When Support Provision Hurts: Examining Individual and Relational Risks of Supporting an Inconsolable Partner

by

Gelareh Karimiha

A thesis

presented to the University of Waterloo

in fulfilment of the

thesis requirement for the degree of

Doctor of Philosophy

in

Psychology

Waterloo, Ontario, Canada, 2012

Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

When romantic partners provide support to one another, their attempts are not always successful in relieving the distress of the support recipient. While unsuccessful support transactions are sometimes caused by insufficient skills on the caregiver's part, research has also shown that certain individuals struggle to feel better regardless of the quality of support that they receive. The overall goal of the present set of studies was to examine how individuals who are inconsolable *(*i.e., who typically do not feel better when they receive support) impact the self-esteem and relationship satisfaction of their romantic partners, as well as the likelihood that their romantic partners will continue to provide support to them in the future. Study 1 showed that individuals who perceived their romantic partners to be more inconsolable were less likely to be satisfied with their romantic relationships, particularly if they were male, or high in rejection sensitivity. These individuals were also less likely to report engaging in actual support behaviours toward their romantic partners, and in contrast to the finding pertaining to relationship satisfaction, this result was stronger among individuals *low* in rejection sensitivity. Study 2 showed that when individuals imagined themselves as the support provider in a vignette where the support recipient was inconsolable, they predicted that they would experience lower state self-esteem and romantic relationship satisfaction, and that they would be less likely to provide the partner with support in the future. Conversely, in Study 3 participants who recalled and wrote about a time in which their romantic partner was inconsolable did not predict providing their partners with less support in the future, however, they did report lower state self-esteem, and among individuals who were high in rejection sensitivity, lower relationship satisfaction. Overall, these findings suggest that inconsolable individuals negatively impact the self-esteem and romantic relationship satisfaction of their partners, particularly if their partners

are high in rejection sensitivity. Further, inconsolable individuals may also be at risk for receiving less support over time.

Acknowledgements

I would like to thank my wonderful supervisor Dr. Uzma Rehman. You have been a great source of guidance and support throughout my graduate career, and it has been an absolute pleasure working with you. Thank you for teaching me so much about the field of intimate relationships, and for always believing in, and encouraging me to fulfil, my potential as a researcher.

I would also like to thank my dissertation committee Dr. John Holmes and Dr. Joanne Wood. Thank you for all your help and guidance throughout the development and completion of my dissertation project. Further, I am grateful to Dr. Tara MacDonald, who provided me with valuable feedback on my dissertation proposal and on earlier versions of this draft.

Thank you to my family for always providing me with abundant love. Thank you for encouraging me to pursue my academic potential, and for supporting me at every step of the way. Last, but not least, thank you to my dear friends in Waterloo whose love and support helped shape my graduate career into a pleasant journey. In particular, I would like to thank Steve and Deb Tulloch for providing me with a loving “home away from home”; including literally hundreds of life-giving meals and conversations!

Table of Contents

List of Tables

List of Figures

Introduction

During times of need, romantic partners are frequently motivated to serve as a source of support for one another. For many, the drive to provide support is an instinctual response to witnessing the distress of a loved one, and serves as a catalyst for a range of supportive behaviours that aim to restore the distressed person's sense of security and well-being. These behaviours, as outlined by Collins, Guichard, Ford and Feeney (2006), may involve i) encouraging one's partner to communicate his or her thoughts and feelings, ii) expressing interest in, and validating one's partner's distress, iii) reassuring one's partner that he or she is worthy, loveable and valuable, iv) physical closeness, v) instrumental support , vi) expressing confidence in one's partners ability to handle challenges and vii) conveying one's availability and support if necessary.

Researchers have identified certain characteristics of caregivers that influence the effectiveness of the support that they provide. For example, in order to successfully relieve the distress of one's partner, caregivers must at minimum display sensitivity, by being attuned to the partner's verbal and non-verbal signals of distress. Further, caregivers must also display responsiveness, by engaging in supportive behaviours that make the distressed person feel validated and understood (Kunce & Shaver, 1994). Certainly, these are not straightforward skills, and to the extent that individuals vary in their abilities and resources for engaging in these behaviours, the effectiveness of their caregiving will also vary (Feeney & Collins, 2001).

In contrast to the focus on examining how a caregiver's characteristics impact the effectiveness of care that is provided, relationship researchers have paid relatively little attention to how care receivers' qualities also shape support transactions. The fact that many individuals are unwilling to rely on, or unable to benefit from, the support of other individuals (including

their partners) during times of distress underscores the fact that effective caregiving is not only a function of the caregiver's characteristics but is a dyadic process that requires receptiveness to as well as provision of skilful care. Essentially, the extent to which a person's caregiving attempts are effective depends as much on the consolability of the support recipient as the skilfulness of the support provider. When individuals are less consolable, even the most skilful caregiving behaviours will fail to achieve their desired purpose.

Who is impacted when a member of a couple is difficult to console? Certainly, there is a wealth of research to suggest that individuals who are less consolable (and hence less likely to achieve a sense of felt security) are themselves at risk for a number of negative individual outcomes (Mikulincer & Shaver, 2007; Cassidy & Shaver, 2008). In contrast, very little research has examined how the behaviours of inconsolable individuals impact their support providers. This shortcoming may in part be due to the fact that attachment theory, which for the past two decades has guided much of the research on support processes in romantic relationship, was initially developed as theory of human development (Bowlby, 1969/1982) with a primary focus on the role of early parental caregiving for the child's, as opposed to the caregiver's, functioning. Similarly, as the attachment literature has been expanded to examine the role of caregiving in adult romantic relationships, researchers have tended to primarily focus on the experience of the individual who is seeking and receiving care. While this focus is warranted given that the primary goal of support provision is to reduce the distress of the support seeker, and as such, is inherently other-oriented, I argue that a focus on the role that caregiving may play for the support provider may be an equally valuable contributor to our understanding of romantic relationship functioning. In particular, I argue that individuals whose caregiving behaviours have no or

minimal impact on reducing the distress of their partners may be, much like individuals who feel unsupported by their partners, at risk for a number of negative individual and relational outcomes.

The overall goal of the present set of studies is to examine how individuals who are perceived as difficult to console impact the functioning of their romantic partners. More specifically, I propose that the provision of support to a partner who is difficult to console should negatively impact a person's state self-esteem and romantic relationship satisfaction, and reduce the likelihood that the person will continue to engage in future support behaviours toward his or her partner.

I begin by defining, and reviewing individual differences in consolability. I follow with a discussion of why individuals who are more inconsolable should negatively impact their romantic partners' state self-esteem, relationship satisfaction and likelihood of engaging in future support behaviours. Next, I describe and report the results of three empirical studies in which these predictions were tested.

Defining Consolability

Consolability can be conceptualized as the ability to feel consoled by the comfort and emotional support of other individuals. In contrast to the construct of Emotional Reliance (Ryan, La Guardia, Solky-Butzel, Chirkov and Kim, 2005), which refers to individual differences in the willingness to turn to others when distressed, consolability refers to the ability to achieve a sense of felt security when provided with a normative amount of support and comfort from an individual one is close to.

Individuals who are high in consolability typically feel better when they receive support from another person during times of distress. In contrast, individuals who are less consolable, or

more *inconsolable*, typically do not benefit from the emotional support of others, and continue to feel distressed even after high quality support interactions.

Individual Differences in Consolability

To date, the notion that individuals vary in the extent to which they are able to feel consoled by others has primarily been studied within the field of child development. For example, research on temperamental differences among infants suggests that infants vary significantly in the extent to which they are *soothable,* i.e., the extent to which they are likely to calm down in response to their caregiver's soothing techniques (Rothbart, 1981).

In contrast, within the adult literature, the construct of consolability has not been explicitly recognized, although it has often been indirectly studied and documented. Within the context of romantic relationships, studies have revealed that there are a number of individuals who neither seek nor welcome support from their partners during times of need. For example, Simpson, Rholes and Nelligan (1992) revealed that among participants who were waiting to complete a stressful laboratory procedure, individuals who scored higher in attachment avoidance sought less support from their romantic partners as their anxiety or stress levels increased. This result was replicated by Collins and Feeney (2000), who additionally showed that when avoidant individuals did seek support, they tended to use more indirect methods such as hinting or sulking. In another study (Fraley & Shaver, 1998), researchers coded the support-seeking behaviours of romantic couples at an airport. Their results revealed that among couples who were separating, women who were more avoidantly attached were less likely to seek contact with, and more likely to withdraw from their romantic partners. Further, in a study that examined attachment among a group of expectant mothers, women with an avoidant attachment style were less likely to seek support from their romantic partners, while expectant women with an

ambivalent (anxious) attachment style reported receiving less support from their partners than their partners reported providing (Rholes, Simpson, Campbell & Grich, 2001).

While the withdrawing behaviours of individuals with an avoidant attachment style may reflect an attempt to suppress negative emotions (Mikulincer & Shaver, 2007), or a preference for self-reliance, research has also indicated that some individuals with a propensity toward negative affect do not necessarily wish to reduce their distress when experiencing negative emotions. For example, in one study, individuals who reported higher levels of negative affect after watching a distressing film also reported that they typically do not attempt to repair their negative moods when distressed (Salovey, Mayer, Goldman, Turvey & Palfai, 1995). Similar findings have been obtained in research on individuals with low self-esteem, who compared to individuals with high self-esteem have been found to be less motivated to improve their negative moods, despite having adequate knowledge about mood improving strategies (Heimpel, Wood, Marshall & Brown, 2002; Wood, Heimpel, Manwell and Whittington, 2009). Interestingly, their lack of motivation was driven in part by the belief that they did not deserve to feel good, and in part by the feeling that low mood was typical for them.

Second, whereas some individuals are less likely to seek or even desire support, other individuals desperately crave it but are unable to benefit from the support they receive. For example, individuals with an anxious attachment style tend to respond to distress by engaging in clingy, needy and excessively dependent behaviours, which are seldom successful in providing them with any enduring sense of felt security. Campbell, Simpson, Boldry and Kashy (2005) showed that anxiously attached individuals who discussed a conflict with their partners were not only rated by observers as more distressed, but also reported feeling more distressed regardless of their partners' observed positive behaviours. In two other studies, anxiously attached women

who were awaiting a stressful laboratory procedure experienced higher levels of distress when their romantic partners were present as opposed to absent (Carpenter & Kirkpatrick, 1996; Feeney & Kirkpatrick, 1996). In yet another study (Collins & Feeney, 2004), one member of a couple was randomly assigned to engage in a stressful task while the other member was assigned to write his or her partner a note as the partner was preparing for the task. In contrast to individuals who were securely attached, anxiously attached individuals were more likely to perceive ambiguous notes negatively (e.g., as more upsetting, disappointing and less well-meaning), regardless of the quality of the note.

Individual differences in attachment styles are not the only factors influencing a person's ability to benefit from support. For example, a large body of research has demonstrated that individuals with depression, who frequently doubt that they are loved, are more likely to engage in excessive reassurance seeking from individuals they are close to by repeatedly asking how these individuals really feel about them (Joiner & Metalsky, 2001; Pettit & Joiner, 2006). As the same type of reassurance is repeatedly sought, these individuals would appear to be inconsolable as they continue to doubt that they are loved. Similar findings have been demonstrated in studies examining the interpersonal difficulties of individuals with low self-esteem. Although these individuals have a strong desire to feel accepted and loved, they struggle to believe that they are valued, even when their partners do in fact value them (Murray, Holmes & Griffin, 2000).

Third, research has revealed that certain individuals who are prone to negative affect may sometimes ironically pull for responses that most people would considered uncaring. According to self-verification theory (Swann, 1983), individuals who hold a negative self-view will respond better to, and be more likely to seek out, negative personal feedback because such information verifies how they view and feel about themselves. A number of research studies have supported

this notion. For example, both dating and married individuals whose self-views were consistent with how they believed their partners viewed them were more satisfied in their relationships, even if the self-views were negative (Swann, De La Ronde & Hixon, 1994). Rehman et al (2009) found that after chatting with a stranger online, depressed individuals who believed that their interaction partner enjoyed talking to them reported significantly worse mood than those who thought their interaction partner did not enjoy their conversation. In another study, individuals were given an opportunity to interact with a person who they were led to believe had either a favourable or unfavourable impression of them. Compared to individuals with few depressive symptoms, dysphoric individuals were significantly more likely to indicate a preference for meeting with the person who viewed them unfavourably (Swann, Wenzlaff & Tafarodi, 1992). Further, when dysphoric and non-dysphoric individuals in a related study received positive feedback about their personality, dysphoric individuals were significantly more likely to subsequently seek out negative information about themselves (Swann et al., 1992). Similar effects have also been documented in studies of individuals with low self-esteem (Pettit & Joiner, 2001; Murray, Holmes, MacDonald & Ellsworth, 1998).

In sum, an extensive body of research has shown that individuals vary in the extent to which they are able or willing to be consoled by their romantic partners. First, there are a number of individuals who neither seek nor welcome the support of their partner when they are distressed. Second, a number of individuals desperately desire to feel supported but are unable to benefit from support when it is offered, regardless of its quality. Third, a number of individuals actively pull for responses that verify their negative self-image, and that from a caregiver's point of view would be considered unsupportive because they conflict with the natural desire to affirm one's partner's worth.

What is currently not known however, is how the behaviours of individuals who are difficult to console impact the functioning of their romantic partners. This stands in contrast to the child development literature, in which a difficult-to-soothe infant temperament has been shown to negatively impact the caregiver and the child-caregiver relationship over time (Korner, 1974; Ghera, Hane, Malesa & Fox, 2005). In light of a growing trend toward viewing the bond between romantic partners as in many ways analogous to the bond between children and caregivers (Hazan & Shaver, 1987; Johnson, 2007), it would be reasonable to assume that individuals who are perceived as difficult to console should exert a negative impact on the quality of their romantic relationships and the functioning and future support behaviours of their romantic partners. The next few sections of this paper examine these assumptions in more detail. More specifically, I argue that the provision of support to an inconsolable partner should be associated with a reduction in the state self-esteem and relationship satisfaction of the support provider, as well as a lower likelihood that the provider will continue to engage in supportive behaviours toward the inconsolable individual.

Partner Inconsolability and Caregiver State Self-Esteem

In order to understand how inconsolable individuals may negatively impact the state self-esteem of their romantic partners, it is helpful to review why romantic partners may be motivated to provide one another with support in the first place. More specifically, while the main goal of caregiving is typically to increase the well-being of one's partner, past research would suggest that individuals may also partly be motivated to engage in these behaviours because doing so has a positive effect on their own self-esteem. Although this particular notion has received little attention within the context of romantic relationships, it is not generally novel. For example, generativity, which refers to the sense that one has made a difference in and contributed to the

welfare of other individuals, has been recognized as playing a central role in adulthood (McAdams & de St. Aubin, 1998). Indeed, Erikson (1974), who originally described generativity as a major psychosocial task during midlife, referred to it as "the only happiness that is lasting." (p. 124). Similarly, Reissman (1965) reviewed how individuals struggling with a particular issue (e.g. alcoholism) often derive extensive benefits from helping others struggling with the same problem, and referred to this effect as the "helper therapy principle". Providing support for this idea, a number of studies have demonstrated that helping behaviour can indeed have a beneficial effect on an individual's self-esteem. For example, in a longitudinal study by Thoits and Hewitt (2001), volunteer work hours among elderly individuals significantly predicted well-being, including enhanced self-esteem, over time. In another study, older adults' self-reports of emotional support provision were related to increases in self-esteem over time (Krause & Shaw, 2000). Further, Brown and Smart (1991) showed that failure at an intellectual task led to subsequent exaggeration of their social qualities as well as a higher likelihood of helping among a group of high self-esteem individuals, indicating that helping may have had self-esteem enhancing effect for them.

A closer examination of the nature of self-esteem can provide a useful framework for explaining the link between helping behaviours and self-esteem. Specifically, although self-esteem is often conceptualized as individual differences in how people generally feel about themselves, it can also be conceptualized as an affective state that can fluctuate as a function of everyday, momentary experiences (Brown, Dutton & Cook, 2001). Koivula, Hassmen and Fallby (2002) provide a description of state self-esteem that is particularly suitable for understanding how interpersonal transactions can shape moment-to-moment feelings about the self. According to these authors, state self-esteem can be conceptualized as "an individual's need to be

appreciated and approved by others, to feel competent and in control, and to exert influence over other people" (p. 867). Essentially, their definition outlines two types of experiences in which a person's state self-esteem is particularly vulnerable. One type of experience includes engagement in tasks in which a person either succeeds or fails at achieving *a sense of competence.* The other includes interpersonal interactions through which a person comes to feel basically *accepted versus rejected* by other individuals. Similarly, Leary and Downs' (1995) sociometer theory argues that because the need to belong plays a fundamental role in physical and psychological well-being, human beings come equipped with a control mechanism that monitors and is acutely attuned to signs of rejection versus social acceptance. When cues of rejection are detected, the control mechanism alerts the individual by inducing a negative affective reaction which is experienced as low self-esteem. Toward that end, a person's state self-esteem is a direct reflection of the degree to which the individual's control system perceives him or her to be accepted and valued by others.

