thought the interaction went. (See Figure 9; the effects on the remaining provider variables follow a very similar pattern, so this graph can be used to understand the rest of the information in Table 7.) Simple effects analyses again revealed the predicted pattern, which matched that of recipients; in the failure condition, providers of LSEs rated the interaction significantly less positively than did providers of HSEs, $\beta = .50$, $t(48) = 2.91$, $p = .005$. Self-esteem had no effect in the success condition ($\beta = -.28$, *ns*). As well, providers of LSEs rated the interaction less positively when they were in the failure condition than when they were in the success condition, $\beta = .51$, $t(48) = 2.63$, $p = .011$. Providers of HSEs did not differ between conditions ($\beta = -.28$, *ns*).

Providers accurately perceived that recipients experienced the interaction negatively when recipients were LSEs who described a failure. There was a significant condition \times SE interaction, $\beta = -.39$, $t(48) = -3.06$, $p = .004$, on providers' perceptions of

⁸ Due to technical problems, 7 of the videotapes were not available for coding.

⁹ There were some other items coded that were not affected by condition, so we do not report them in the main results. The additional items coded for providers were how well did the provider seem to know and understand the recipient (four coders, ICC = .65, no effects) and how responsive was the provider to the recipient's needs in the interaction (four coders, ICC = .74, no effects).

¹⁰ Provider's self-esteem was also measured, but it did not interact with condition and recipient's self-esteem to produce any significant effects.

Table 8

Predicted Values (Coded) for Success and Failure Conditions at Low and High Recipient Self-Esteem, Study 5

Self-esteem (SE) of recipient	Low SE		High SE	
	Success	Failure	Success	Failure
Recipient coded variables				
Positive expression ($M = 2.81, SD = 1.25$)	3.67 _a	1.75 _b	4.20 _a	1.70 _b
Negative expression ($M = 2.81, SD = 1.28$)	1.81 _a	3.85 _b	1.67 _a	3.87 _b
Acceptance ($M = 3.70, SD = 0.66$)	3.86 _a	3.42 _b	3.74 _a	3.86 _a
Provider coded variables				
Validation ($M = 3.00, SD = 0.82$)	3.02 _a	2.74 _a	2.67 _a	3.39 _b
Reframing ($M = 1.37, SD = 0.60$)	1.10 _a	1.95 _b	1.07 _a	1.47 _b
Depletion ($M = 1.45, SD = 0.58$)	1.27 _a	1.89 _b	1.59 _a	1.21 _a

Note. Ratings were made on 5-point scales. Simple effects test were conducted comparing differences between conditions at low self-esteem, differences between conditions at high self-esteem, and individuals with low self-esteem to individuals with high self-esteem within each condition, for each dependent variable. In each row, predicted scores for the cells that were compared that do not share subscripts differ at $p < .05$. Low and high self-esteem were calculated at 1 or -1 SD.

recipients' thoughts and behavior during the interaction. Simple effects analyses revealed that, in the failure condition, providers believed LSE friends rated the interaction significantly less positively than did HSE friends, $\beta = .63, t(48) = 3.79, p < .001$. Self-esteem had no effect in the success condition ($\beta = -.16, ns$). As well, providers of LSEs believed that LSEs rated the interaction less positively when they were in the failure condition than when they were in the success condition, $\beta = .59, t(48) = 3.14, p = .003$. Providers of HSEs did not differ between conditions ($\beta = -.20, ns$).

Mood. Participants who provided support to LSE/failure recipients not only thought that the interaction had gone poorly but also reported feeling less happy than did other participants. There was a significant condition \times SE interaction on providers' positive affect scores, $\beta = -.43, t(48) = -3.32, p = .002$. Simple effects analyses indicate that, in the failure condition, providers of LSEs reported lower positive mood than did providers of HSEs, $\beta = .53,$

Table 9

Correlations Between All Self-Reported Dependent Variables in Study 5

Variable	1	2	3	4	5	6
Recipient dependent variable						
1. Rating of interaction	—	.23	.38**	.31*	.35*	.04
Partner dependent variables						
2. Rating of interaction		—	.88**	.59**	.82**	.40**
3. Perception of recipient's rating of interaction			—	.58**	.80**	.45**
4. Perceived regard				—	.55**	.33**
5. Relationship quality					—	.37**
6. Positive affect						—

* $p < .05$. ** $p < .01$.

Table 10

Correlations Between All Coded Variables Reported in Study 5

Variable	1	2	3	4	5	6
Recipient coded variables						
1. Positive expression	—	-.87**	.23	-.03	-.48**	-.16
2. Negative expression		—	-.21	.02	.45**	.09
3. Accepting			—	.52**	-.16	-.34*
Partner coded variables						
4. Validation				—	-.13	-.58**
5. Reframing					—	.17
6. Depletion						—

* $p < .05$. ** $p < .01$.