Not surprisingly, research has confirmed that both of these elements (i.e., sense of competence and acceptance versus rejection) play a vital role in shaping how individuals feel about themselves. For example, research examining the construct of mattering, which broadly refers to the sense that one is important and able to make a difference in other people's lives, has shown it to be significantly related to several aspects of well-being, including self-esteem, depression and anxiety (Rosenberg & McCullough, 1981; Elliott, Kao & Grant, 2004; Taylor & Turner, 2001; France & Finney, 2009). What these findings imply is that the ability to positively impact the well-being of other individuals, particularly loved ones, is closely tied to a person's sense of self-worth.

Much like the desire to matter, competence, which can be defined as "the experience of being able to effectively act on, and have an impact within, one's environment" (Ryan & Brown, 2003, p. 73), is often viewed as a basic psychological need, the fulfilment of which is thought to lead to a number of positive by-products, including higher self-esteem (Ryan & Brown, 2003). In fact, the role of competence in areas that are of particular significance to a person is heavily emphasized in the literature on self-esteem, and a wealth of research has indeed confirmed that such experiences play a powerful role in shaping how individuals feel about themselves (Mruk, 2006).

The preceding review provides a framework for understanding the link between support provision and state self-esteem in romantic relationships, and highlights that support provision, much like support seeking, is an interpersonal risk. More specifically, an individual who is successful in relieving the distress of his or her partner exerts a highly positive influence over this person, who in turn is likely to express gratitude and appreciation toward the caregiver for helping him or her feel better. Implicitly, the support recipient is conveying the message that his or her partner's presence is important and appreciated, and that the partner's efforts matter. Further, the sense of competence that is likely to arise from successful support provision is particularly likely to impact the state self-esteem of the support provider because to many individuals, the ability to serve as a source of support for their romantic partner is seen as an integral component of their role as a relationship partner. Conversely, when an individual's partner is minimally impacted by the person's attempts at making him or her feel better, the support provider may be at risk for feeling unappreciated, rejected and incompetent, all of which are likely to have a highly negative impact on the person's state self-esteem.

Partner Inconsolability and Caregiver Romantic Relationship Satisfaction

While a reduction in state self-esteem may be one negative consequence of providing support to an inconsolable partner, I argue that perceptions of partner inconsolability should also be associated with a reduction in relationship satisfaction. From an attachment theory perspective, caregiving can be viewed as a normative, instinct-like response to witnessing the distress of one's romantic partner, much like the instinct that motivates a parent to care for his or her child. Toward that end, a reduced sense of satisfaction with one's romantic relationship can be viewed as a direct consequence of the inability to fulfil one's caregiving instinct.

Second, support provision is vital to the development of closeness and intimacy between partners. According to Reis and Shaver (1988), intimacy is a process fostered through interactions in which one partner reveals a personally significant and often vulnerable aspect of the self to the other, and in turn receives a supportive, validating and caring response that fosters a sense of felt security. Further, intimacy is typically thought of as a mutual experience. As described by Moss and Schwebel (1993), "…there can be no "unrequited intimacy"" (p. 35). Toward that end, it would follow that feelings of closeness and intimacy would suffer not only when one individual fails to provide adequate support, but also when the support recipient is inconsolable and fails to experience a sense of felt security.

Related to this, the inclusion of other in the self is another construct that provides insight into why support provision is important to the development of closeness and intimacy, and hence, relationship satisfaction. More specifically, according to some researchers (Aron, Mashek & Aron, 2004) one of the defining elements of a close relationship is that partners include one another in their respective selves. This can be accomplished in a number of ways, including the sharing of emotional burdens as well as resources. Using this perspective, by allowing the other to become a part of one's self, support provision presents an opportunity for partners to grow

closer to one another. For example, when individuals are able to effectively relieve the distress of their partners, they are implicitly allowing their partners to become a part of and influence their selves. Similarly, from support providers' perspectives, they are including their partners in their selves by empathically taking on and relieving the distress of their partners. Conversely, when partners are disabled from effectively supporting each other, their feelings of interconnectedness and closeness are likely to suffer.

The Association Between State Self-Esteem and Relationship Satisfaction

It is important to acknowledge that the constructs of relationship satisfaction and state self-esteem, though theoretically distinct, are also somewhat related. Specifically, it would be reasonable to assume that individuals would be at risk for feeling negatively about relationships in which they frequently come to feel negatively about themselves. This notion is consistent with Self-Determination Theory (Ryan & Deci, 2000), which would argue that relationships in which individuals experience a sense of competence (along with relatedness and autonomy) will be more satisfying than relationships in which individuals feel less competent (La Guardia, Ryan, Couchman & Deci, 2000). Indeed, a study by Patrick, Knee, Canevello and Lonsbary (2007) showed that among a sample of dating couples, individuals who felt more competent in the presence of their partners were also more likely to be satisfied with their romantic relationships. Toward that end, although I believe that partner inconsolability exerts a unique impact on both state self-esteem and relationship satisfaction, I also expect that the association between partner inconsolability and relationship satisfaction will be partially mediated by state self-esteem.

Partner Inconsolability and Future Caregiving

How individuals respond to the support of their romantic partners may not only impact how the support providers feel about themselves and their relationships; it may also impact the

likelihood of future support provision. To the extent that attempts to console one's partner become a punishing experience, an individual is unlikely to continue to engage in these behaviours. Thus, from a learning theory perspective (Skinner, 1953), one of the crucial risks of providing support to an inconsolable partner is that one will be less likely to continue engaging in such behaviour over time. Similarly, from a self-efficacy point of view (Bandura, 1977), being repeatedly unsuccessful at a certain task is likely to reduce a person's belief in his or her abilities in this area and have a significant impact on the person's future behaviour. Indeed, one study of infant-caregiver relationships showed that infant soothability was a significant predictor of maternal self-efficacy (Leerkes & Crockenberg, 2002).

If the costs of engaging in support provision are viewed as significantly outweighing its potential benefits, an individual may also make a conscious decision to refrain from supporting his or her partner. Although this notion has received little attention within the context of romantic relationships, a number of studies in the helping literature have demonstrated that the costs of helping do impact the likelihood of an individual helping in the future (e.g., Piliavin, Piliavin & Rodin, 1975). The provision of support to an inconsolable partner may seem particularly costly in light of the fact that the anticipated benefits are so few, (i.e., not only may the person anticipate ending up feeling negatively about himself/herself, the person may also have come to anticipate that his or her support will have minimal impact). Such a reduced sense of self-efficacy will in turn further decrease the likelihood that the person will engage in future caregiving behaviours. The results of a study by MacGeorge, Clark & Gillihan (2002) provide further evidence for this notion. In their study, participants were presented with vignettes depicting distressed individuals, and were asked to produce emotional support messages in response. While the results of the study revealed that females generally wrote more supportive

notes than males, they also showed that this relationship was largely mediated by self-efficacy. In other words, it appeared that women wrote more supportive messages because they had more confidence in their abilities to do so successfully.

Moderating Effect of Rejection Sensitivity

Although the provision of support to an inconsolable partner should be a generally negative experience for most individuals, I argue that these effects may be particularly strong among individuals who are high in *rejection sensitivity*, and who by definition anxiously expect, readily perceive and overreact to rejection (Feldman and Downey, 1994; Downey and Feldman, 1996). The results of a study by Murray, Bellavia, Rose and Griffin (2003) provided some support for this notion by showing that individuals who felt generally less valued by their partners experienced a greater amount of hurt and rejection following days when their partners were more moody or they had experienced more conflict with their partners. On days following these occurrences, these individuals were also more likely to engage in cold, critical and rejecting behaviour toward their partners, and individuals who felt less valued were less likely to report feelings of closeness toward their partners.

More specifically, I have previously speculated about a number of ways in which inconsolable individuals negatively impact their partners, including causing them to feel overtly rejected, incompetent, unappreciated (impacting state self-esteem); causing them to experience less intimacy, closeness and interconnectedness within the relationship (impacting relationship satisfaction), and causing them to feel less confident about their caregiving abilities (impacting future support provision). I argue that these experiences are not only negative in a broad sense, but that more specifically, they are likely to activate global fears of rejection, particularly among individuals who are high in rejection sensitivity. For example, an individual high in rejection

sensitivity who experiences feelings of incompetence after providing support to an inconsolable partner may more readily begin to worry that his or her partner may want to end the relationship (e.g. “Why would my partner want to be with someone who is incompetent at providing support?”). Toward that end, it would be reasonable to assume that the general impact of having an inconsolable partner (i.e., on state self-esteem as well as relationship satisfaction and future caregiving) should be stronger among individuals high in rejection sensitivity.

Summary and Overview of Studies

In summary, past research examining support provision in romantic relationships has done so almost exclusively from the perspective of the support recipient. As a result, there is currently a lack of research on how support provision may also play a role in the functioning of the support providers. More specifically, while research has revealed that many individuals are at risk for negative consequences because they are unable or unwilling to benefit from the support of other individuals, little is known about how these individuals impact the functioning of their support providers, such as their romantic partners.

The purpose of the present set of studies was to examine some of the negative individual and relational consequences of providing support to an inconsolable partner. In Study 1, which used a correlational design, I predicted that individuals who perceived their partners to be less consolable would also be less satisfied with their romantic relationships, and be less likely to report engaging in actual support behaviours toward their romantic partners.

Studies 2 and 3 examined similar questions using experimental designs, thus enabling me to causally assess the effects of the imagined or recalled effect of providing support to an inconsolable partner. In Study 2, I predicted that individuals reading a vignette depicting support provision to an inconsolable (versus consolable) partner would predict feeling worse about

themselves as well as their romantic relationships, and that they would predict engaging in less future support provision toward their romantic partners. Finally, Study 3 used a similar design as Study 2, but this time participants were instructed to recall a time when they themselves provided support to their romantic partner. I predicted that participants who were instructed to recall an incident in which they provided support to an inconsolable partner would feel worse about themselves and their romantic relationships, and predict engaging in less future support provision toward their romantic partner.

As previously suggested, I believe that the negative effects of providing support to an inconsolable partner may be particularly strong among individuals who are high in rejection sensitivity. Toward that end, I predicted that there would be an interaction between rejection sensitivity and partner inconsolability on relationship satisfaction, state self-esteem (Study 2 and Study 3) and caregiving, such that the negative effects of partner inconsolability would be generally stronger among individuals who are high in rejection sensitivity, relative to those low in rejection sensitivity[1].

[1]It is possible that other constructs such as self-esteem or neuroticism may also moderate the association between inconsolability and the outcome variables measured in the present studies. However, as previously discussed, the provision of support to an inconsolable partner may activate global fears of rejection that would likely have a more severe impact on the state self-esteem, relationship satisfaction and future caregiving of individuals high in rejection sensitivity. As such, I chose to focus on rejection sensitivity because it has the most direct relevance to one of the core mechanisms by which I believe that inconsolable individuals negatively impact their partners.

Study 1

Study 1 used a sample of couples in committed romantic relationships to investigate how individuals who are perceived as inconsolable impact the functioning of their romantic partners. More specifically, I predicted that individuals who perceived their partners to be more inconsolable would be less satisfied with their romantic relationships and would report engaging in less support behaviours toward their partners. I predicted that these effects would be particularly strong among individuals high in rejection sensitivity. Within each hypothesis, potential gender differences were explored.

In examining the association between partner inconsolability and relationship satisfaction and caregiving, I am cognizant of the wealth of research that has demonstrated a link between relationship functioning and constructs that are theoretically related to partner inconsolability. For example, it has been well-documented that partners of individuals with high negative affect (e.g., neuroticism), low self-esteem, rejection sensitivity and attachment insecurities are at risk for being less satisfied with their romantic relationships (Fisher & MacNulty, 2008; Murray, Bellavia, Rose, & Griffin, 2003; Downey & Feldman, 1996; Kane, Jaremka, Guichard, Ford, Collins & Feeney, 2007). As it would be reasonable to assume that these individuals would also be more difficult to console, the effects of these variables were controlled for in my analyses to ensure that any emerging effects of inconsolability were in fact not due to these variables. Likewise, as I measured partner inconsolability from the perspective of the support provider (i.e., the support provider's perceptions of his or her partner's consolability), it was important to control for factors that may influence these perceptions. For example, individuals who are high in rejection sensitivity and/or attachment anxiety are more likely to perceive rejection in situations in which it was not intended (Collins, 1996; Downey and Feldman, 1996). Individuals

high in neuroticism are more likely to hold a negative perceptual bias (McNulty, 2008) that would render them more likely to over-react to their partner's inconsolable behaviour. Further, due to their heightened discomfort with closeness and intimacy, individuals who are high in attachment avoidance may not be engaging in caregiving behaviours that would be adequate for relieving the distress of their partner. As such, the effects of these variables were also controlled for in my analyses.

Method

Participants. Couples were recruited using a range of methods. These included the Research Experiences Group (REG, psychology students participating in exchange for course credit), graduate student listservs, posters, online classifieds, and distribution of fliers in mailboxes of residential neighbourhoods. To be eligible for the study, couples were required to be heterosexual, and to be married or have been living together for at least 1 year. Both members of the couple had to be willing to participate. Further, participants had to be between ages 18-60, and be born in or have lived in Canada since age 5.

Table 1 provides an overview of the number of participants who expressed interest and were invited to participate in the study, as well as the number of participants who eventually completed the study. After 44 individual responses were deemed invalid and removed from the dataset[2], the final sample consisted of 189 individual responses. These individuals constituted 85

[2] In order to ensure the validity of the results, the current dataset was thoroughly screened. As a result, 44 individual responses were excluded from the final dataset. The majority of these responses were deemed to be careless responses. Responses were deemed to be careless if a respondent's total completion time was less than 10 minutes. This time-frame was chosen after informal pilot testing revealed that it would be very difficult for any person to read through and respond to the questions thoughtfully in less than 10 minutes. Indeed, an inspection of the responses of the individuals who completed the study in less than 10 minutes revealed for many a clear pattern of careless responses. A few responses were excluded because participants turned out to not meet eligibility criteria after completion (e.g., had been in a romantic relationship for less than a year). Four respondents' data were excluded because the participants only completed a small portion of the study, not including any of the key questionnaires.

couples, as well as 15 females and 4 males whose partners' questionnaire responses were not received.

The average reported relationship length was 89.45 months (*SD* = 80.18, *Range* = 17-385). Couples had been living together for an average of 65.82 months (*SD* = 74.63, *Range* = 11-355). The proportion of couples who were married was 48.00 %, and their average reported length of marriage was 89.21 months (*SD* = 92.27, *Range* = 1-352). Couples had an average of .76 (*SD* = 1.78) children living in their homes. The mean ages were 29.00 (SD = 7.84) for women and 30.78 (*SD* = 9.04) for men. With respect to occupational status, the proportions of fulltime students versus working individuals were approximately even (42.3 % and 44.9 % respectively). Approximately one tenth of the sample reported being part-time students and/or workers (10.05 % and 10.58 % respectively). A small portion (6.34 %) of the sample identified their occupational status as "other". The ethnic distribution of the sample was predominantly Caucasian (80.42 %), followed by individuals identifying as being Asian (South Asian and Other Asian) (9.52 %), of African descent (1.59 %), First Nation 6 (1.59 %) and Hispanic (1.06 %). A small group of participants did not identify with either of the groups listed and instead indicated "Other" (3.70 %).

Procedure. The entire study was completed online in one session. After verification of eligibility, couples were asked to provide separate email addresses for each partner, to which unique links to the questionnaire was sent. The eligibility of undergraduate students who signed up for credit was determined by their responses to a pre-screening questionnaire distributed to all student participating in the REG. Eligible students were able to automatically access the link through the REG system, and were required to verify that his or her partner was interested in participating, and provide the email-address of this partner, prior to commencing the

questionnaire. Upon completion of the study, participants received a 10-dollar electronic gift card, with the exception of participants signing up for credit, who received one research credit.

Measures. All measures were completed by both partners.

Key Study Variables

Demographics (see Appendix A). Participants provided demographics information about themselves as well as their relationship, including age, gender, relationship status, relationship length etc.

Perceptions of Partner Inconsolability. Participants indicated the extent to which they agreed or disagreed with three statements on a scale from 1 (strongly disagree)-7 (strongly agree). The statements were modified from but based on the Limited Access to the Emotion Regulation Strategies scale of the Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2003) and were designed to measure an individual's perception of his or her ability to regulate his or her partner's emotions (i.e., his or her ability to console his or her partner). The questions were as follows: "When my partner is upset, I am able to make him/her feel better", "When my partner is upset, there is nothing I can do to make him/her feel better" (reverse-coded), "When my partner is upset, I eventually find a way of making him/her feel better". Cronbach's alpha for this measure was .85 for both males and females.

Quality of Marriage Index (QMI, Norton, 1983). The QMI is a 6-item, widely used measure of relationship satisfaction. Participants indicated on a scale from 1 (strongly disagree)-7 (strongly agree) the extent to which they agreed with items such as "We have a good relationship" and "My relationship with my partner makes me happy". As many of the couples in the present study were unmarried, the items were reworded to reflect satisfaction with the

romantic relationship as opposed to the marriage (a common practise among couples researchers using this measure). Cronbach's alpha for this measure was .96 for both males and females.

Self-Reported Caregiving. The Caregiving Questionnaire (Kunce & Shaver, 1994) is a 32 item self-report scale measuring a person's tendency to engage in a range of caring behaviours toward his or her partner. The measure yields three subscales (Proximity, Sensitivity and Compulsive Caregiving) of which a composite of the Proximity (i.e, responsiveness) and Sensitivity scales were used as an index of caregiving in the present study. Examples of items from these subscales include "When my partner is troubled or upset, I move closer to provide support and comfort" and "Too often, I don't realize when my partner is upset or worried about something". These statements were rated on a scale from 1 (not at all descriptive of me)-7 (very descriptive of me). Cronbach's alpha for the items in the composite caregiving index was .90 for males and .87 for females.

Rejection Sensitivity. The Interpersonal Sensitivity subscale of the Temperament and Personality Questionnaire (TPQ; Parker, Manicavasagar, Crawford, Tully & Gladstone, 2006), which measures a tendency to worry about rejection and abandonment, was used to measure individual differences in rejection sensitivity. The TPQ has been shown to have high internal consistency and test-retest reliability. Its 7-item Interpersonal Sensitivity subscale was chosen over more well-known measures of rejection sensitivity due to the strong face-validity of its items as well as a focus on rejection sensitivity in the context of general, as opposed to specific, close relationships. Examples of items include "I think a lot about being deserted by loved ones" and "I think I'm likely to end up being rejected in relationships". Statements were rated on a

scale from 0 (not at all true) to 4 (very true). In the present study, this scale yielded a Cronbach's alpha of .83 for both males and females[34].

Control Variables

Perceptions of Partner's Caregiving. A modified and abbreviated version of the Caregiving Questionnaire (Kunce & Shaver, 1994) was used to assess perceptions of one's partner's caregiving behaviours (i.e., perceived support). The modified version included the same items that were in the caregiving index used to assess self-reported caregiving, but were worded in reference to an individual's partner (e.g. "When I am troubled or upset, my partner moves closer to provide support and comfort"). These statements were rated on a scale from 1 (not at all descriptive of my partner)-7 (very descriptive of my partner). Cronbach's alpha for the items in the composite caregiving index was .89 for males and .94 for females.

Neuroticism. A 20-item scale from the International Personality Item Pool (Goldberg, 1999) was used to measure participants' propensity to experience negative affect. Examples of items include "I often feel blue" and "I have frequent mood swings". Statements were rated on a

[3] The construct of rejection sensitivity is theoretically very similar to the construct of attachment anxiety. Although there are many validated measures of attachment anxiety that include items assessing rejection sensitivity, they also tend to include items assessing the overt manifestations of attachment anxiety, such as a person's tendency to engage in clingy and needy behaviours. As such, I chose to use the TPQ Interpersonal Sensitivity subscale because it provided a more "pure" measure of the construct of rejection sensitivity.

[4] Given that few previous studies have used the Interpersonal Sensitivity subscale of the TPQ, correlation and regression analyses were conducted to ensure that this scale provided a valid measure of the construct I was interested in measuring. These analyses provided strong support for the validity of this measure. As Tables 5 and 6 reveal, among both women and men Interpersonal Sensitivity (Rejection Sensitivity) scores were positively correlated with measures of neuroticism, attachment anxiety and attachment avoidance, and negatively correlated with self-esteem. Further, as revealed by Tables 2 and 3, when Interpersonal Sensitivity scores were regressed upon self-esteem, neuroticism, attachment anxiety and attachment avoidance, Interpersonal Sensitivity scores were positively associated with attachment anxiety for both women and men. A positive association was also found between Interpersonal Sensitivity scores and neuroticism (significant among women, marginally significant among men). Given the strong theoretical link between rejection sensitivity and both anxious attachment and neuroticism, these findings provide strong support for the notion that the Interpersonal Sensitivity subscale of the TPQ indeed provides a valid measure of rejection sensitivity.

scale from 1 (very inaccurate) to 5 (very accurate). Cronbach's alpha for this measure was .95 for both males and females.

Adult Attachment Questionnaire (AAQ; Simpson, Rholes & Phillips, 1996). The AAQ is a 17-item, widely used measure of adult attachment. It produces scores on two dimensions, attachment anxiety and attachment avoidance. Examples of items include "I'm not very comfortable having to depend on other people" (avoidance) and "Others often are reluctant to get as close as I would like" (anxiety). These statements were rated on a scale from 1 (strongly disagree)-7 (strongly agree). For the avoidance scale, Cronbach's alpha was .79 for males and .82 for females. For the anxiety scale, Cronbach's alpha was .77 for males and .81 for females.

Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965). The RSES is a widely used measure of trait self-esteem. Examples include "On the whole, I am satisfied with myself" and "I wish I could have more respect for myself" (reverse-coded). These statements were rated on a scale from 1 (strongly disagree) - 4 (strongly agree). In the present study, the RSES yielded a Cronbach's alpha of .92 for males and .88 for females.

Results

Data Analytic Plan. Data that are collected from members of romantic couples pose a challenge to traditional regression models. Because couples share an environment and have many daily experiences in common, dyadic data violate the assumption of independent observations. As such, the data in the present study were analysed using multilevel modeling, which is a recommended method of analysis for datasets including non-independent responses (Kenny, Kashy & Cook, 2006). As recommended by Aiken and West (1991), all predictor variables were mean-centered prior to being included in the analysis.

Sample Characteristics. Table 4 provides descriptive information about the key variables of interest. Composite values represent the mean of all the items that constituted a particular variable, and higher scores indicate higher levels of the measured variable. Table 5 and 6 present bivariate correlations between all study variables.

Partner Inconsolability and Romantic Relationship Satisfaction. I first examined whether perceptions of partner inconsolability would be significantly associated with a person's own relationship satisfaction, and whether this effect would differ by gender. I conducted two sets of analyses. The first analysis examined whether perceptions of inconsolability and gender interacted in predicting relationship satisfaction. The second analysis tested the same effect while controlling for the following variables: self-reported caregiving, self and partner neuroticism, self and partner attachment anxiety and avoidance, self and partner state self-esteem and rejection sensitivity. As controlling for these variables did not change the results of my main analysis, I here present the results of the most parsimonious model. This analysis revealed significant main effects for perceptions of partner inconsolability, such that individuals who perceived their partners to be more inconsolable were less satisfied with their romantic relationships, β^5 =- .55 t (88.432) = -7.95, p <.001. Further, as depicted in Figure 1, a significant interaction emerged between gender and perceptions of partner inconsolability, β = .25, t (114.716) = 2.64, p =.009, whereby the association between perceptions of partner inconsolability and relationship satisfaction was stronger for men β = -.55, t (88.432) = -7.95, p <.001, than for women β = -.30, t (108.934) = -3.72, p <.001. In other words, perceptions of

[5] Standardized coefficients were calculated by hand in order to obtain effect sizes for the continuous predictors. Each value was calculated by multiplying the unstandardized beta coefficient with the standard deviation of the predictor, and dividing by the standard deviation of the outcome variable.

partner inconsolability were associated with lower relationship satisfaction for both genders, though somewhat more strongly for men than for women.

Rejection Sensitivity as a Moderator of the Association Between Perceptions of Inconsolability and Relationship Satisfaction. Next, I examined whether the association between perceptions of partner inconsolability and relationship satisfaction would be moderated by a person's rejection sensitivity. This analysis revealed significant main effects for perceptions of partner inconsolability, β = -.39, t (172.159) = -6.41, p <.001, and rejection sensitivity, β = -.39, t (176.899) = -3.27, p = .001. These effects were further qualified by a significant interaction between partner inconsolability and rejection sensitivity, β = -.24, t (155.666) = -2.69, p =.008 As depicted in Figure 2, simple slope analyses revealed that although the association between perceptions of partner inconsolability and relationship satisfaction was significant for individuals low in rejection sensitivity, β = -.24, t (154.783) = - 2.89, p =.004, it was stronger for individuals who were high in rejection sensitivity, β = -.53, t (179.520) = - 7.12, p <.001.

Perceptions of Partner Inconsolability and Self-Reported Caregiving. Next, I examined whether perceptions of partner inconsolability would be associated with current self-reported caregiving behaviours, and whether these effects would differ according to gender. This analysis revealed a significant association between perceptions of partner inconsolability and self-reported caregiving, such that individuals who perceived their partners to be more inconsolable were also less likely to engage in these behaviours toward their partner, β = -.68, t (85.360) =- 8.33, p <.001. There was also a main effect for gender, whereby females reported engaging in higher levels of caregiving than men, b = .36, t (100.767) = 3.30, p =.001, while the interaction between perceptions of partner inconsolability and gender was not significant, p =.109.

Although these results are consistent with the notion that inconsolable individuals may cause their partner to engage in less support behaviours toward them, it is also possible that individuals who are less caring may cause their partners to be inconsolable. To increase my confidence that these results were not merely a reflection of the latter explanation, I conducted an additional analysis that controlled for the support recipient's reports of the support that his or her partner provides, as well as the relationship satisfaction of both the support provider and support receiver. Despite these controls, the association between perceptions of partner inconsolability and self-reported caregiving remained significant, β = -.47, t (106.529) =- 5.22, p <.001.

Rejection Sensitivity as a Moderator in the Association Between Perceptions of Partner Inconsolability and Self-Reported Caregiving. Next, I examined whether the association between perceptions of partner inconsolability and caregiving would be moderated by a person's rejection sensitivity. This analysis revealed a significant association between perceptions of partner inconsolability and self-reported caregiving, β = -.47, t (160.008) = -6.95, p <.001, which was further qualified by a significant interaction between partner inconsolability and rejection sensitivity, β = .22, t (180.143) = 2.11, p =.036. As depicted in Figure 3, simple slope analyses revealed that although the association between perceptions of partner inconsolability and caregiving was significant among individuals high in rejection sensitivity, β = -.35, t (170.231) =- 3.95, p <.001, it was *stronger* for individuals who were low in rejection sensitivity, β = -.59, t (157.182) =- 6.51, p <.001.

Discussion

The results of Study 1 are consistent with the notion that individuals who are perceived as inconsolable may exert a negative impact on their partner's romantic relationship functioning. Specifically, individuals who perceived their partners to be more inconsolable were less likely to

be satisfied with their romantic relationships, and this association was particularly strong among individuals (i.e., support providers) who were high in rejection sensitivity, and among men. Further, individuals who perceived their partners to be more inconsolable were also less likely to report engaging in caring behaviours toward them. This finding remained even when I controlled for individuals' (i.e., support providers') own levels of relationship satisfaction as well as their partners' reports of their caregiving (i.e., the support recipients' reports of the support they receive), which suggests that the negative association between perceptions of inconsolability and caregiving does not reflect a dissatisfaction with the relationship or a lack of caregiving skills (both of which could presumably lead to perceptions of partner inconsolability). Contrary to my hypothesis, however, this association was stronger among individuals low in rejection sensitivity. As will be further elaborated in the general discussion, although this finding is surprising, it may in fact be consistent with research showing that individuals who are concerned about rejection are sometimes more likely to engage in caregiving behaviours in an effort to remain close to their romantic partners (Collins, Ford, Guichard, Kane & Feeney, 2010).

Study 1 had several limitations. First, its correlational design did not enable me to draw any causal conclusions with respect to the association between perceptions of partner inconsolability and the measured dependent variables. For example, rather than partner inconsolability leading to reduced relationship satisfaction, it is possible that individuals who are dissatisfied with their relationships are simply more likely to assume that their partners are inconsolable. Second, my measure of inconsolability did not enable me to determine whether perceptions of inconsolability reflected, as assumed in this study, something about the support receiver (i.e., an inability of the partner to benefit from support) or something about the caregiver (i.e., lack of skill). Third, while I have previously argued that partner inconsolability likely has a

negative impact on state self-esteem, the design of this study did not enable me to test this hypothesis. As such, Study 2 was designed to overcome some of these shortcomings.

Study 2

Study 2 used a sample of undergraduate students to examine the predicted feelings and actions of participants who read a vignette depicting a support interaction and imagined themselves as the support provider. Participants were randomly assigned to receive one of two versions of the vignette. The two vignettes were identical except that in one version, the support recipient appeared inconsolable. The participants were instructed to imagine themselves in the position of this person's partner, i.e. the support provider. In my first set of hypotheses for Study 2, I predicted that in comparison to individuals who read a vignette in which the person responded positively to the support of his or her partner, individuals reading the vignette in which the person responded negatively would predict feeling more negatively about themselves and their romantic relationship, and would predict providing less future support to this person, had they been in the position of the person's partner. Further, I predicted that these effects would be particularly strong among participants who were high in rejection sensitivity. I also expected the association between the experimental manipulation (i.e., inconsolability) and lower levels of predicted relationship satisfaction to be partially mediated by lower levels of predicted state self-esteem.

Method

Participants. Participants were undergraduate students recruited through the Research Experiences Group (REG, psychology students participating in exchange for course credit). To be eligible for the study, participants were only required to have lived in Canada since age 5. A total of 133 individuals signed up for and consented to participating in the study. Out of these, 9

individual response sets were deemed invalid[6] and removed from the dataset, leaving a total sample of 124 individuals. The majority (71.3 %) of the sample was female. The mean age of participants was 21.74 years (*SD* = 4.41). A little less than half of the sample (43.54 %) reported that they were in a romantic relationship, while the remaining participants identified as single. Of the participants who were in a romantic relationship, the majority were dating (87.50 %) followed by individuals who were living together (8.92 %), and individuals who were married (3.57 %). Close to half of the sample identified as being Caucasian (51.64 %), followed by individuals identifying as being Asian (South Asian and Other Asian) (40.16 %), Hispanic (1.64 %), and of African descent (.82 %) . A small group of participants did not identify with either of the groups listed and instead indicated "Other" (5.74 %).

Procedure. The entire study was completed online. Participants who were interested in signing up for the study were randomly assigned to the experimental (*N* = 66) or control (*N* = 58) conditions. In both conditions, participants first completed a demographics questionnaire, followed by reading and answering questions about a vignette depicting a support interaction. Next they completed a number of questionnaires inquiring about their predicted feelings and actions had they been in the position of the support provider in the interaction. Finally, participants also completed a number of questionnaires about themselves, before being provided with written feedback about the purpose of the study. All participants were remunerated for their time with research credit.

[6] As in Study 1, the data for Study 2 were carefully screened to ensure the validity of the findings. The responses of six participants were removed because their answers to the manipulation check demonstrated that they had failed to acquire a sufficient understanding of the key points in the vignette. The responses of two participants were removed because they withdrew shortly after starting the study. The responses of one additional participant were removed as the person's response time was unusually low (< six minutes).

Measures

Demographics *(see Appendix A).* Participants provided demographics information about themselves as well as their relationship, including age, gender, relationship status, relationship length etc.

Vignette Manipulation. As part of the experimental manipulation, all participants read a vignette depicting an interaction in which one partner (Partner B) was distressed because he/she believed he/she had done poorly on a class presentation, while the other partner (Partner A) was listening and providing supportive comments (see Appendix B). The vignettes were modified versions of the vignettes used in Holmstrom, Burleson and Jones (2005). The two conditions differed only with respect to whether the support recipient benefited from the support that he or she received. Specifically, in the experimental condition, the support recipient's distress remained high, and was minimally relieved by the supportive comments of the partner. Conversely, in the control condition, the support recipient gradually began to feel better as a result of the partner's support.

Manipulation Check. As a manipulation check, and to ensure that participants paid sufficient attention to the contents of the vignette, participants were asked to answer three questions about the interaction they read (see Appendix C). Participants were permitted to go back and re-read the interaction if they wished.

Predicted State Self-Esteem. Participants were presented with ten bipolar adjectives (Marigold, Holmes & Ross, 2007) and asked to respond to "how you think you would have felt about yourself right now", had they been in the position of the support provider in the interaction. Examples of items include "worthless-worthy" and "unloveable-loveable", and were

rated on a scale from 1 (e.g. very worthless) to 7 (e.g. very worthy). Cronbach's alpha for this measure was .89.

Predicted Relationship Satisfaction. The modified items from the QMI (Norton, 1983), which were used in Study 1, were reworded to indicate participants' predicted levels of relationship satisfaction, had they been in the support provider's shoes. Examples of items included "I would have felt that we have a good relationship" and "I would have felt that our relationship is very strong". One question, which inquired about "the degree of happiness (about the relationship), everything considered" was dropped as it was deemed to be unsuitable for the purpose of the present study. As in Study 1, items were rated from 1 (strongly disagree)-7 (strongly agree). Cronbach's alpha for this measure was .96.