$t(48) = 3.12, p = .003$. There was an opposite, though nonsignificant, trend in the success condition, $\beta = -.35, t(48) = -1.72, p = .093$. Among providers of LSEs, those in the failure condition reported lower positive mood than did those in the success condition, $\beta = .46, t(48) = 2.39, p = .021$. The opposite was true for providers of HSEs: Those in the failure condition reported higher positive mood than did those in the success condition, $\beta = -.43, t(48) = -2.36, p = .022$. There were no significant effects on the negative affect scale.

Perceived regard. Participants who tried to help LSE/failure recipients even felt that those recipients liked them less. Providers' perceived regard again showed a condition \times SE interaction, $\beta = -.41, t(48) = 3.17, p = .003$, such that, in the failure condition, providers of LSEs felt less positively regarded than did providers of HSEs, $\beta = .58, t(48) = 3.53, p < .001$. Self-esteem had no effect in the success condition ($\beta = -.23, ns$). Providers of LSEs felt less positively regarded when they were in the failure condition than when they were in the success condition, $\beta = .63, t(48) = 3.36, p = .002$, whereas providers of HSEs did not differ between conditions ($\beta = -.20, ns$).

Relationship quality. Consistent with the risk-regulation framework that predicts that feelings of rejection result in psychological withdrawal and distancing (Murray et al., 2006), the same effects emerged for providers' ratings of relationship quality: a condition \times SE interaction, $\beta = -.42, t(48) = -3.31, p = .002$, and a simple

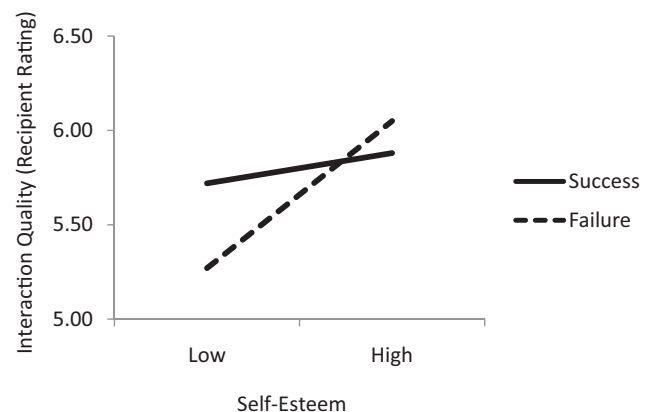


Figure 8. Recipient's rating of the interaction as a function of condition and recipient self-esteem (higher numbers = more positive ratings): Study 5.

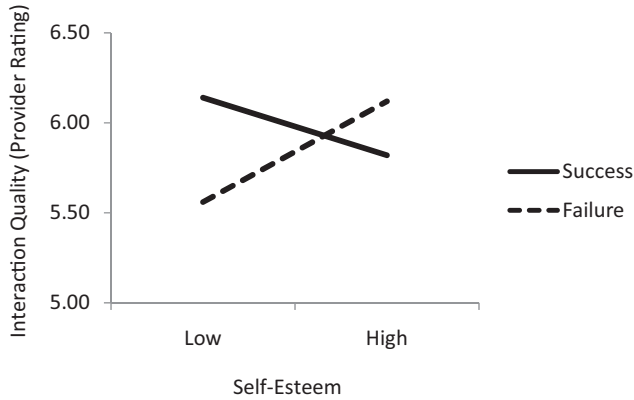


Figure 9. Provider's rating of the interaction as a function of condition and recipient self-esteem (higher numbers = more positive ratings): Study 5.

effect in the failure condition, such that providers of LSEs reported lower relationship quality than did providers of HSEs, $\beta = .65$, $t(48) = 3.97$, $p < .001$. There was no effect of self-esteem in the success condition ($\beta = -.19$, ns). Providers of LSEs also reported lower relationship quality in the failure condition than in the success condition, $\beta = .48$, $t(48) = 2.61$, $p = .012$. The opposite was true for providers of HSEs: Those in the failure condition reported higher relationship quality than did those in the success condition, $\beta = -.37$, $t(48) = -2.22$, $p = .039$.

Behavioral measures. Varied self-report measures indicate, then, that when participants tried to provide support to LSE friends who described a failure, the interactions went poorly, making both providers and recipients feel badly. What happened in these interactions? What did independent coders observe on the videotapes?

Recipients. There was a marginally significant interaction on coders' ratings of how accepting recipients were of the support offered to them, $\beta = -.27$, $t(42) = -1.87$, $p = .069$. As shown in Figure 10, LSEs were viewed as less accepting of support offered for failures than were HSEs, $\beta = .44$, $t(42) = 2.32$, $p = .025$, and LSEs were also viewed as less accepting of support for failures than for successes, $\beta = .42$, $t(42) = 2.04$, $p = .047$. No other simple effects reached significance ($ps > .50$). Of importance, further correlational analyses showed that recipients'

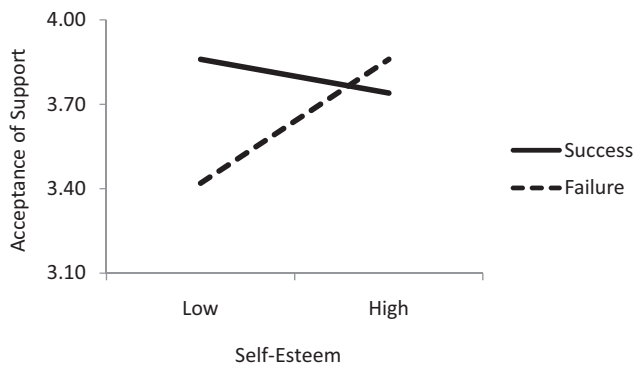


Figure 10. Observers' coding of the extent to which recipients accepted providers' support as a function of condition and recipient self-esteem: Study 5.

acceptance of support (coded) was significantly associated with providers' perceived regard (self-reported), $r(46) = .37$, $p = .010$.