Predicted Future Caregiving. Items from the Proximity subscale of the Caregiving Questionnaire (Kunce & Shaver, 1994), as well as four additional items created for this study, were used to assess participants' predictions about the likelihood that they would engage in a number of caring behaviours toward Partner A, if Partner A were to bring up another problem (see Appendix D). Examples of items included (How likely would you be to…) "Push your partner away when he or she reaches out for a hug" or "Avoid discussing the problem with your partner". These statements were rated on a scale from 1 (very unlikely)-7 (very likely). Cronbach's alpha for this measure was .90.

Rejection Sensitivity. As in Study 1, the 7-item Interpersonal Sensitivity subscale from the Temperament and Personality Questionnaire (TPQ, Parker et al, 2006) was used to measure individual differences in rejection sensitivity. In the present study, this scale yielded a Cronbach's alpha of .86.

Results

Data Analytic Plan. The data were analysed using multiple regression. All predictor variables were centred and the independent variable was dummy coded (inconsolable condition = 1, consolable condition = 0). Table 7 provides descriptive information for the key variables in the study, presented according to condition. Composite values represent the mean of all the items that constituted a particular variable, and higher scores indicate higher levels of the measured variable. Table 8 presents bivariate correlations between the study variables.[7]

Inconsolability and Predicted Relationship Satisfaction. My first set of analyses examined whether participants in the partner inconsolable condition would predict that they would experience lower relationship satisfaction following the support interactions, and whether this effect would be moderated by their levels of rejection sensitivity. My results revealed a main effect for condition, in which individuals who imagined themselves as the support provider in the partner inconsolable condition reported lower predicted relationship satisfaction, $\beta = -.51$, t (120) = -6.53, R^2 change = .26, $p < .001$. A marginally significant interaction also emerged between condition and participant rejection sensitivity, $\beta = -.19$, t (120) = -1.79, R^2 change = .02, $p = .08$. As depicted in Figure 4, the negative effects of imagined support provision to an inconsolable partner on predicted relationship satisfaction were somewhat stronger among individuals who were high, as opposed to low, in rejection sensitivity, $\beta = -.65$, t (120) = -5.90, R^2 change = .21, $p < .001$, and $\beta = -.37$, t (120) = -3.34, R^2 change = .07, $p = .001$, respectively.

Inconsolability and Predicted State Self-Esteem. Next, I examined whether support providers whose partners were depicted as inconsolable would expect to experience lower state self-esteem immediately following the support interaction, and whether this effect would be

[7] In Study 2 and Study 3, gender differences were explored but did not yield any significant effects. As such, the results relating to gender are not explicitly reported or discussed.

moderated by the participant's level of rejection sensitivity. My results revealed a main effect for condition, in which individuals who imagined themselves as the support provider in the partner inconsolable condition reported lower predicted state self-esteem, β = -.68, t (120) = -10.16, R^2 change = .45, p <.001. A marginally significant interaction also emerged between condition and participant rejection sensitivity, β = -.18, t (120) = -1.95, R^2 change = .02, p =.054. As depicted in Figure 5, the negative effects of imagined support provision to an inconsolable partner on predicted state self-esteem were somewhat stronger among individuals who were high, as opposed to low, in rejection sensitivity, β = -.81, t (120) = -8.58, R^2 change = .32, p <.001 , and β = -.55, t (120) = -5.78, R^2 change = .15, p <.001 respectively.

Mediation Analyses. I further examined whether the observed effects of inconsolability on predicted state self-esteem and relationship satisfaction among individuals high in rejection sensitivity were entirely independent of each other, or whether the effect of inconsolability on predicted state self-esteem partially mediated the relationship between inconsolability and predicted relationship satisfaction. I examined this question using a bootstrapping approach (Preacher & Hayes, 2008), which is a more powerful approach to testing mediation than the causal steps or Sobel's test approaches because it does not rely on the assumption of normality (MacKinnon, Lockwood, Hoffman, West & Sheets, 2002; Preacher & Hayes, 2004). Analyses were conducted using an SPSS macro developed by Preacher and Hayes (2008) for the purpose of testing various mediation models. As depicted in Figure 6, results revealed that the association between inconsolability and predicted relationship satisfaction was indeed mediated by the effect of inconsolability on predicted state self-esteem, indicated by the significant effect of the mediator predicted state self-esteem, indirect effect = -1.05, 95% CI (-1.47, -.67). Further, in the

presence of the mediator, the effect of inconsolability on predicted relationship satisfaction was no longer significant, $p = .105$

Inconsolability and Predictions About Future Caregiving. Next, I examined the prediction that participants would be less likely to report that they would engage in future caregiving behaviours toward the individual who was depicted as being inconsolable, as opposed to consolable, and whether this effect would be moderated by participant rejection sensitivity. Results revealed a significant main effect for inconsolability, $\beta = -.22$, t (120) = -2.48, R^2 change = .05, p =.01, indicating that participants predicted that they would be significantly less likely to engage in future caregiving toward the person depicted as inconsolable. A marginally significant interaction also emerged between condition and rejection sensitivity, $\beta = -.22$, t (120) = -1.81, p=.07, R^2 change = .02, p =.07, (see Figure 7) in which the effect of imagined inconsolability on predicted future caregiving was only present among individuals high in rejection sensitivity, $\beta = -.38$, t (120) = -3.04, R^2 change = .07, p =.003, and not among individuals low in rejection sensitivity, p =.643.

Discussion

Study 2 examined whether individuals who imagined providing support to a hypothetical inconsolable partner would predict experiencing lower state self-esteem and relationship satisfaction, and whether they would predict engaging in less future support toward the hypothetical partner. Results revealed that when individuals imagined themselves as the partner of a person who was depicted as inconsolable, they predicted that they would feel significantly worse about themselves following the support interactions, which in turn led to predictions of lower relationship satisfaction. Participants who imagined themselves as the partner of the individual depicted as inconsolable also predicted that they would have engaged in less

caregiving toward the person in the future. Across findings, a (non-significant) trend also emerged which suggested that the negative link between partner inconsolability and relationship satisfaction/state self-esteem/caregiving may be stronger among individuals high in rejection sensitivity.

An important strength of Study 2 was that it used an experimental design, enabling me to assess the question of causality, i.e., whether partner inconsolability may indeed *lead to* lower levels of (predicted) relationship satisfaction, state self-esteem and caregiving. One of the limitations of this approach however, is that participants were not relating to a romantic partner they actually knew and cared about. Specifically, it is possible that people's reactions to an actual romantic partner differ from how they predict they would behave toward a hypothetical partner. Study 3 was designed to overcome this limitation by assessing participants' affective reactions and predicted actions following memories of real-life instances in which their partners were inconsolable.

Study 3

Study 3 used an experimental design to examine the immediate feelings and predicted future actions of participants who recalled an incident in which they provided their partner with support, but in which their partner was inconsolable. I predicted that in comparison to individuals who merely recalled an incident in which they provided support to their partner, individuals recalling an incident in which their partner was unreceptive to and failed to benefit from this support would immediately feel more negatively about themselves and their romantic relationship, and be less likely to predict engaging in future support toward their partner. I expected these effects to be particularly strong if the participants were high in rejection sensitivity. I also expected the association between recalling an inconsolable partner and lower levels of relationship satisfaction to be partially mediated by lower levels of state self-esteem.

Method

Participants. Participants were undergraduate students recruited through the Research Experiences Group, as well as graduate students recruited through a graduate student email list. To be eligible for this study, participants were required to have lived in Canada since age 5, and to currently be in a heterosexual romantic relationship that had lasted for at least one year. A total of 132 individuals signed up for and consented to participating in the study. Out of these, 30 individual response sets were deemed invalid[8] and removed from the dataset, leaving a total sample of 102 individuals.

[8] As in the previous two studies, the data for Study 3 was thoroughly screened in order to ensure the validity of the findings. As a result, 30 responses were removed from the data set. The vast majority of these responses were removed because of participants who failed to follow the instructions for the experimental manipulation. More specifically, 10 removed responses belonged to participants in the experimental condition, whose descriptions indicated that their partners were receptive (as opposed to unreceptive) to their support. Four responses were excluded because the reported reason for their partner's distress had something to do with the participant or the relationship, despite having been instructed to pick examples in which this was not the case. One response was removed because the participants' description indicated that they had not been particularly supportive toward their

Footnote continued on next page.

The majority (68.62 %) of the sample was female. The mean age of participants was 24.08 years (*SD* = 6.42). The majority of the couples were dating (65.68 %) followed by individuals who were living together (19.60 %), and individuals who were married (14.70 %). The average reported relationship length was 48.32 months (*SD* = 52.89, *Range* = 12-324). The majority of the sample identified as being Caucasian (70.30 %), followed by individuals identifying as being Asian (South Asian and Other Asian) (23.76 %). A small group of participants did not identify with either of the groups listed and instead indicated "Other" (5.94 %).

Procedure. The entire study was completed online. Participants who were interested in signing up for the study were randomly assigned to the experimental (*N* = 50) or control (*N* = 52) conditions. In both conditions, participants first completed a demographics questionnaire, and were subsequently asked to recall and write about a time in which they provided support to their partner (see further details below). Next they completed the dependent variable measures. Finally, participants also completed a number of questionnaires about themselves, before being provided with written feedback about the purpose of the study. All participants were remunerated for their time with either 0.5 research credits (undergraduate REG participants) or a 10 dollar giftcard (graduate students).

Measures.

---

partners. Two responses were removed because the participants were no longer in a romantic relationship at the time of completing the survey, and such, no longer met participation criteria. Finally, one response was removed because the described event was deemed to have an equally distressing impact on both partners, and 12 responses were removed because the participants did not complete the experimental manipulation or any key questionnaires.

Demographics *(see Appendix A).* Participants provided demographics information about themselves as well as their relationship, including age, gender, relationship status, relationship length etc.

Experimental Manipulation *(see Appendix E).* All participants were asked to recall an incident in which their partner was distressed, and they provided support to their partner. Participants were instructed to pick an incident in which the cause of their partner's distress was unrelated to themselves (the support provider) or the romantic relationship[9]. Additionally, participants in the experimental condition were specifically instructed to pick an incident in which their partner failed to respond positively to or benefit from the support they provided. Further, to ensure that participants followed the recall instructions, all participants were asked to answer three questions about the incident they had recalled.

State Self-Esteem. Participants were presented with the same ten bipolar adjectives (Marigold, Holmes & Ross, 2007) that were used in Study 2 and asked to respond to "how you feel about yourself right now". Cronbach's alpha for this measure was .90.

Relationship Satisfaction. The same items from the QMI (Norton, 1983), which were used in Study 1, were reused in Study 3. Cronbach's alpha for this measure was .97.

Rejection Sensitivity. As in Study 1 and Study 2, the 7-item Interpersonal Sensitivity subscale from the Temperament and Personality Questionnaire (TPQ, Parker et al, 2006) was used to measure individual differences in rejection sensitivity. In the present study, this scale yielded a Cronbach's alpha of .87.

[9] As a partner's complaints about either one's self or one's romantic relationship can easily evoke feelings of defensiveness, sadness, anger or anxiety, this instruction was added to minimize the likelihood that participants' support provision attempts were compromised by their own negative feelings.

Predicted Future Caregiving. The items forming the Proximity and Sensitivity scales of the Caregiving Questionnaire (used in Study 1) were reworded to assess predictions of future caregiving behaviours. Examples of items include "When my partner is troubled or upset, I will move closer to provide support and comfort" and "Too often, I won't realize when my partner is upset or worried about something". In the present study, this scale yielded a Cronbach's alpha of .88.

Results

Data Analytic Plan. As in Study 2, the data were analysed using multiple regression. Prior to being entered into the analyses, all predictor variables were mean-centered and the experimental condition was dummy coded (inconsolable condition = 1, consolable condition = 0). Table 9 provides descriptive information about the dependent variables, presented according to condition. Composite values represent the mean of all the items that constituted a particular variable, and higher scores indicate higher levels of the measured variable. Table 10 presents bivariate correlations between all study variables.

Partner Inconsolability and Relationship Satisfaction. My first analysis examined whether individuals who recalled an incident in which their partner was inconsolable would experience lower relationship satisfaction immediately following their recall of this episode, and whether the effect would be moderated by the participant's level of rejection sensitivity. My results revealed a marginally significant main effect for condition, β = -.15, t (98) = -1.86, R^2 change = .02, p =.065, which was qualified by a significant interaction between recall condition and rejection sensitivity, β = -.33, t (98) = -2.87, R^2 change = .05, p =.005. As depicted in Figure 8, when individuals who were relatively high in rejection sensitivity recalled an incident in which their partner was inconsolable, they reported lowers levels of satisfaction with the

romantic relationship, β = -.38, t (98) = -3.35, p =.001 , R^2 change = .07. This effect was not present among individuals who were low in rejection sensitivity, p = .476.

Partner Inconsolability and State Self-Esteem. Next, I examined whether individuals who recalled an incident in which their partner was inconsolable would experience a reduction in state self-esteem following their recall of this episode, and whether the effect would be moderated by the participant's level of rejection sensitivity. Results revealed a significant main effect for recall condition, such that individuals who recalled an incident in which their partner was inconsolable were more likely to feel negatively about themselves, β = -.27, t (98) = -3.18, R^2 change = .07, p =.002. This effect was not moderated by the individual's levels of rejection sensitivity, p =.744.

Mediation Analyses. I next examined whether the effect of recalling an inconsolable partner on relationship satisfaction among individuals who were relatively high in rejection sensitivity was partially mediated by state self-esteem. To explore this question, I used the bootstrapping method (Preacher & Hayes, 2008) described in Study 2. Results revealed that among individuals who were high in rejection sensitivity, the association between inconsolability and relationship satisfaction was unmediated by the effect of inconsolability on state self-esteem, indicated by a non-significant effect of the mediator state self-esteem, indirect effect = .05, 95% CI (-.10, .42).

Partner Inconsolability and Predictions About Future Caregiving. Next, I examined whether participants who recalled an incident in which their partner was inconsolable would be less likely to report that they would engage in future caregiving behaviours toward the partner, and whether this association would be moderated by the participants' levels of rejection sensitivity. My results revealed no relationship between recollections of partner inconsolability

and predictions about future caregiving, p =.696. The interaction between condition and rejection sensitivity was also not significant, p =.291.

Discussion

Study 3 provided some support for the hypothesis that the provision of support to an inconsolable partner can have a negative impact on the support provider. Specifically, findings revealed that when individuals recalled and wrote about a time in which their partner was inconsolable, they generally felt worse about themselves. Further, among individuals who were relatively high in rejection sensitivity, individuals who recalled an inconsolable partner reported lower levels of satisfaction with their romantic relationship, although this effect was unrelated to the reported lower levels of state self-esteem. Contrary to my hypotheses however, recollections of partner inconsolability were not associated with predictions of less future caregiving toward the romantic partner.

General Discussion

Support provision is an essential component of a romantic relationship (Collins, Guichard, Ford & Feeney, 2006). For many individuals, the provision of support to a romantic partner is a natural response to witnessing the partner in distress, and is motivated by the desire to relieve the other person's suffering and restore his or her sense of security. However, support behaviours are not always successful in achieving this goal, even when individual differences in caregiving skills are accounted for. More specifically, research has discovered that there is a great deal of variability in the extent to which individuals are able and/or willing to take advantage of and benefit from the support that is offered to them. Further, while studies have revealed that these inconsolable individuals are themselves at risk for numerous negative individual and relational consequences (Mikulincer & Shaver, 2007; Cassidy & Shaver, 2008), little attention has been paid to how these individuals may also negatively impact the functioning of their romantic partners. Toward that end, the purpose of the present set of studies was to examine how partners of individuals who are perceived as inconsolable may be at risk for negative individual and relational outcomes.

In Study 1, using a sample of married and cohabiting couples, I predicted that partners of individuals who were perceived as more difficult to console would be less satisfied with their romantic relationships, and would report engaging in fewer actual caregiving behaviours toward their partners. In Study 2 and Study 3, which used experimental designs, I predicted that individuals reading about or recalling an incident in which a romantic partner was inconsolable would predict (Study 2) and report (Study 3) feeling worse about themselves, which would lead them to predict and report feeling worse about their romantic relationships as well. I also hypothesized that these individuals would predict engaging in less future caregiving toward their

actual (Study 3) or imagined partner (Study 2). Further, across all three studies I predicted that the relationship between partner inconsolability and reported or predicted relationship satisfaction, state self-esteem (Study 2 and Study 3) and caregiving would be stronger among individuals who were high in rejection sensitivity.

Overall, my prediction that partner inconsolability plays an important role in the functioning of the support provider was strongly supported.