On the coders' ratings of the extent to which recipients expressed positive or negative thoughts and feelings about the event they described, there were only main effects of condition, $\beta = .89$, $t(42) = 12.64$, $p < .001$ for positives and $\beta = -.84$, $t(42) = -9.77$, $p < .001$ for negatives, such that recipients in the failure condition expressed less positive and more negative thoughts and feelings than did recipients in the success condition. There were no effects of self-esteem and no interaction.

Providers. First we examined coders' ratings of how much the providers validated the recipients' thoughts and feelings about the event. The condition \times SE interaction again emerged, $\beta = -.32$, $t(42) = 2.17$, $p = .036$. In the failure condition, providers were more validating of HSEs' statements than of LSEs' statements, $\beta = .42$, $t(42) = 2.21$, $p = .032$. There was no effect of self-esteem in the success condition ($\beta = -.22$, ns). Also, providers were more validating of HSEs' statements about their failures than about their successes, $\beta = -.45$, $t(42) = -2.20$, $p = .033$. There was no difference between conditions for LSEs ($\beta = .18$, ns).

Did providers try to positively reframe recipients' statements? This time, there was no condition \times SE interaction. Instead, only a main effect of condition emerged, $\beta = -.51$, $t(42) = -3.97$, $p < .001$, such that statements about failures ($M = 1.65$) were more likely to be reframed than were statements about success ($M = 1.09$). Correlational analyses shed light on what led providers to reframe recipients. In particular, the more negatively recipients described their experience, the more providers tried to reframe their statements, $r(46) = .45$, $p = .002$.

Although Study 1 showed that LSEs wanted negative validation as much as HSEs did, this study suggests that they were less likely to get it than HSEs. Correlational analyses also suggest what led recipients to accept the providers' support. The more providers validated recipients' thoughts and feelings, the more recipients accepted support, $r(45) = .56$, $p < .001$. Providers who were coded as using positive reframing thought the interaction went more poorly, $r(46) = -.35$, $p = .016$.

There was also a significant interaction on the coding of how depleted providers appeared to be, $\beta = .44$, $t(42) = 3.18$, $p = .003$. Simple effects analysis showed a significant effect of self-esteem in the failure condition, $\beta = -.60$, $t(42) = -3.40$, $p = .001$, and

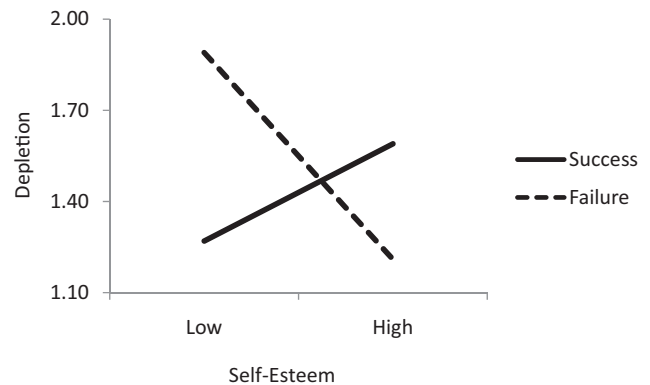


Figure 11. Observers' coding of providers' depletion as a function of condition and recipient self-esteem: Study 5.

a significant effect of condition at LSE, $\beta = -.54$, $t(42) = -2.78$, $p = .008$. As shown in Figure 11, providers who supported LSEs for failures were most depleted, more so than providers who supported LSEs for successes or providers who supported HSEs for failures. The effect of condition at HSE was marginal, $\beta = .33$, $t(42) = 1.71$, $p = .094$, and the effect of self-esteem in the success condition was not significant ($p > .19$). Provider's depletion was correlated both with provider's negative validation, $r(46) = -.58$, $p < .001$, and with recipient's acceptance of support, $r(46) = -.40$, $p = .005$. Thus, providers were more depleted to the extent that they offered less negative validation support and that recipients were less accepting of the support offered to them. Furthermore, the more providers were rated as depleted, the more they thought the interaction went poorly, $r(46) = -.37$, $p = .011$, as did the recipients, $r(46) = -.29$, $p = .053$.

Discussion

When LSEs shared a failure with their friends, they were less positive about the interaction, relative to other LSEs sharing a success and relative to HSEs sharing a failure. Their friends agreed: Providers who supported LSEs for failures were also less positive about the interaction. Coders who observed participants' behavior on videotape revealed what seems to have occurred in these interactions to make them go poorly. When LSEs disclosed a failure experience, their friends were less validating of their statements (relative to the other conditions), perhaps in an effort to avoid further upsetting them (Lemay & Dudley, 2011). Providers positively reframed LSEs' negative statements about their failures just as much as they did HSEs, despite the findings of Studies 1–3, which suggested that LSEs respond less well to positive reframing than HSEs do, and Study 4, which indicated that providers understand that LSEs do not prefer it. In turn, the recipients who were LSEs were less accepting of the support offered by their providers.

These results are consistent with the idea that LSEs' self-verification and mood regulation goals make them more receptive to validating statements than to nonvalidating statements. Providers, perhaps frustrated that their efforts to comfort their LSE/failure friends were rebuffed, subsequently reported more negative ratings of the interaction, lower positive mood, lower perceived regard, and lower ratings of the quality of their friendship. This difficult interaction also made them show signs of depletion.

Of interest, providers accurately perceived that the LSE recipients who shared failures would rate the interaction less positively, but those LSE recipients did not perceive that their providers would rate the interaction less positively. That is, only support providers, not recipients, demonstrated insight into how their partner would rate the interaction. Perhaps providers were more attuned to recipients because they were assigned to the caregiving role.

The effects in Study 5 were farther reaching for providers than for recipients. Although LSE recipients who shared failures also reported more negative interactions, there were no other downstream consequences for them (e.g., on mood, perceived regard, relationship quality) as there were for providers. Why might this have been so? One possibility is that recipients may recognize that the provider has altruistic intentions even when the support message is actually unhelpful (Dunkel-Schetter et al., 1992; Lehman &

Hemphill, 1990), and thus they may not take unsuccessful support interactions to heart. This explanation is also consistent with the results obtained in Study 1, in which LSEs rated positive reframing support as less self-verifying and responsive than negative validation but as no less well intended, as well as Study 2, in which LSEs who received positive reframing from a confederate responded more poorly in their behavior but did not evaluate the confederate less positively.

Another possibility is that the situation was more socially risky for providers, who felt they were being judged on how well they were doing in their support role and were thus more deeply affected by the progress of the interaction. Indeed, providers showed evidence of risk regulation processes (Murray et al., 2006); when feeling worse about themselves, they derogated their friendship. Recipients, in contrast, were in a less risky situation; the instructions mandated that the provider offer them support, so they had less reason to be concerned about negative evaluation.

Finally, it may be that the emotional impact of describing these past experiences was less than it would be in a context where people discuss either ongoing or very recent problems, and the wounds of failure are still fresh in their minds. If the emotional experience was more immediate and salient, support attempts might have had a more observable effect on recipients' moods and relationship evaluations as well. Our finding that LSEs seemed less receptive to positive reframing support even when their failures were more distant memories ($M = 4.6$ months ago) suggests that this phenomenon may be even more powerful than we observed here.

In summary, our explanation for these findings has three parts: When recipients discussed failures, providers were less likely to validate the negative thoughts and feelings expressed by LSEs; yet LSEs prefer validating support and so were less accepting of providers' more positively framed support; providers' support attempts were rejected, so they were frustrated and disappointed, and they ultimately took the unsuccessful interaction to heart. At least two other alternative explanations are possible, however. One possibility is that LSEs made the interaction unpleasant because they were afraid of being evaluated negatively when sharing a failure. Contrary to this possibility, however, there was no effect on recipients' ratings of the support provider's regard for them. Another alternative explanation is that LSEs shared worse failures than HSEs did, and this made the interaction more difficult and uncomfortable. However, there were no self-esteem differences on how negative recipients (or coders) believed their failures were, how recent they were, or in what domain (school, relationships, etc.) they occurred.

Study 4 demonstrated that people have some knowledge of which support strategies benefit LSEs versus HSEs. Why, then, did providers not put this knowledge to full use in Study 5? One possibility is that they were inaccurate about their friend's level of self-esteem. The correlations between self-reported self-esteem and friend's estimates was .26 in Study 3 (similar to the .20 correlation found by Vazire, 2010), which leaves enough inaccuracy to lead providers astray in their choice of support strategy. Another possibility is that abstract judgments about LSEs' preferred strategies may be less influential than the immediate and pressing urge to alleviate the distress of a friend in a face-to-face interaction. When the distress and negativity seem out of propor-

tion to the eliciting event in the providers' mind, it may be particularly difficult for the provider to hold back on using a positive reframing strategy.

One unexpected finding was that providers of HSEs reported more positive affect and higher relationship quality when HSEs shared failures compared to successes. We can think of two possible explanations: (a) friends felt especially good about being able to effectively support HSEs in difficult times, or (b) friends felt good seeing HSEs taken down a notch (the experience of *schadenfreude*; Smith, Powell, Combs, & Schurtz, 2009). Further research is needed to disentangle these possibilities.

Study 6

In Study 5 we showed that people who provided support to LSE friends who related a failure felt worse about the interaction, about themselves, and about their friendship than did people who provided support to LSE friends who related a success or to HSEs in either condition. As can be seen in Table 10, providers' ratings of how the interaction went were highly correlated with the more general variables of perceived regard and relationship quality. We speculate that these downstream consequences for the provider occurred as a result of having their support rebuffed, as noted by coders. In an effort to examine this speculation, we focused in Study 6 on the experience of having a friend reject or accept one's attempts to provide support. To do so, we returned to the hypothetical scenario paradigm.