Partner Inconsolability, Romantic Relationship Satisfaction and Rejection Sensitivity

Study 1 provided evidence that individuals with inconsolable partners are generally at risk for being less satisfied with their romantic relationships, particularly if they are high in rejection sensitivity. Importantly, this association was demonstrated to be unique and could not be attributed to the effect of other variables that may be related to perceptions of partner inconsolability, such as self or partner neuroticism, attachment avoidance and anxiety, self-esteem and rejection sensitivity. The inclusion of self- and partner-reported caregiving as additional control variables in the analyses also ruled out the possibility that the association between perceptions of inconsolability and relationship satisfaction was merely a reflection of the well-established association (Carnelley, Pietromonaco & Jaffe, 1996; Collins & Feeney, 2000; Feeney & Collins, 2003) between caregiving and relationship satisfaction. Further, the results of Study 2 and Study 3 provided evidence that the negative association between partner inconsolability and relationship satisfaction may indeed be causal, while also suggesting that this association may be stronger among individuals high in rejection sensitivity. More specifically, in Study 2 a trend (marginally significant) was observed in which the association between partner inconsolability and relationship satisfaction was stronger among individuals high in rejection sensitivity, while in Study 3, the association between partner inconsolability and relationship

satisfaction emerged only among individuals who were relatively high in rejection sensitivity. It should be noted however, that the distribution of rejection sensitivity scores in this sample was highly skewed, resulting in a relatively low average rejection sensitivity score. As such, it can be argued that a "high" rejection sensitivity score in this sample does not necessarily represent individuals who are abnormally sensitive to rejection, as the score of these individuals was well below the cutoff used as a guideline for determining "high" levels if rejection sensitivity on the Temperament and Personality Questionnaire measure (Parker et al, 2006)[10]. Indeed, a "high" rejection sensitivity score in my sample would represent individuals who rated statements assessing their sensitivity to rejection as "slightly" to "moderately" true, as opposed to individuals who mostly rated these statements as "not at all true". Toward that end, it may be more accurate to say that unless an individual is very low in rejection sensitivity, perceptions of partner inconsolability are likely to lead to a reduced sense of satisfaction with one's romantic relationship.

The establishment of a causal association between partner inconsolability and relationship satisfaction, at least among individuals who are somewhat rejection sensitive, is an important finding, which has previously neither been demonstrated nor theoretically explored. For example, while a few past studies (e.g., Collins & Feeney, 2000; Iida, Seidman, Shrout, Fujita & Bolger, 2008) have demonstrated a positive correlation between engaging in support behaviours and the provider's relationship satisfaction, the possibility that the ability to console one's romantic partner may directly impact a person's relationship satisfaction has received less attention. Rather, researchers have tended to interpret a positive association between caregiving and relationship satisfaction as reflecting a tendency for individuals who are satisfied with their

[10] While the Temperament and Personality Questionnaire measure defines scores above 14 as "high", a "high" score in Study 3, defined as one standard deviation above the mean, fell at 8.82.

relationships to also be more concerned and motivated to support their partners (Collins & Feeney, 2000). Further, while it has long been known that receiving and feeling supported by one's romantic partner plays a crucial role in the romantic relationship satisfaction of the receiver (Collins, Ford, Guichard, Kane & Feeney, 2009), the findings of the present set of studies are the first to demonstrate that individuals who benefit from the support of their romantic partners also exert a positive effect on the relationship satisfaction of their partners.

Although my data did not enable me to examine the relationship specific processes that are impacted by partner inconsolability[11], I suspect that inconsolable individuals may be impacting their partner's relationship satisfaction, in part, by reducing the support provider's feelings of closeness and intimacy with them. As previously reviewed, inconsolable individuals create a distance between themselves and their partners by disabling their partners from "becoming a part of" themselves. Further, intimacy is a mutual experience that is fostered when one member of a couple reveals a personally vulnerable aspect of himself/herself, and in turn receives a caring and validating response, inducing a sense of felt security. While previous studies have largely focused on the role of listener responsiveness to the development of intimacy, it appears implicit that intimacy should also arise in part from the experience of the listener as being effectively able to provide support to his or her romantic partner. In other words, it is reasonable to assume that the experience of successfully caring is equally vital to the development of intimacy as the experience of being cared for. As such, when an individual fails to feel consoled by his or her romantic partner, the dyadic sense of intimacy is likely to be reduced.

[11] I will later discuss the role of state self-esteem, which I consider an individual, rather than relationship-specific, variable.

Another mechanism that may explain the association between partner inconsolability and relationship satisfaction is a lack of role fulfilment. More specifically, to the extent that support provision is an essential part of a romantic relationship, individuals who are disabled from effectively relieving the distress of their partners may feel as if they are failing to fulfil one of their major roles in the relationship. Toward that end, they may also begin to see the relationship as a poor fit for them. They may wonder if they have anything of value to offer their partner, whether they are at all compatible, whether their partner actually needs or wants them. In turn, these feelings may easily lead to a reduction in their sense of satisfaction with the romantic relationship.

Study 1 revealed that the association between perceptions of partner inconsolability and relationships satisfaction was somewhat stronger among men (although it was still significant among women). As I did not have any particular hypotheses with respect to gender differences, this finding needs to be interpreted with caution. However, one possibility is that men may be less confident about their cargiving abilities (MacGeorge, Clark & Gillihan, 2002) and as such, be more likely to feel negatively about themselves and in turn their relationship (as opposed to thinking that their partner's behaviour is unrelated to their skills) when their female partners are less consolable. Another possibility is that inconsolable women may be more likely to engage in negative marital communication behaviours, which in turn may negatively impact relationship satisfaction (Noller & Feeney, 2002). Although I do not know of any research that directly supports this, some research examining the marital interactions of depressed individuals has shown that depressed women are more likely to engage in negative marital communication behaviours than depressed men (Gabriel, Beach & Bodenmann, 2010). Given that there is likely a high correlation between inconsolability and depressive symptoms, it is possible that a similar

gender difference would emerge in the context of inconsolability, and may explain why the negative impact of having an inconsolable partner is stronger among men.

Partner Inconsolability, Romantic Relationship Satisfaction and State Self-Esteem

As hypothesized, Study 2 and Study 3 revealed that partner inconsolability also had a negative effect on predicted and reported state self-esteem. Further, in contrast to the effects of partner inconsolability on reported relationship satisfaction, which in Study 3 was observed only among individuals who were rejection sensitive, the effect of partner inconsolability on reported or predicted state self-esteem was found to be present among individuals who were low as well as high in rejection sensitivity (although in Study 2, the effect was marginally stronger among those high in rejection sensitivity). This finding suggests that when individuals are unwelcoming of, or fail to benefit from, the support of their romantic partner, they are conveying a negative message to and about their support provider that is likely to lead to a reduction in that person's state self-esteem. As the stimuli and instructions in Study 2 and Study 3 were carefully designed to minimize the occurrence of confounds, these findings substantiate the notion that the provision of support to an inconsolable partner is in itself, even in the absence of overt signs of rejection or unappreciation, an experience that is threatening to the self. As previously reviewed, feelings of acceptance, importance and mattering, which play an essential role in determining how individuals feel about themselves, are the very feelings that are at stake during the provision of support to an inconsolable partner. Additionally, a second set of threatening feelings that are likely experienced after the provision of support to an inconsolable partner are feelings of incompetence and inadequacy. These feelings are likely to be activated as a result of the observation that the romantic partner is not feeling better, indicating that the support provider was somehow unable to adequately meet his or her partner's need for support. To the extent that

the support provider considers the ability to relieve the distress of his or her partner as important (which, given the central role of support provision in romantic relationships, it is reasonable to assume that most individuals would), this type of failure is likely to have a particularly negative impact on his or her state self-esteem (Crocker & Wolfe, 2001).

Although my data suggested that partner inconsolability had a negative effect on the support provider's relationship satisfaction as well as state self-esteem, the hypothesis that the former would be partially mediated by the latter was only somewhat supported. More specifically, while predicted state self-esteem emerged as a mediator of the association between partner inconsolability and predicted relationship satisfaction in Study 2, the effects of inconsolability on reported state self-esteem in Study 3 were separate from and did not mediate the effects of inconsolability on reported relationship satisfaction.

These discrepant findings make it difficult for me to draw any definite conclusions regarding the role of state self-esteem in the association between partner inconsolability and relationship satisfaction among individuals high in rejection sensitivity. Due to the strong theoretical rationale for assuming that a partner induced sense of incompetence would impact a person's relationship satisfaction, I am hesitant to conclude that state self-esteem does not play a role in mediating this association. Rather, one possibility is that state self-esteem acts as a mediator in the association between partner inconsolability and relationship satisfaction only during the actual moment of (or shortly after) the particular support interaction, and not when these interactions are retrospectively recalled. In other words, it may not necessarily be the case that a reduction in state self-esteem, when induced by a recollection of a failed support interaction, should lead to a reduction in relationship satisfaction. For example, when individuals forgive their partners for certain transgressions, the transgressions may theoretically cease to

impact their relationship satisfaction even if they continue to feel negatively about themselves every time they think about the fact that they were transgressed toward. Likewise, while the participants in my study who recalled an inconsolable partner generally felt worse about themselves, it is possible that other factors, such as contemplating on the lack of role fulfilment or searching for other signs of dysfunction in the relationship, may instead have been responsible for the reduction in relationship satisfaction observed among individuals high in rejection sensitivity. Conversely, in Study 2, participants did not have an actual relationship to keep in mind while giving their predicted ratings of relationship satisfaction and their only source of impression was the vignette in which an individual was either accepting or not accepting of the support of his or her romantic partner. In the absence of an actual relational context, participants may have been more likely to predict that feeling negatively about themselves would automatically make them feel more negatively about their romantic relationship.

Partner Inconsolability and Future Support

In addition to examining the association between partner inconsolability and relationship satisfaction, I was also interested in the association between partner inconsolability and actual provided support behaviours. As I expected the provision of support to an inconsolable partner to be a generally negative experience, I had theorized that inconsolable individuals may over time also run the risk of receiving less support from their partners. Although the designs of my studies did not enable me to examine this question directly, I obtained some findings to indicate that this may indeed be the case. More specifically, in Study 1 I found, as predicted, that individuals who perceived their partners to be less consolable were also less likely to report engaging in support behaviours toward them. This finding also emerged when I controlled for the support provider's relationship satisfaction, indicating that even individuals who were satisfied with their romantic

relationships engaged in less caregiving toward partners who were perceived to be less consolable.

Importantly, due to the correlational design of my study, these results did not enable me to make any causal conclusions with respect to the effect of partner inconsolability on support behaviours. For example, the observed correlation between partner inconsolability and support behaviours may instead have reflected a pattern in which certain individuals continue to have inconsolable partners simply because the quality of the support they offer is inadequate for relieving another person's distress. Nevertheless, in the present study I controlled for several factors that enabled me to rule out this alternative explanation, and to feel more confident in assuming that partner inconsolability may indeed lead to less caregiving. More specifically, I controlled for an individual's partner's reports of his or her caregiving (i.e., the support recipient's reports of the support he or she receives), as well as the support recipient's relationship satisfaction, assuming that if the association between caregiving and partner inconsolability reflects inadequate support provision, the association should be explained by a person's partner's report of the care that he or she receives, and/or lower reports of satisfaction with the romantic relationship. Despite controlling for these factors, the association between partner inconsolability and self-reported caregiving remained significant.

The development of negative reactions and attitudes toward the inconsolable partner may be one reason why the partners of these individuals may be less likely to provide them with care over time. This notion would be consistent with research on the interpersonal consequences of depression. For example, Coyne's (1976a) interpersonal theory of depression suggests that depressed individuals may be prone to behaving in ways that elicit negative reactions, and in turn less support, from their romantic partners. His theory has received extensive support (Coyne,

1976b: Strack & Coyne, 1983; Stephens, Hokanson & Welker, 1987; Starr & Davila, 2008), and has also been shown to apply to individuals high in rejection sensitivity, as well as individuals with low self-esteem (e.g., Joiner, Alfano & Metalsky, 1992; Downey & Feldman, 1996).

It is also possible that lower levels of support may arise from a perception that inconsolable individuals are personally responsible for their continued distress. From an outsider's perspective, it may be difficult to understand why the person is unable to benefit from support, and their inability to do so may (perhaps rightly) be attributed to dispositional factors. In turn, such attributions are less likely to elicit support. For example, in a study by Karasawa (1995), participants read a story depicting a distressed person in which the person's negative emotions were either attributed to situational or dispositional (i.e., personality) factors. Results of the study revealed that when the individual's distressing emotions were attributed to dispositional, rather than situational factors, the participants felt less sympathy and more anger toward them, and were more likely to assign responsibility to them for their situation. Furthermore, they were also less likely to express intent to support, and more likely to express rejection. Similarly, MacGeorge (2001) found that when support-seeking individuals were seen as responsible for their own problem, support providers were significantly less likely to intend to express emotional support, and more likely to communicate about the support seekers' responsibility, although they were no less likely to be interested in helping to problem solve.

When individuals repeatedly fail to benefit from the support of their romantic partners, their partners may also be at risk for perceiving their feelings as less valid and important. More specifically, the observation that a person typically fails to feel better after receiving support may suggest to the caregiver that his or her partner's distress cannot be seen as a reliable indicator of the seriousness of the problem at hand. In turn, such perceptions may further reduce the

likelihood that the partner will engage in future support provision. The results of some findings from the literature on pain catastrophizing, which is a term used to describe a negative and exaggerated focus on pain among individuals with chronic pain, provides some support for this notion. For example, one study (Boothby, Thorn, Overduin & Ward, 2004) found that individuals who reported higher levels of pain catastrophizing also reported that their partners were more likely to behave negatively toward them (e.g., express irritation, ignore) specifically when they were in pain.

Study 1 yielded a surprising finding with respect to the impact of rejection sensitivity on the association between perceptions of partner inconsolability and caregiving. Specifically, while I had predicted that this association would be particularly strong among individuals who are high in rejection sensitivity, my results revealed the opposite; namely, that the association was weaker (though still significant) among individuals who were high, as opposed to low, in rejection sensitivity. In other words, individuals who were high (as opposed to low) in rejection sensitivity were somewhat less likely to report lower levels of caregiving when their partners were perceived as inconsolable. Although this finding may seem counterintuitive, it is somewhat consistent with research showing that individuals with an anxious attachment style (who by definition are highly rejection sensitive) are sometimes more likely to engage in caregiving behaviours as a means of becoming indispensable and being able to stay close to their romantic partner (Collins, Ford, Guichard, Kane & Feeney, 2009). Importantly, my results did not directly support this notion, as I did not find a positive association between perceptions of inconsolability and caregiving among individuals high in rejection sensitivity. However, my results suggest that individuals high in rejection sensitivity may have a higher threshold for reducing their caregiving behaviours in response to perceptions of inconsolability in their partner.

The notion that partner inconsolability may generally lead to less support provision was also substantiated by the results of Study 2, which revealed that individuals who imagined being the partner of the inconsolable individual depicted in the vignette, also predicted providing this person with less support in the future. In contrast to the results of Study 1, however, a trend was observed in which this effect was stronger among individuals high, as opposed to low, in rejection sensitivity.

In contrast to the findings of Study 1 and Study 2, the results of Study 3 revealed no association between partner inconsolability and predictions of future support provision. Given that the experimental manipulation involved recalling rather than actually experiencing an incident in which one's partner was inconsolable, it is possible that the produced effect was simply not strong enough to yield a difference in predictions of future behaviours. Another possibility is that when it comes to predicting one's behaviour toward an actual (as opposed to an imagined) romantic partner, individuals may have a tendency to overestimate their own caregiving capacities, and how motivated they will be to engage in such behaviours. Further, individuals in Study 2 may also have been less forgiving of their imagined inconsolable partner simply because they had no positive imagined experiences to outweigh some of the negative effects of the imagined support provision interaction. Conversely, while the support interaction recalled by individuals in Study 3 was also negative, these individuals likely have other positive experiences with and sentiments toward their partner that would "soften" their reaction toward their partner's recalled inconsolability. Additionally, the responses of these individuals may also have been impacted by the fact that they would have had more to lose from becoming less caring toward their partner (e.g., less satisfying relationship), whereas participants in Study 2 may have been less likely to take such factors into consideration.

Another possibility is that the negative effects of partner inconsolability on caregiving only emerge after repeated unsuccessful attempts at consoling one's romantic partner. This would explain why the hypothesized link between these variables was obtained in Study 1, in which reports of perceived inconsolability would reflect impressions that were accumulated over time, but not Study 3, in which partner inconsolability was recalled only once. Some support for this notion can again be found in the pain catastrophizing literature, in which one study that found a *positive* relationship between pain catastrophizing and solicitous partner responses (i.e., pain-specific support), also found this association was significantly weaker among individuals with longer durations (in years) of pain (Buenaver, Edwards & Haythornnthwaite, 2007). A similar pattern was found by Cano (2004), who found a positive relationship between catastrophizing and solicitous partner responses among individuals with shorter pain durations, but no relationship among individuals with longer pain durations. This study also found that for individuals whose duration of pain had been longer, a negative relationship was found between pain catastrophizing and perceptions of general spousal support.

Finally, it is important to remember that all participants in Study 3 were members of intact couples. Given that couples in which partners provided low levels of care to each other may have already separated and would not have been eligible to participate in the present study, my retrospective design provides only a conservative test of my hypothesis. Toward that end, future studies using a prospective design may be more likely to find a significant association between partner inconsolability and caregiving.

Implications

The results of my studies have important implications for the literature on support provision in romantic relationships. One of the implicit goals of my research has been to

facilitate a greater move towards acknowledging that support provision in romantic relationships is a dyadic process that influences and is influenced by both partners. Past research on support provision has been particularly neglectful of examining how support providers are themselves impacted by the support behaviours they engage in, and more importantly, how their functioning is impacted by partners who are unreceptive to, or unable to benefit from the support they offer. Toward that end, my studies have not only shed light on this question, but also provided some important findings that suggest that inconsolable individuals may indeed exert a negative impact on the functioning of their support providers.

The findings from the present set of studies, if replicated, have potential therapeutic implications for couples in which one member has a tendency to be inconsolable, e.g., as a result of symptoms of depression and/or anxiety, low self-esteem, or an insecure attachment style. For example, in addition to highlighting how becoming more receptive to support from one's partner may be extremely beneficial for a person's own functioning, it may also be useful for a therapist to address how the behaviour of inconsolable individuals impact their partners' self-esteem and satisfaction with the romantic relationship. While changing a person's ability to experience felt security from his or her romantic partner is certainly not a straightforward task (although some forms of couples therapy, such as Emotion Focused Therapy for couples (Johnson & Greenman, 2006), have shown that it is possible to do so), it may nevertheless be useful to discuss whether these individuals can alter the ways in which they respond to their partner during support interactions, in an effort to minimize the negative effects that these interactions can have on their partner. For example, even if they do not feel better after receiving support from their partner, inconsolable individuals may become more attuned to showing appreciation for their partner's

efforts, or making it explicit that the lack of improvement in their mood is more a function of themselves (e.g., their depression) than the quality of support received from their partner.

Another therapeutic task for couples in which one member is inconsolable may be to explore whether the inconsolable member, when distressed, may have needs that his or her partner can fulfil by engaging in support behaviours that are different from what he or she normally would engage in. For example, while inconsolable individuals who are crying may show a preference for coping with their distress on their own, they may nevertheless appreciate if their partner showed them instrumental support (e.g., by cooking dinner) during those times. While refraining from approaching a visibly upset partner may feel unnatural to the support provider, engaging in a different set of support behaviours may nevertheless enable the person to feel useful to and appreciated by his or her partner, and serve as a buffer against the negative consequences that may otherwise arise if he or she were to approach the partner directly (e.g., rejection, feelings of inadequacy).

It should be noted that although it may seem counterintuitive for researchers or therapists to discuss the needs of a support provider when it is the support recipient who is initially experiencing distress, it is important to keep in mind that in well functioning romantic relationships, the needs of each partner carry equal weight. For example, as opposed to support interactions in infant-caregiver relationships, in which it is normative for the infant's needs to carry more importance than the caregiver's needs, the quality and stability of romantic relationships are directly related to the individual need satisfaction of both partners. In other words, romantic relationships are relatively fragile in the sense that when the relationship ceases to be rewarding to one partner, the likelihood that the person will be motivated to remain in the relationship decreases. As such, to the extent that couples can work on making support

interactions more rewarding and less frustrating for both parties, they are increasing not only the immediate quality but also the long-term stability of their romantic relationship.

The findings from the present set of studies contribute to the existing debate around the value of expressing negative emotions in romantic relationships. For example, while some researchers have argued that the willingness to express negative emotions generally promotes the quality of a romantic relationship (e.g., Graham, Huang, Clark & Helgeson, 2008), others have argued that individuals expressing negative emotions are at risk for being disliked (e.g., Coyne, 1976b; Forest & Wood, 2012). The results of my studies extend these findings by suggesting that the impact of expressed negative emotions in a romantic relationship depends on their propensity to change in response to support from their romantic partner. More specifically, it appears that the expression of negative emotions in a relationship is beneficial when these emotions are receptive to and decrease as a function of comfort and support. Conversely, when the negative emotions remain negative, and are resistant to the supportive efforts of one's partner, they are likely to lead to adverse relationship outcomes.

Limitations and Future Directions

Although the findings from the present set of studies have offered some important insight into the effects of partner inconsolability on the functioning of support providers, my studies also had several limitations. First, although my experimental studies provided some evidence of causality in terms of the hypothesized associations between partner inconsolability and relationship satisfaction/state self-esteem, participants did not actually experience a real-life support interaction while completing the study. While I believe that reactions to hypothetical vignettes and memories of support interactions can effectively serve as proxies for such real-life experiences, I recognize that these experiences are not identical. Ideally, future studies should

examine the real-life and real-time effects of support interactions in which one partner is inconsolable, using longitudinal, prospective and experimental designs.

Second, as a large number of participants in Study 2 and Study 3 were undergraduate students, it would be desirable to demonstrate these results also among community couples. Third, due to a lack of measures appropriate for the assessment of perceptions of partner inconsolability, I created a measure to assess this construct in Study 1, and while this measure demonstrated acceptable reliability, it is not an established psychometric questionnaire. As such, there is currently a need for a more comprehensive and psychometrically validated measure assessing both individual differences in consolability, as well as perceptions of partner inconsolability.

Related to this, there is also a need for better understanding the construct of inconsolability per se, and to integrate it with other related constructs. From an attachment theory perspective, the ability to seek out and benefit from the support of close others is a normative and effective form of emotion regulation (Mikulincer & Shaver 2007), and hence, it is possible to conceptualize the lack thereof as a deficit in emotion regulation. However, as prominent theories of emotion regulation (e.g., Gross & John, 2003) have typically focused more on internal methods of regulating emotions (e.g., suppression, cognitive reappraisal), the ability to respond positively to the support of another individual has received less attention as an explicit form of emotion regulation. Given the important impact that this ability has on a person's individual as well as relational functioning, an expansion of current theories of emotional regulation to also include such individual differences in consolability may be warranted.

I previously speculated that a reduction in a dyadic sense of closeness and intimacy may be one of the core mechanism through which partner inconsolability may negatively impact a

person's relationship satisfaction. If future research were to demonstrate that this is indeed the case, my findings would also have important implications for theories of romantic intimacy. More specifically, my findings would warrant an expansion of current models to more explicitly recognize that during support interactions, the experience of a support provider may play an equally important role as the experience of a support recipient in shaping a dyadic sense of intimacy.

References

Aiken, L.S. & West, S.G. (1991). *Multiple Regression: Testing and interpreting interactions*. Thousand Oaks, CA: Sage.

Aron, A.P., Mashek, D.J. & Aron, E.N. (2004). Closeness as including others in the self. In Mashek, D.J. & Aron, A.P. (Eds), *Handbook of closeness and intimacy* (pp. 27-41). Mahwah, N.J.: Lawrence Erlbaum Associates Publishers.

Bandura, A. (1977). *Social Learning Theory*. New York: General Learning Press.

Boothby, J.L., Thorn, B.E., Overduin, L.Y. & Ward, C.L. (2004). Catastrophizing and perceived partner responses to pain. *Pain, 109* (3), 500-506. doi:10.1016/j.pain.2004.02.030

Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1. Attachment.* New York: Basic Books.

Brown, J.D., Dutton, K.A. & Cook, K.A. (2001). From the top down: Self-esteem and self-evaluation. *Cognition and Emotion, 15* (5), 615-631. doi:10.1080/02699930143000004

Brown, J.D. & Smart, S.A. (1990). The self and social conduct: Linking self-representations to prosocial behavior. *Journal of Personality and Social Psychology, 60* (3), 368-375. doi:10.1037//0022-3514.60.3.368

Buenaver, L.F., Edwards, R.R & Haythornthwaite, J.A. (2007). Pain-related catastrophizing and perceived social responses: Inter-relationships in the context of chronic pain. *Pain, 127* (3), 234-242. doi:10.1016/j.pain.2006.08.018

Campbell, L., Simspon, J.A., Boldry, J. & Kashy, D.A. (2005). Perceptions of conflict and support in romantic relationships: The role of attachment anxiety. *Journal of Personality and Social Psychology, 88* (3), 510-531. doi:10.1037/0022-3514.88.3.510

Cano, A. (2004). Pain catastrophizing and social support in married individuals with

chronic pain: the moderating role of pain duration. *Pain, 110* (3), 656-664. doi:10.1016/j.pain.2004.05.004

Carnelley, K.B., Pietromonaco, P.R. & Jaffe, K. Attachment, caregiving and relationship functioning in couples: Effects of self and partner. *Personal Relationships, 3* (3), 257-277. doi:10.1111/j.1475-6811.1996.tb00116.x

Carpenter, E.M. & Kirkpatrick, L.A. (1996). Attachment style and presence of romantic partner as moderators of psychophysiological responses to a stressful laboratory situation. *Personal Relationships, 3* (4), 351-367. doi:10.1111/j.1475-6811.1996.tb00121.x

Carvallo, M. & Gabriel, S. (2006). No man is an island: The need to belong and dismissing avoidant attachment style. *Personality and Social Psychology Bulletin, 32* (5), 697-709. doi:10.1177/0146167205285451

Cassidy, J. & Shaver, P.R. (2008). *Handbook of attachment: theory, research and clinical applications* (2nd edition). New York, London: Guilford Press.

Collins, N.L. (1996). Working models of attachment: Implications for explanation, emotion and behaviour. *Journal of Personality and Social Psychology, 71* (4), 810-832. doi:10.1037//0022-3514.71.4.810

Collins, N.L. & Feeney, B.C. (2000). A safe haven: An attachment theory perspective on support seeking and caregiving in intimate relationships. *Journal of Personality and Social Psychology, 78* (6), 1053-1073. doi:10.1037//0022-3514.78.6.1053

Collins, N.L. & Feeney, B.C. (2004). Working models of attachment shape perceptions of social support: Evidence from experimental and observational studies. *Journal of Personality and Social Psychology, 87* (3), 363-383. doi:10.1037/0022-3514.87.3.363

Collins, N.L., Ford, M.B., Guichard, A.C., Kane, H.S. & Feeney, B.C. (2010). Responding to

need in intimate relationships: Social support and caregiving processes in couples. In Mikulincer, M. & Shaver, P.R. (Eds), *Prosocial motives, emotions and behaviour: The better angels of our nature* (pp. 367-389). Washington, D.C.: American Psychological Association. doi:10.1037/12061-019

Collins, N.L., Guichard, A.C., Ford, M.B. & Feeney, B.C. (2006). Responding to need in intimate relationships: Normative processes and individual differences. In M. Mikulincer & G. S. Goodman (Eds). *Dynamics of romantic love: Attachment, caregiving and sex.* (149-189). New York, NY: Guilford Press.

Coyne, J.C. (1976a). Toward an interactional description of depression. *Psychiatry: Journal for the Study of Interpersonal Processes, 39* (1), 28-40.

Coyne, J.C. (1976b). Depression and the response of others. *Journal of Abnormal Psychology, 85* (2), 186-193. doi:10.1037/0021-843X.85.2.186

Crocker, J. & Wolfe, C.T. (2001). Contingencies of self-worth. *Psychological Review, 108* (3), 593-623. doi:10.1037//0033-295X.108.3.593

Downey, G. & Feldman, S.I. (1996). Implications of rejection sensitivity for romantic relationships. *Journal of Personality and Social Psychology, 70* (6), 1327-1343. doi:10.1037//0022-3514.70.6.1327

Elliott, G.C., Kao, S. & Grant, A. (2004). Mattering: Empirical validation of a social-psychological concept. *Self and Identity, 3* (4), 339-354. doi:10.1080/13576500444000119

Erikson, E. (1974). *Dimensions of a new identity.* New York: Norton.

Feeney, B.C. & Collins, N.L. (2001). Predictors of caregiving in adult intimate

relationships: An attachment theoretical perspective. *Journal of Personality and Social Psychology,* 80 (6), 972-994. doi:10.1037//0022-3514.80.6.972

Feeney, B.C. & Collins, N.L. (2003). Motivations for caregiving in adult intimate relationships: Influences on caregiving behaviour and relationship functioning. *Personality and Social Psychology Bulletin, 29* (8), 950-968. doi:10.1177/0146167203252807

Feeney, B.C. & Kirkpatrick, L.A. (1996). Effects of adult attachment and presence of romantic partners on physiological responses to stress. *Journal of Personality and Social Psychology, 70* (2), 255-270. doi:10.1037//0022-3514.70.2.255

Feldman, S.I. & Downey, G. (1994). Rejection sensitivity as a mediator of the impact of childhood exposure to family violence on adult attachment behaviour. *Development and Psychpathology, 6,* 231-247. Retrieved from http://socialrelations.psych.columbia.edu/images/stories/docs/publications/(34)RS_Adult_Attachment_Behavior.pdf

Fisher, T.D. & McNulty, J.K. (2008). Neuroticism and marital satisfaction: The mediating role played by the sexual relationship. *Journal of Family Psychology, 22* (1), 112-122. doi:10.1037/0893-3200.22.1.112

Forest, A.L. & Wood, J.V. (2012). When social networking is not working: Individuals with low self-esteem recognize but do not reap the benefits of self-disclosure on Facebook. *Psychological Science, 23* (3), 295-302. doi: 10.1177/0956797611429709

Fraley, R.C., Shaver, P.R. (1998). Airport separations: A naturalistic study of adult attachment dynamics in separating couples. *Journal of Personality and Social Psychology, 75* (5)., 1198-1212. doi:10.1037//0022-3514.75.5.1198

France, M.K. & Finney, S.J. (2009). What matters in the measurement of mattering? A construct

validity study. *Measurement and Evaluation in Counseling and Development, 42* (2), 104-120. doi:10.1177/0748175609336863

Gabriel, B., Beach, S.R.H., Bodenmann, G. (2010). Depression, marital satisfaction and communication in couples: Investigating gender differences. *Behavior Therapy, 41* (3), 306-316. doi:10.1016/j.beth.2009.09.001

Ghera, M.M., Hane, A.A., Malesa, E.E. & Fox, N.E. (2006). The role of infant soothability in the relation between infant negativity and maternal sensitivity. *Infant Behaviour and Development, 29* (2), 289-293. doi:10.1016/j.infbeh.2005.09.003

Goldberg, L.R. (1999). A broad-bandwidth, public domain, personality inventory measuring the lower-level facets of several five-factor models. In I. Mervielde, I Deary, F. De Fruyt, & F. Ostendorf (Eds.), *Personality Psychology in Europe,* Vol. 7 (7-28). Tilburg, The Netherlands: Tilburg University Press.

Graham, S.M., Huang, J.Y., Clark, M.S. & Helgeson, V.S. (2008). The positives of expressing negative emotions: Willingness to express negative emotions promotes relationships. *Personality and Social Psychology Bulletin, 34* (3), 394-406. doi:10.1177/0146167207311281

Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment, 26* (1), 41-54. doi:10.1023/B:JOBA.0000007455.08539.94

Gross, J.J. & John, O.P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships and well-being. *Journal of Personality and Social Psychology, 85* (2), 348-362. doi:10.1037/0022-3514.85.2.348

Hazan, C. & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52* (3), 511-524. doi:10.1037//0022-3514.52.3.511

Heimpel, S.A., Wood, J.V., Marshall, M.A. & Brown, J.D. (2002). Do people with low self-esteem really want to feel better? Self-esteem differences in motivation to repair negative mood. *Journal of Personality and Social Psychology, 82* (1), 128-147. doi:10.1037//0022-3514.82.1.128

Holmstrom, A.J., Burleson, B.R. & Jones, S.M. (2005). Some consequences for helpers who deliver "cold comfort": Why it's worse for women than men to be inept when providing emotional support. *Sex Roles, 53* (3-4), 153-172. doi:10.1007/s11199-005-5676-4

Iida, M., Seidman, G., Shrout, P.E., Fujita, K. & Bolger, N. (2008). Modeling support provision in romantic relationships. *Journal of Personality and Social Psychology, 94* (3), 460-478. doi:10.1037/0022-3514.94.3.460

Johnson, S.M. (2007). A new era for couple therapy: The contribution of emotionally focused couples therapy. *Journal of Contemporary Psychotherapy, 37* (1), 47-52. doi:10.1521/jsyt.2007.26.4.5

Johnson, S.M. & Greenman, P.S. (2006). The path to a secure bond: Emotionally focused couples therapy. *Journal of Clinical Psychology, 62* (5), 597-609. doi:10.1002/jclp.20251

Joiner, T.E., Alfano, M.S. & Metalsky, G.I. (1992). When depression breeds contempt: Reassurance seeking, self-esteem, and rejection of depressed college students by their roommates. *Journal of Abnormal Psychology, 101* (1), 165-173. doi:10.1037//0021-843X.101.1.165

Joiner, T.E. & Metalsky, G.I. (2001). Excessive reassurance seeking: Delineating a risk factor

involved in the development of depressive symptoms. *Psychological Science, 12* (5), 371-378. doi:10.1111/1467-9280.00369

Kane, H.S., Jaremka, L.M., Guichard, A.C., Ford, M.B., Collins, N.L. & Feeney, B.C. (2007). Feeling supported and feeling satisfied: How one partner's attachment style predicts the other partner's relationship experiences. *Journal of Social and Personal Relationships, 24* (4), 535-555. doi:10.1177/0265407507079245

Karasawa, K. (1995). An attributional analysis of reactions to negative emotions. *Personality and Social Psychology Bulletin, 21* (5), 456-467. doi:10.1177/0146167295215004

Kenny, D.A., Kashy, D.A. & Cook, W.L. (2006). *Dyadic Data Analysis.* New York: Guilford Press.