All participants read the same three hypothetical scenarios and were asked to write a supportive message to a friend. We instructed half of the participants to reframe their friend's experience in a positive way and half to simply validate their friend's feelings. We also varied how successfully the participant's offering of support was received. We predicted that participants would feel worse about the interaction and about their friendship more generally when the support was not successful, regardless of what type of support they had offered.

Method

Participants and procedure. One hundred undergraduate students participated in an online study about social support in exchange for course credit. This sample included 26 men and 73 women (and one who declined to report gender), with a mean age of 20.9 years. Participants were asked to read three hypothetical scenarios that depicted a close friend experiencing a difficult event and soliciting support from the provider (the same scenarios as in Study 1).

Manipulation of support strategy. Participants were randomly assigned to provide one of two types of support. In the validation condition ($N = 52$), they were told that they should assure their friend they understand what he or she was going through and were then instructed to "write a few words briefly describing what you would say to your friend to make them feel like you understand what they are going through." In the reframing condition ($N = 48$), they were told that they should help ease their friend's distress and lighten his or her mood and were then instructed to "write a few words briefly describing what you would say to your friend to make them feel more positive about what they are going through." Writing their responses was intended to help immerse them in the scenarios.

Manipulation of success of interaction. After providing this support, participants were asked to imagine their close friend providing them with feedback on their support attempt. Those in the successful support condition ($N = 49$) were told to imagine that their friend thanked them for their feedback and suggested that he or she (the participant) had accurately identified what the friend was feeling and thinking about the situation. Those in the unsuccessful support condition ($N = 51$) were told that their friend recognized that what the participant said seemed reasonable, given the situation, but that it did not fit with how the friend was thinking and feeling about it, and that he or she (the participant) did not understand what the friend was going through. After this, participants rated the effectiveness of their support and a measure of their current friendship quality.

Materials.

Support ratings. Ratings on the following dependent variables were highly similar across scenarios, so these were combined into composite variables. All items were rated on a 1 (*not at all*) to 7 (*extremely*) scale.

Manipulation check. As a check of the successful/unsuccessful support manipulation, participants rated six items assessing their belief that the support experience was successful ($\alpha = .93$; e.g., "I think that the helping experience went smoothly," "I feel like I successfully helped my friend," "I was supportive to my friend").

Reaction to friend's response. Participants rated seven items for each scenario concerning how they felt about their friend's response to their support offering ($\alpha = .90$; e.g., "My friend's response was disappointing," "My friend's response made me feel irritated or annoyed," "My friend's response made me feel like I could have done better"). A single item assessed the degree to which their friend's response "makes me likely to try and help again in the future."

Own responsiveness. Finally, participants rated 11 items about their own responsiveness to their friend (adapted from Reis, Maniaci, Capriello, Eastwick, & Finkel, 2011; $\alpha = .93$; e.g., "During the experience, I think I . . ." "Really listened to my friend," "Valued my friend's abilities and opinions," "Was responsive to my friend's needs").

Friendship ratings.

Friendship quality. Next, participants were asked to rate the quality of the relationship with the friend they had in mind when envisioning the scenarios (same measure as Study 1; $\alpha = .95$).

Perceived regard. Another six items were combined to form a measure of perceived regard ($\alpha = .92$; e.g., "My friend feels that I am a person of worth, at least on an equal basis with others," "All in all my friend is inclined to feel that I am a failure" [reverse-coded]).

Results

All dependent variables were entered into separate 2 (support type: reframing vs. validation) \times 2 (support outcome: successful vs. unsuccessful) between-subjects ANOVAs. Means and standard deviations are reported in Table 11, and correlations between variables are reported in Table 12.

Support ratings. As predicted, there were main effects of support outcome on the measures of how successful the support experience was (manipulation check), $F(1, 96) = 205.36, p <$

.001), how participants felt about their friend's response to their support offering, $F(1, 96) = 197.37, p < .001$, and how responsive participants believed they were toward their friends, $F(1, 96) = 46.28, p < .001$. Compared to participants in the unsuccessful support condition, participants in the successful support condition believed that the experience went better, felt less negatively about the friend's response, and rated themselves as being more responsive to their friend.

For the question about the likelihood of offering future help, there was a main effect of support outcome, $F(1, 96) = 35.83, p < .001$, and an interaction of support outcome and support type offered, $F(1, 96) = 9.84, p = .002$. Participants were more likely to say they would offer help to that friend again in the future if their validation support was successful ($M = 6.15$) than if their validation support was unsuccessful ($M = 3.89$), $F(1, 50) = 52.47, p < .001$, or if their reframing support was successful ($M = 5.00$), $F(1, 47) = 10.67, p = .005$. Successful reframing yielded marginally higher likelihood ratings than unsuccessful reframing ($M = 4.29$), $F(1, 50) = 3.28, p = .08$.