Koivula, N., Hassmen, P. & Fallby, J. (2002). Self-esteem and perfectionism in elite athletes: effects on competitive anxiety and self-confidence. *Personality and Individual Differences, 32,* 865-875. doi:10.1016/S0191-8869(01) 00092-7

Krause, N. & Shaw, B.A. (2000). Giving social support to others, socioeconomic status, and changes in self-esteem in late life. *The Journal of Gerontology: Series B: Psychological Sciences and Social Sciences, 55* (6), 323-333. doi:10.1093/geronb/55.6.S323

Kunce, L.J. & Shaver, P.R. (1994). An attachment-theoretical approach to caregiving in romantic relationships. In K. Bartholomew & D. Perlman (Eds), *Advances in personal relationships: Attachment processes in adulthood* (Vol 5, 205-237).

La Guardia, J.G., Ryan, R.M., Couchman, C.E. & Deci, E.L. (2000). Within-person variability in

security of attachment: A self-determination theory perspective on attachment, need fulfilment and well-being. *Journal of Personality and Social Psychology, 79* (3), 367-384. doi:10.1037/0022-3514.79.3.367

Leary, M.R. & Downs, D.L. (1995). Interpersonal functions of the self-esteem motive: The self-esteem system as a sociometer. In M.H. Kernis (Ed.), *Efficacy, agency and self-esteem.* (pp. 123-144). New York: Plenum Press.

Leerkes, E.M. & Crockenberg, S.C. (2002). The development of maternal self-efficacy and its impact on maternal behaviour. *Infancy, 3* (2), 227-247. doi:10.1207/S15327078IN0302_7

MacDonald, G. & Borsook, T.K. (2010). Attachment avoidance and feelings of connection in social interaction. *Journal of Experimental Social Psychology, 46*, 1122-1125. doi: 10.1016/j.jesp.2010.05.019

MacGeorge, E.L. (2001). Support providers' interaction goals: The influence of attributions and emotions. Communication Monographs, 68 (1), 72-97. doi:10.1080/03637750128050

MacGeorge, E.L., Clark, R.A. & Gillihan, S.J. (2002). Sex differences in the provision of skilful emotional support: The mediating role of self-efficacy. *Communication Reports, 15* (1), 17-28. doi:10.1080/0008957042000332232

MacKinnon, D.P., Lockwood, C.M., Hoffman, J.M. & West, S.G. (2002). A comparison of methods to test mediation and other intervening variable effects. *Psychological Methods, 7* (1), 83-104. doi:10.1037//1082-989X.7.1.83

Marigold, D.C., Holmes, J.G. & Ross, M. (2007). More than words: Reframing

compliments from romantic partners fosters security in low self-esteem individuals. *Journal of Personality and Social Psychology, 92* (2), 232-348. doi:10.1037/0022-3514.92.2.232

McAdams, D.P. & de St.Aubin, E. (Eds) (1998). *Generativity and adult development: Psychosocial perspectives on caring for and contributing to the next generation.* Washington D.C.: American Psychological Association Press.

McNulty, J.K. (2008). Neuroticism and interpersonal negativity: The independent contributions of perceptions and behaviour. *Personality and Social Psychology Bulletin, 34* (11), 1439-1450. doi:10.1177/0146167208322558

Mikulincer, M. & Shaver, P.R. (2007). *Attachment in adulthood: Structure, dynamics and change.* New York, NY. Guilford Press.

Mills-Koonce, W.R., Propper, C.B. & Barnett, M. (2012). Poor infant soothability and later insecure-ambivalent attachment: Developmental change in phenotypic markers of risk or two measures of the same construct? *Infant Behavior and Development, 35* (2), 215-225. doi:10.1016/j.infbeh.2012.01.002

Moss, B.F. & Schwebel, A.I. (1993). Defining intimacy in romantic relationships. *Family Relations: An Interdisciplinary Journal of Applied Family Studies, 42* (1), 31-37. doi:10.2307/584918

Mruk, Christopher (2006). *Self-Esteem Research, Theory and Practice* (3rd Ed). New York: Springer.

Murray, S.L., Griffin, D.W., Rose, P. & Bellavia, G.M. (2003). Calibrating the sociometer: The relational contingencies of self-esteem. *Journal of Personality and Social Psychology, 85* (1), 63-84. doi:10.1037/0022-3514.85.1.63

Murray, S.L., Holmes, J.G. & Griffin, D.W. (2000). Self-esteem and the quest for felt security: How perceived regard regulates attachment processes. *Journal of Personality and Social Psychology, 78* (3), 478-498. doi:10.1037//0022-3514.78.3.478

Murray, S.L., Holmes, J.G., MacDonald, G. & Ellsworth, P.C. (1998). Through the looking glass darkly? When self-doubts turn into relationship insecurities. *Journal of Personality and Social Psychology, 75* (6), 1459-1480. doi:10.1037/10357-007

Noller, P. & Feeney, J.A. (2002). Communication, relationship concerns, and satisfaction in early marriage. In Vangelisti, A.L., Reis, H.T. & Fitzpatric, M.A. (Eds), *Stability and Change in Relationships* (pp.129-155).

Norton, R. (1983). Measuring marital quality: A critical look at the dependent variable. *Journal of Marriage and the Family, 45* (1), 141-151. doi:10.2307/351302

Parker, G., Manicavasagar, V., Crawford, J., Tully, L. & Gladstone, G. (2006). Assessing personality traits associated with depression: The utility of a tiered model. *Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences, 36* (8), 1131-1139. doi:10.1017/S0033291706007562

Patrick, H., Knee, C.R., Canevello, A. & Lonsbary, C. (2007). The role of need fulfillment in relationship functioning and well-being: A self-determination theory perspective. *Journal of Personality and Social Psychology, 92* (3), 434-457. doi:10.1037/0022-3514.92.3.434

Pettit, J.W. & Joiner, T.E. Jr. (2001). Negative life events predict negative feedback seeking as a function of impact on self-esteem. *Cognitive Therapy and Research 25* (6), 733-741. doi: 733-741. 10.1023/A:1012919306708

Pettit, J.W. & Joiner, T.E. Jr. (2006). *Chronic depression: Interpersonal sources, therapeutic solutions.* Washington, DC: American Psychological Association.

Piliavin, I.M., Piliavin, J.A. & Rodin, J. (1975). Costs, diffusion and the stigmatized victim. *Journal of Personality and Social Psychology, 32* (3), 429-438. doi: 10.1037/h0077092

Preacher, K.J. & Hayes, A.F. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior Research Methods, Instruments & Computers, 36* (4), 717-731. doi: 10.3758/Bf03206553

Preacher, K.J. & Hayes, A.F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods, 40,* 879-891. doi: 10.3758/BRM.40.3.879

Rehman, U.S., Ebel-Lam, A., Mortimer, A. & Mark, K. (2009). Self-confirmation strivings in depression: An extension to the affective domain using an experimental design. *European Journal of Social Psychology, 39* (6), 900-908. doi: 10.1002/ejsp.583

Reis, H.T. & Shaver, P. (1988). Intimacy as an interpersonal process. In S. Duck (Ed). *Handbook of personal relationships: Theory, research and interventions.* (367-389). New York, NY: Wiley.

Reissman, F. (1965). The helper therapy principle. *Social Work, 10* (2), 27-32.

Rholes, W.S., Simpson, J.A., Campbell, L. & Grich, J. (2001). Adult attachment and the transition to parenthood. *Journal of Personality and Social Psychology, 81* (3), 421-435. doi:10.1037//0022-3514.81.3.421

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

Rosenberg, M. & McCullough, B.C. (1981). Mattering: Inferred significance and mental health among adolescents. *Research in Community and Mental Health, 2,* 163-182.

Rothbart, M.K. (1981). Measurement of temperament in infancy. *Child Development, 52* (2),

569-578. doi:10.2307/1129176

Ryan, R.M. & Brown, K.W. (2003). Why I don't need self-esteem. On fundamental needs, contingent love and mindfulness: A comment. *Psychological Inquiry, 14* (1), 71-76. doi: 10.2307/1449046

Ryan, R.M. & Deci, E.L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development and well-being. *American Psychologist, 55* (1), 68-78. doi:10.1037//0003-066X.55.1.68

Ryan, R.M., La Guardia, J.G., Solky-Butzel, J., Chirkov, V. & Kim, Youngmee (2005). On the interpersonal regulation of emotions: Emotional reliance across gender, relationships and cultures. *Personal Relationships, 12* (1), 145-163. doi:10.1111/j.1350-4126.2005.00106.x

Salovey, P., Mayer, J.D., Goldman, S.L., Turvey, C. & Palfai, T.P. (1995). In J.W. Pennebaker (Ed), *Emotion, disclosure and health* (125-154). Washington, D.C.: American Psychological Association.

Simpson, J.A., Rholes, W.S. & Nelligan, J.S. (1992). Support seeking and support giving within couples in an anxiety-provoking situation: The role of attachment styles. *Journal of Personality and Social Psychology, 62* (3), 434-446. doi:10.1037//0022-3514.62.3.434

Simpson, J.A., Rholes, W.S. & Phillips, D. (1996). Conflict in close relationships: An attachment perspective. *Journal of Personality and Social Psychology, 71,* 899-914. doi:10.1037//0022-3514.71.5.899

Skinner, B.F. (1953). *Science and Human Behaviour.* New York: MacMillan.

Stephens, R.S., Hokanson, J.E., & Welker, R. (1987). Responses to depressed interpersonal behaviour: Mixed reactions in a helping role. *Journal of Personality and Social Psychology, 52* (6), 1274-1282. doi:10.1037//0022-3514.52.6.1274

Starr, L.R. & Davila, J. (2008). Excessive reassurance-seeking, depression and interpersonal rejection: A meta-analytic review. *Journal of Abnormal Psychology, 117* (4), 762-775. doi:10.1037/a0013866

Strack, S. & Coyne, J.C. (1983). Social confirmation of dysphoria: Shared and private reactions to depression. *Journal of Personality and Social Psychology, 44* (4), 798-806. doi:10.1037//0022-3514.44.4.798

Swann, W. B., Jr. (1983). Self-verification: Bringing social reality into harmony with the self. In J. Suls & A. G. Greenwald (Eds.), Psychological perspectives on the self (Vol.2 33–66). Hillsdale, NJ: Erlbaum.

Swann, W.B., de la Ronde, C. & Hixon, G.J. (1994). Authenticity and positivity strivings in marriage and courtship. *Journal of Personality and Social Psychology, 66* (5), 857-869. doi:10.1037//0022-3514.66.5.857

Swann, W.B., Wenzlaff, R.M. & Tafarodi, R.W. (1992). Depression and the search for negative evaluations: More evidence of the role of self-verification strivings. *Journal of Abnormal Psychology, 101* (2), 314-317. doi:10.1037//0021-843X.101.2.314

Taylor, J. & Turner, R.J. (2001). A longitudinal study of the role and significance of mattering to others for depressive symptoms. *Journal of Health and Social Behavior, 42* (3), 310-325. doi: 10.2307/3090217

Thoits, P.A. & Hewitt, L.N. (2001). Volunteer work and well-being. *Journal of Health and Social Behaviour, 42* (2), 115-131. doi:10.2307/3090173

Wood, J.V., Heimpel, S.A., Manwell, L.A. & Whittington, E.J. (2009). This mood is

familiar and I don’t deserve to feel better anyway: Mechanisms underlying self-esteem differences in motivation to repair sad moods. *Journal of Personality and Social Psychology, 96* (2), 363-380. doi:10.1037/a0012881

Appendix A

Demographics Questionnaire

Study 1

This questionnaire asks you to provide information about your background and your relationship history. We collect this information so that we can understand and describe the overall characteristics of our study participants in publications and academic presentations. Any background information reported in publications or academic presentations is done at the group and not the individual level (e.g., average age of all participants, proportion of participants belonging to each ethnic group, whether most participants are students or working etc.). Please remember that you do not need to answer any questions that you do not want to answer. Also, please remember that your answers will be kept confidential, and will not be associated with your name.

1. Age
   Years: _____
   Months: _____

2. Gender
   Male
   Female

3. With which ethnic group do you associate yourself?
   Caucasian
   African Descent
   Hispanic
   South Asian
   Other Asian
   First Nation
   Other
   If other, please specify:_____

4. What is your occupational status?
   Student, full time
   Student, part time
   Working, full time
   Working, part time
   Other

5. If working, type of job: _____

6. If working, monthly net income: _____

7. What is the status of your romantic relationship?
   Living together
   Married
   Dating (not living together)

8. Length of relationship (including dating period)
   Years: _____
   Months: _____

9. How long have you lived with your current partner?
   Years: _____
   Months: _____

10. If married, length of marriage
   Years: _____
   Months: _____

11. Do you have children?
   Yes _____
   No _____

12. If yes, number of children living in the home: _____

Study 2 and Study 3

This questionnaire asks you to provide information about your background and your relationship history. We collect this information so that we can understand and describe the overall characteristics of our study participants in publications and academic presentations. Any background information reported in publications or academic presentations is done at the group and not the individual level (e.g., average age of all participants, proportion of participants belonging to each ethnic group, whether most participants are students or working etc.). Please remember that you do not need to answer any questions that you do not want to answer. Also, please remember that your answers will be kept confidential, and will not be associated with your name.

1. Age
   Years: _____
   Months: _____

2. Gender
   Male
   Female

3. With which ethnic group do you associate yourself?

Caucasian
African Descent
Hispanic
South Asian
Other Asian
First Nation
Other
If other, please specify:_____

4. What is your occupational status?
   Student, full time
   Student, part time

5. Are you currently in a romantic relationship?
   Yes
   No

6. If yes, what is the status of your romantic relationship?
   Dating (not living together)
   Living Together
   Married

7. If you are in a romantic relationship, please indicate the length of your relationship (including dating period if you are living together)
   Years: _____
   Months: _____

8. If you are living with your romantic partner, please indicate how long you have been living together:
   Years: _____
   Months: _____

Appendix B

Vignettes (Study 2)

Experimental (inconsolable) condition

Partner A: Hi! How are you doing?

Partner B: Not so good. You know the presentation I had to do today for my Psych class?

Partner A: Yeah?

Partner B : Well, it did not go well at all. I really bombed it! I'm so bummed about it. I thought I was prepared for it. I just don't understand it.

Partner A : Aaaaw…That's really too bad.

Partner B : Yeah, I'm feeling pretty low. I'm really stressed out.

Partner A : Well, I can understand why you're feeling so stressed. I mean, I know how frustrating it is to prepare for something like that and then not do well.

Partner B : I feel terrible about myself.

Partner A : Yeah, things like that can sort of blow your self-confidence…..I know it's probably hard to look at it this way, but maybe you just had a bad day. It doesn't mean that you're no good at this. You've done lots of good presentations before.

***Partner B** : Yeah, I guess. But I still feel bad about it. I just feel like such an idiot. And I'm worried about my grade.*

***Partner A** : That's understandable. I've done poorly on presentations before and I know how lousy I felt.... Remember, though, your whole grade doesn't depend on just one presentation. You've still got other chances to pull your grade up.*

***Partner B** : I know...but I just can't stop thinking about it.*

***Partner A** : Well, you know that I'm really sorry you didn't do better on it. I wish I could say something to make you feel better.*

***Partner B** : I just still feel so bad.*

Control condition

Partner A: Hi! How are you doing?

Partner B: Not so good. You know the presentation I had to do today for my Psych class?

Partner A: Yeah?

Partner B : Well, it did not go well at all. I really bombed it! I'm so bummed about it. I thought I was prepared for it. I just don't understand it.

Partner A : Aaaaw…That's really too bad.

Partner B : Yeah, I'm feeling pretty low. I'm really stressed out.

Partner A : Well, I can understand why you're feeling so stressed. I mean, I know how frustrating it is to prepare for something like that and then not do well.

Partner B : I feel terrible about myself.

Partner A : Yeah, things like that can sort of blow your self-confidence…..I know it's probably hard to look at it this way, but maybe you just had a bad day. It doesn't mean that you're no good at this. You've done lots of good presentations before.