Friendship ratings. There were main effects of support outcome on both friendship quality, $F(1, 95) = 9.68, p = .002$, and perceived regard, $F(1, 95) = 13.39, p < .001$. After imagining their support was successful, participants rated their friendships as being higher in quality and perceived higher regard from their friends.

Mediation. We conducted a bootstrap mediation analysis (1,000 samples; Preacher & Hayes, 2008) to examine whether participants' ratings of their own responsiveness mediated the effect of support success condition on ratings of friendship quality. The indirect effect of condition on friendship quality was significant (bias corrected confidence interval = .201, .555). We also tested this mediation model for ratings of perceived regard. The indirect effect of condition on participants' perceptions of how positively their friend viewed them, through views of their own responsiveness, was significant (bias corrected confidence interval = .087, .411).

Discussion

Study 6 confirmed that support providers felt worse about the interaction, about themselves, and about their friendship more

Table 12

Correlations Between Variables in Study 6

Variable	1	2	3	4	5	6
1. How well interaction went	—	-.80	.76	.63	.47	.40
2. How badly participants felt		—	-.63	-.56	-.35	-.35
3. Responsiveness to friend			—	.59	.55	.45
4. Likelihood of future helping				—	.39	.33
5. Friendship quality					—	.81
6. Perceived regard						—

Note. $N = 100$. All $ps < .01$.

generally when their imagined support offerings were not successful. Mediation analyses suggested that it was providers' decreased perception of their own responsiveness in the unsuccessful support condition that led to both lower perceived regard and decreased ratings of friendship quality.

Of note, as in Study 1, even a hypothetical support scenario outcome influenced people's broader perceptions of their relationship with the friend imagined in the scenario, whether from the perspective of support recipient (Study 1) or provider (Study 6).

General Discussion

Providing effective social support to a friend sharing a distressing experience can be challenging even if you are highly motivated to be a good caregiver. There are numerous aspects of the recipient's personality and of the situation that interact to influence the kind of support message that will be perceived by the recipient as most helpful and responsive. Although one can rarely go wrong with support strategies like expressing care and concern, or acknowledging the recipient's feelings and difficulty of the situation, many other strategies yield mixed outcomes. Focusing on the bright side of the negative event, minimizing the seriousness of the situation, and expressing confidence in the recipient's ability to improve the situation may be appreciated or may be perceived as insensitive and even harmful (Clark et al., 1998; Jones & Burleson, 1997; Lehman & Hemphill, 1990). In fact, Burleson (2003a) argued that "given the mixed outcomes associated with these emotional support strategies, helpers probably should avoid using them unless they are quite confident about their appropriateness in a particular situation" (p. 567). The present research illuminates one variable that influences preferred support strategies—the recipient's self-esteem—as well as documents the consequences for providers of an unsuccessful support interaction.

The results of six studies converge to show that supporting individuals with low self-esteem can be a difficult experience for both parties when support aims to positively reframe negative experiences. In contrast, when providers offer support that validates LSEs' negative thoughts and feelings (and supports their self-verification and mood regulation goals), such interactions appear to be more successful. Study 1 showed that LSEs found positive reframing to be significantly less self-verifying and responsive than negative validation, which mediated their lower evaluation of their friendship with the provider more generally. Study 2 showed that LSEs were less behaviorally engaged in a support interaction in which they received positive reframing than when they received negative validation from a confederate. Study 3 showed that LSEs believed they had received less responsive

Table 11

Means and Standard Deviations of Variables in Study 6

Variable	Accepted support condition	Rejected support condition
1. How well interaction went ($M = 4.74, SD = 1.59$)	6.05	3.47
2. How badly participants felt ($M = 3.06, SD = 1.47$)	1.84	4.23
3. Responsiveness to friend ($M = 5.08, SD = 1.10$)	5.72	4.47
4. Likelihood of future helping ($M = 4.84, SD = 1.50$)	5.58	4.09
5. Friendship quality ($M = 5.72, SD = 1.08$)	6.05	5.40
6. Perceived regard ($M = 6.04, SD = 1.11$)	6.44	5.66

Note. $N = 100$. For all main effects, $p < .01$.

support from a friend in recent months, to the extent that they reported receiving lower validation and to the extent that their friend reported providing more positive reframing. Providers' beliefs about what kind of support was helpful to their friend were low in accuracy, particularly for LSE friends. Study 4 showed that providers have some knowledge that trying to positively reframe LSEs' negative feelings about a failure or rejection experience would be less helpful than it would be for HSEs, yet they intended to provide positive reframing equally for both. Following this behavioral prediction, Study 5 showed that providers were indeed no less likely to offer positive reframing to LSE friends in a real interaction; in fact, they were less likely to negatively validate LSEs than HSEs who related a failure experience. Providers charged with the task of supporting an LSE friend for a failure reported that the interaction went more poorly and took this unsuccessful interaction to heart. Study 6 confirmed that the experience of having one's support offering rejected can directly influence not only one's perceptions about the support interaction but feelings about oneself and about the relationship more generally. These results demonstrate that LSEs are not always difficult to interact with. One's own treatment of them plays a large role.

Independent coding of providers' behavior in Study 5 showed that providers were also more depleted after trying to support an LSE friend who shared a failure. This conceptually replicates the Finkel et al. (2006) finding that participants exhibited evidence of depletion (decreased persistence on a handgrip task) after a support interaction with a relatively pessimistic and nonreceptive confederate. Although we do not have such a direct measure of depletion in the current studies, this finding seems important to follow up. When self-regulatory resources are depleted, providers may have trouble remaining patient with the recipient and inhibiting criticism. As well, if providers lose motivation (such as after repeated failed attempts), they may offer less support or less effective support in the future (Collins, Guichard, Ford, & Feeney, 2006).

Theoretical Implications

The present findings highlight the influence of mood regulation goals on interpersonal relationships. Most of the existing research has focused on the intrapersonal effects of regulating affective states, such as how long one's moods linger afterward (e.g., Wood et al., 2009). The present data, in contrast, indicate that pursuing mood regulation goals can alter relationships with close others. In these studies, frustrated attempts to provide LSEs with mood-enhancing social support led providers to make more negative evaluations of the interaction and of the relationship itself. If such interactions occur repeatedly, well-meaning but frustrated partners may give up and abandon LSE friends when they are most in need.

Our data also provide support for and novel insight into self-verification theory. Both recipients' and providers' interaction quality suffered when providers made support attempts that were incongruent with LSEs' self-views. This finding helps elucidate a seemingly paradoxical aspect of self-verification work; namely, that LSEs prefer to enter and maintain social relationships with those who verify their negative self-views (Swann, De La Ronde, & Hixon, 1994; Swann, Wenzlaff, Krull, & Pelham, 1992). That LSEs in our studies were more receptive to support that reinforced their negative disclosures suggests that LSEs may prefer self-verifying partners not only because they prefer to be viewed

negatively on a cognitive basis (or at least less positively than HSEs do). Rather, LSEs may also prefer self-verifying partners because they provide support for LSEs' mood regulation goals. In social support situations, self-verifying partners are more instrumental to LSEs' mood regulation goals because negative validation facilitates their apparent goal to maintain that emotional state, rather than to "snap out of it" too quickly (Wood et al., 2009). Because LSEs prefer to maintain rather than to repair their negative mood, at least at first, they may be particularly drawn to others who help them fulfill these regulatory objectives (Fitzsimons & Shah, 2008). Thus, LSEs may feel particularly "safe" with self-verifying partners not only because there is little risk of disappointing them but also because self-verifying partners facilitate their goals in the domain of mood regulation as well.

Additionally, one explanation put forth for why LSEs tend to be more intimate with self-verifying relationship partners (e.g., Swann et al., 1994) is that people tend to exit relationships with partners whose evaluations of them are more positive than their own (Swann, 2012). Although this is likely often the case, it may sometimes be the partners of LSEs who dissolve the relationship. That is, if support providers have positive evaluations and offer consolation that is consistent with these attitudes—that is, they positively reframe the LSE's negative disclosures—the distress they then experience may spur them to leave their partners despite holding otherwise favorable views of them. Thus, people not only may contribute directly to a self-verifying social reality but also may do so in oblique ways through their behavior during social support interactions.

Broadly, the present research adds to growing evidence that tailoring social support is critical in making it effective. Just as support that matches situational demands is highly beneficial (e.g., Cutrona et al., 1990, 2007; Sarason et al., 1990), support attempts that are adapted to recipients' personalities and goals may also enhance the quality and success of these interactions (Simpson, Winterheld, Rholes, & Orina, 2007; see also Veenstra et al., 2011). Furthermore, recipients' self-esteem is liable to influence how serious, difficult, or uncontrollable recipients perceive the stressful situation to be, so it should be accounted for in a model of matching support. Together, these findings suggest that it is important for providers to identify and understand what recipients desire and to alter support attempts accordingly. Tailoring social support may ensure high-quality and effective support interactions as well as more solid relationship bonds.

Other research has shown that acts of support intended to relieve recipients' distress may actually increase that distress. Both experiments and daily diary studies show that support is most effective when it is invisible to recipients; that is, when they do not notice or do not interpret their relationship partner's behavior as an act of support (Bolger & Amarel, 2007; Bolger et al., 2000; Gleason, Iida, Shrout, & Bolger, 2008). In fact, directly perceiving one's partner's behavior as a support attempt is sometimes associated with an increase in negative emotions (compared to perceiving no support). It is thought that visible support may communicate a sense of inefficacy to recipients (i.e., that they are in some way weak and unable to handle the stressful situation alone).

We suspect that another reason emotional support may have detrimental effects is that it may make some recipients feel invalidated if it is perceived as dismissing or trivializing the recipient's concerns (e.g., "Don't worry, you'll do fine in the job interview! I

know you're smart"). Although such a response is inherently positive and is intended to convey faith in the recipient's abilities, it may suggest to some (especially LSEs) that their anxiety about the upcoming event is unfounded and that their relationship partner does not truly understand or accept their feelings (Silver & Wortman, 1980). And in fact, visible support is beneficial to the extent that is perceived as responsive to the recipient's needs (Maisel & Gable, 2009).

At the same time, it may be difficult for providers to give the support that LSEs prefer. Validating LSEs' negative moods may be distressing because providers wish their friends to be happier and because they may "catch" the LSE's negative mood through mood contagion processes (Neumann & Strack, 2000). Over time, the cost of providing social support to a person with LSE may make people less likely to offer such support in times of need. Previous research has indicated that such costs tend to inhibit empathy and to motivate avoidance behavior (Shaw, Batson, & Todd, 1994). The ironic consequence of such processes is that LSEs' previously unwarranted beliefs about their relationship partners' responsiveness to negative self-disclosures may be confirmed if partners evade support situations. Thus, LSEs' mood regulation goals may contribute to the reciprocal link between their doubts about others' caring and their partners' eventual rejecting behavior.

Limitations and Future Directions

The present studies offer insight into one of the reasons that providing responsive social support can be so challenging, and they are among the first to document the far-ranging consequences for providers of an unsuccessful support interaction. Yet, there are many questions that remain unanswered. Social support preferences and behaviors are influenced by a myriad of personal and situational factors that interact in complex ways. Nonetheless, we believe the studies reported here make an important contribution to the literature and are worthy of further follow-up.

What counts as sensitive, effective support may differ as a function of demographic factors such as gender (Burleson, 2003b). The female role, which emphasizes nurturance and emotional expressiveness, makes it easier to both give and receive social support (Barbee et al., 1993). The number of men participating in the current studies was too small to meaningfully detect gender differences, but this is something to be explored in future studies.

Timing may also prove to be a significant factor (Jacobson, 1986). Offering the "right" support at the wrong time may undermine the effectiveness of providers' efforts (Neff & Karney, 2005; Rafaeli & Gleason, 2009). It remains to be seen whether LSEs may be more receptive to positive reframing after a certain period of time since the eliciting event has passed, or when they feel that their negative thoughts and feelings have already been sufficiently validated. Even within the span of a 10-minute interaction, needs may change as the recipient comes to feel understood, takes on a new perspective, develops a plan of action, and so on.

Although we know that LSEs report lower perceptions of the availability and responsiveness of social support generally (Lakey & Cassady, 1990; Marigold et al., 2013), we do not know for certain whether they actually receive less or, instead, lower quality support. Study 1 showed that LSEs and HSEs extracted different implications from the very same messages of support, so percep-

tion certainly plays a role. On the other hand, it is possible that because LSEs frequently express negativity, any individual negative disclosure will seem less diagnostic of true distress and thus elicit less responsiveness from their partners (Forest, Kille, Wood, & Holmes, 2013; Forest & Wood, 2012). Study 5 also supports the idea that the perception of less responsive support is not "all in their heads"; according to coders, LSEs in that study did in fact receive less negative validation for failures than did HSEs but no less positive reframing, despite the findings from Studies 1–3 that LSEs appreciated negative validation as much as HSEs but were less interested in receiving positive reframing. This is a preliminary study, however, and more work must be done to understand the experience of both LSEs and their support providers across a range of interactions. Future work will also delve further into understanding why providers may be reluctant to provide the kind of support that LSEs find responsive, even when they are aware of what this support looks like.

One might wonder whether, in the long run, it is healthy for LSEs to continually receive the kind of support that allows them to stay focused on their negative thoughts and feelings. Indeed, rumination may lead to worse mood and greater symptoms of depression (Nolen-Hoeksema & Morrow, 1993). However, thought suppression may also increase dysphoric affect and subsequently more rumination (Wenzlaff & Luxton, 2003). We propose that providers may do well to use negative validation in a way that facilitates mindful acceptance of their LSE friends' negative thoughts and feelings. Mindfulness-based approaches propose that it is the relation a person has with his or her current thoughts, and not the content of those thoughts, that is most critical for well-being (Segal, Williams, & Teasdale, 2002). In fact, LSEs who were high in mindful acceptance showed less severe depressive symptoms than did LSEs who were low in mindful acceptance (Michalak, Teismann, Heidenreich, Strohle, & Vocks, 2011). There is a vast literature on the use of mindfulness-based techniques by trained therapists; in future work we intend to examine the extent to which support providers may facilitate similar outcomes through use of negative validation support.

Practical Implications

Being able to provide responsive and effective social support is very desirable to relationship partners (Burleson, 2003a). Although providers must possess good interpersonal skills to facilitate a beneficial support interaction, we cannot underestimate the role of accurately appraising what is needed in a given situation by a particular support recipient (Dunkel-Schetter et al., 1992). One may not always be aware of the self-esteem level of one's interaction partner or some of the details surrounding the circumstance that also influence type of support preferred. However, we suggest that people can increase their effectiveness at providing support if they stay present and attuned to the receptivity of their partner. If your attempt to point out the silver lining in your friend's challenging employment situation is met with a sullen reminder of the prevailing dark cloud, you might do best to acknowledge the dark cloud and sympathize with the experience of working under it rather than point more emphatically to the silver lining.

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