***Partner B** : Yeah, I guess you are right. I just feel like such an idiot. And I'm worried about my grade.*

***Partner A** : That's understandable. I've done poorly on presentations before and I know how lousy I felt.... Remember, though, your whole grade doesn't depend on just one presentation. You've still got other chances to pull your grade up.*

***Partner B** : That's true…I will probably do better next time... I guess these things just happen sometimes.*

***Partner A** : Well, you know that I'm really sorry you didn't do better on it. I wish I could say something to make you feel better.*

***Partner B** : I do feel better now... I guess it's not the end of the world.*

Appendix C

Manipulation Check (Study 2)

Please answer the following questions pertaining to the interaction you just read. All of the answers were provided in the interaction and the instructions page that appeared before it. You may press the "back" at the bottom of the page to see these pages again.

1. Why was Partner B feeling upset? _____
2. Please give two examples of things that Partner A said to Partner B (*Partner B is the one who was upset*):

Example 1: _____

Example 2: _____

3. How did Partner B (*the one who was upset*) respond to Partner A? _____

Appendix D

Predicted Future Caregiving Questionnaire (Study 2)

Imagine that later in the evening, Partner B *(the one who was upset in the initial interaction)* starts talking about another upsetting event that occured that day. At this point, if you were Partner A *(who was providing comfort in the initial interaction),* how likely do you think you would be to...

1. Try to think of something comforting to say.

1 2 3 4 5 6 7
Very Unlikely Very Likely

2. Push Partner B away when she or he reaches out for a hug.

1 2 3 4 5 6 7
Very Unlikely Very Likely

3. Reach out to hold/touch Partner B.

1 2 3 4 5 6 7
Very Unlikely Very Likely

4. Move closer to provide Partner B with support and comfort.

1 2 3 4 5 6 7
Very Unlikely Very Likely

5. Draw away from Partner B's attempt to get a reassuring hug from you.

1 2 3 4 5 6 7
Very Unlikely Very Likely

6. Happily provide a hug.

1 2 3 4 5 6 7
Very Unlikely Very Likely

7. Withdraw from Partner B.

1 2 3 4 5 6 7
Very Unlikely Very Likely

8. Avoid discussing the problem with Partner B

1 2 3 4 5 6 7
Very Unlikely Very Likely

9. Distract yourself by doing something else

1 2 3 4 5 6 7
Very Unlikely Very Likely

10. Ask partner B to stop talking about the issue

1 2 3 4 5 6 7
Very Unlikely Very Likely

11. Stop whatever you were doing and give partner B your full attention.

1 2 3 4 5 6 7
Very Unlikely Very Likely

Appendix E

Recall Task (Study 3)

Experimental (inconsolable) condition

Please think about a time when your partner was upset about something *unrelated to your relationship* and you tried to provide support; however, despite your efforts your partner was unreceptive to your support, meaning that he or she did not benefit from, or in any way seem to feel helped by your support. Please answer the following questions regarding the incident.

Before proceeding to write about the interaction, please ensure again that the example you have chosen meets the following criteria:

- It was an interaction in which you provided support to your partner.
- The reason why your partner was upset did not have anything to do with you or your relationship.
- *Your partner was unreceptive to your support, meaning that he or she did not benefit from, or in any way seem to feel helped by your support.*

1. Please describe why your partner was upset.
2. What did you say or do to make your partner feel better?
3. How did your partner respond to your attempts at providing support to him or her? What specifically did he/she say or do?

Control condition

Please think about a time when your partner was upset about something *unrelated to your relationship* and you tried to provide support. Please answer the following questions regarding the incident.

Before proceeding to write about the interaction, please ensure again that the example you have chosen meets the following criteria:

- It was an interaction in which you provided support to your partner.
- The reason why your partner was upset did not have anything to do with you or your relationship.

1. Please describe why your partner was upset.
2. What did you say or do to make your partner feel better?
3. How did your partner respond to your attempts at providing support to him or her? What specifically did he/she say or do?

Table 1.

Overview of Participants in Study 1

Couples who expressed interest in the study	130
Couples in which both partners received links to the study Couples in which only one partner received a link to the study	127 3
Couples who completed the study Couples in which only one partner completed the study *Males* *Females*	110 13 *2* *11*
Couples in which both partners provided valid responses Couples in which only one partner provided valid responses *Males* *Females*	85 19 *4* *15*

Table 2

Summary of Simple Regression Analysis for Predictors of Rejection Sensitivity (Measured by the Interpersonal Sensitivity Subscale of the Temperament and Personality Questionnaire) Among Males

Predictor	*B*	*SE B*	β
Self-Esteem	-.11	.12	-.11
Neuroticism	.17	.09	.23†
Attachment Avoidance	.02	.04	.05
Attachment Anxiety	.27	.05	.48**

**p<.001. † p<.075.

Table 3

Summary of Simple Regression Analysis for Predictors of Rejection Sensitivity (Measured by the Interpersonal Sensitivity Subscale of the Temperament and Personality Questionnaire) Among Females

Predictor	*B*	*SE B*	β
Self-Esteem	-.04	.13	-.03
Neuroticism	.16	.07	.21*
Attachment Avoidance	.05	.04	.10
Attachment Anxiety	.31	.05	.56**

*p<.05. ** p<.001.

Table 4

Study 1 Descriptive Data for Perceptions of Partner Inconsolability, Rejection Sensitivity, Romantic Relationship Satisfaction and Self-Reported Caregiving

	Wives		Husbands	
Predictor	Mean (*SD*)	Range	Mean (*SD*)	Range
Perceptions of Partner Inconsolability	2.50 (*1.15*)	1-6	2.45 (*1.16*)	1-5.33
Rejection Sensitivity	.67 (*.59*)	0-2.14	.54 (*.53*)	0-2.43
Relationship Satisfaction	6.23 (*1.16*)	1-7	15.67 (*1.11*)	1.67-7
Self-Reported Caregiving	5.64 (*.89*)	3.56-7	5.27 (*.94*)	2.63-7

Table 5

Study 1 Bivariate Correlations for Males

	Perceived Partner Inconsolability	Relationship Satisfaction	Self-Reported Caregiving	Perceptions of Partner's Caregiving	Rejection Sensitivity	Neuroticism	Attachment Avoidance	Attachment Anxiety	Self-Esteem
Perceived Partner Inconsolability	_____	-.61**	-.67**	-.51**	.39**	.32**	.36**	.37**	-.36**
Relationship Satisfaction		_____	.48**	.57**	-.57**	-.46**	-.46**	-.47**	.57**
Self-Reported Caregiving			_____	.46**	-.34**	-.30**	-.46**	-.34**	.35**
Perceptions of Partner's Caregiving				_____	-.43**	-.27**	-.32**	-.42**	.38**
Rejection Sensitivity					_____	.50**	.30**	.62**	-.48**
Neuroticism						_____	.34**	.36**	-.75**
Attachment Avoidance							_____	.27*	-.37**
Attachment Anxiety								_____	-.37**
Self-Esteem									_____

**p<.001, * p<.025

Table 6

Study 1 Bivariate Correlations for Females

	Perceived Partner Inconsolability	Relationship Satisfaction	Self-Reported Caregiving	Perceptions of Partner's Caregiving	Rejection Sensitivity	Neuroticism	Attachment Avoidance	Attachment Anxiety	Self-Esteem
Perceived Partner Inconsolability	_____	-.47**	-.50**	-.46**	.30**	.22*	.25*	.39**	-.31**
Relationship Satisfaction		_____	.47**	.61**	-.32**	-.18	-.20*	-.31**	.18
Self-Reported Caregiving			_____	.55**	-.29**	-.24*	-.40**	-.41**	.40**
Perceptions of Partner's Caregiving				_____	-.38**	-.34**	-.28**	-.35**	.41**
Rejection Sensitivity					_____	.45**	.30**	.69**	-.49**
Neuroticism						_____	.12	.37**	-.68**
Attachment Avoidance							_____	.28**	-.36**
Attachment Anxiety								_____	-.50**
Self-Esteem									_____

**p<.001, * p<.05

Table 7

Mean Scores on Dependent Variables in Study 2

	Inconsolable Condition	Consolable Condition
	M (SD)	M (*SD*)
Predicted Romantic Relationship Satisfaction	4.06 (*1.54*)	5.59 (*.96*)
Predicted State Self-Esteem	3.96 (*.68*)	5.31 (*.80*)
Predicted Future Caregiving	5.67 (*1.02*)	6.06 (*.75*)

Table 8

Study 2 Bivariate Correlations

	Predicted State Self-Esteem	Relationship Satisfaction	Predicted Future Caregiving	Rejection Sensitivity
Predicted State Self-Esteem	___	.62**	.40**	.09
Relationship Satisfaction		___	.49**	.03
Predicted Future Caregiving			___	-.02
Rejection Sensitivity				___

** $p<.001$.

Table 9

Mean Scores on Dependent Variables in Study 3

	Inconsolable Recall Condition		Consolable Recall Condition	
	M (SD)	Range	M (SD)	Range
Predicted Romantic Relationship Satisfaction	5.91 (1.49)	1.00-7.00	6.12 (1.05)	1.20-7.00
Predicted State Self-Esteem	4.91 (1.22)	1.60-6.80	5.45 (.94)	3.00-7.00
Predicted Future Caregiving	5.78 (.75)	3.81-7.00	5.70 (.82)	2.88-6.81

Table 10

Study 3 Bivariate Correlations

	State Self-Esteem	Relationship Satisfaction	Predicted Future Caregiving	Rejection Sensitivity
State Self-Esteem	___	.25*	.21*	-.49**
Relationship Satisfaction		___	.35**	-.54**
Predicted Future Caregiving			___	-.34**
Rejection Sensitivity				___

**p<.001, * p<.05

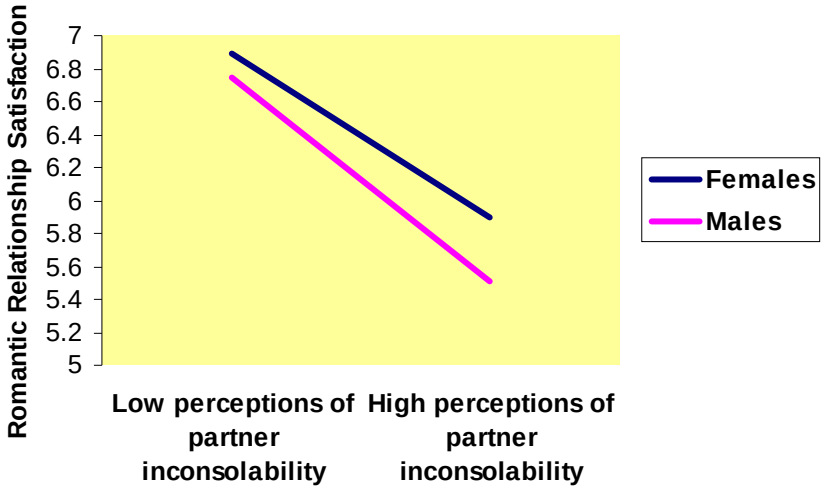

Figure 1. Study 1: The association between perceptions of partner inconsolability and romantic relationship satisfaction as a function of gender.

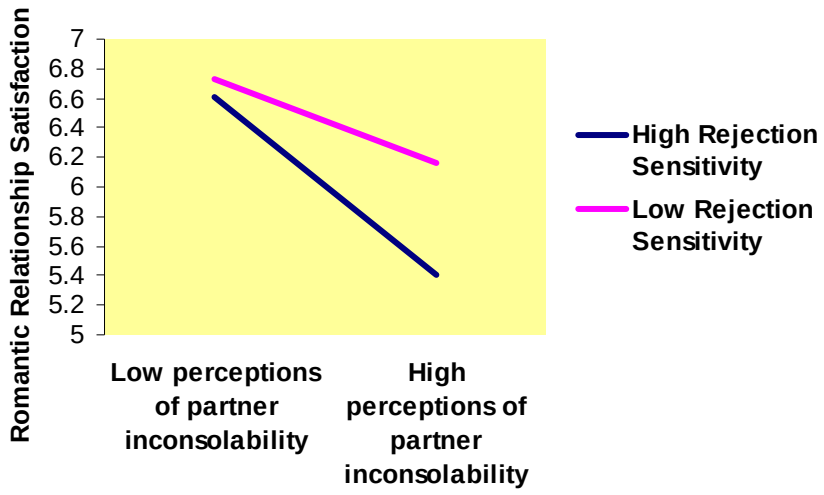

Figure 2. Study 1: The association between perceptions of partner inconsolability and romantic relationship satisfaction as a function of rejection sensitivity.

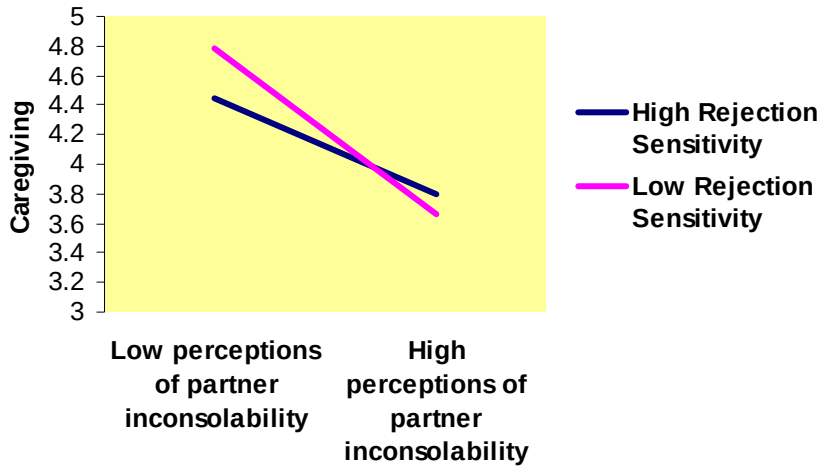

Figure 3. Study 1: The association between perceptions of partner inconsolability and caregiving as a function of rejection sensitivity.

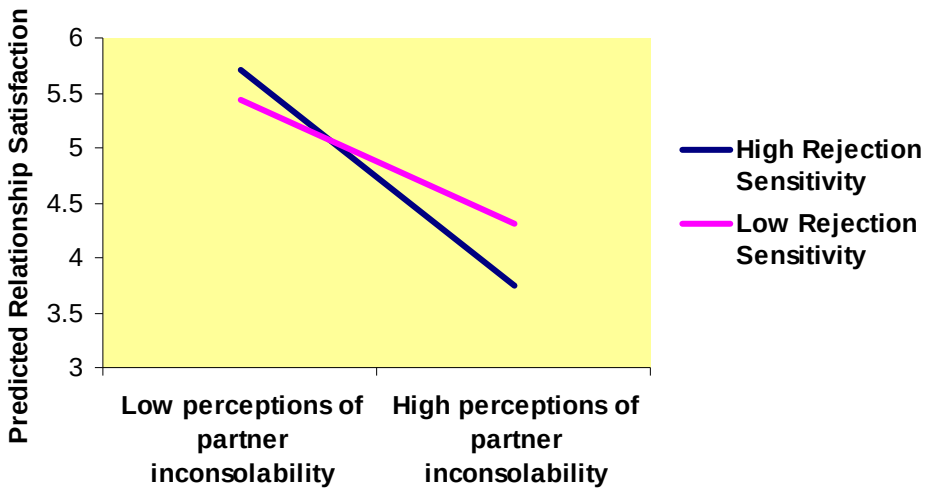

Figure 4. Study 2: The effects of partner inconsolability on predicted relationship satisfaction as a function of rejection sensitivity.

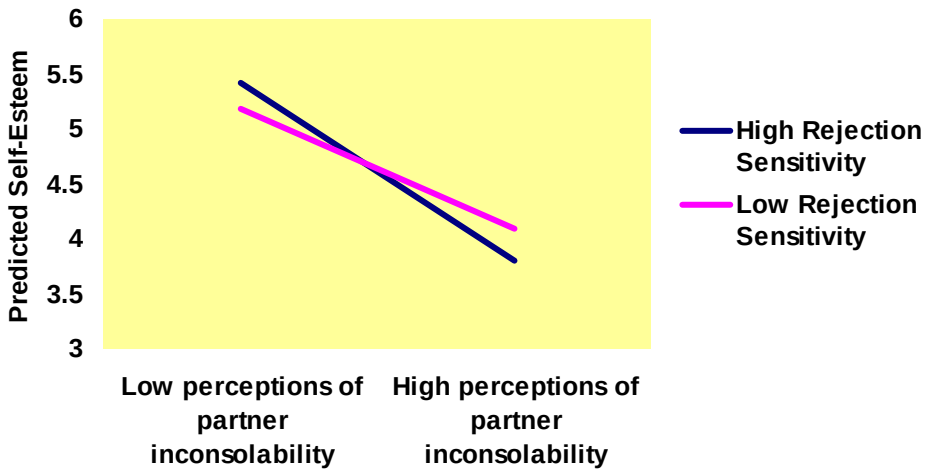

Figure 5. Study 2: The effect of partner inconsolability on state self-esteem as a function of rejection sensitivity.

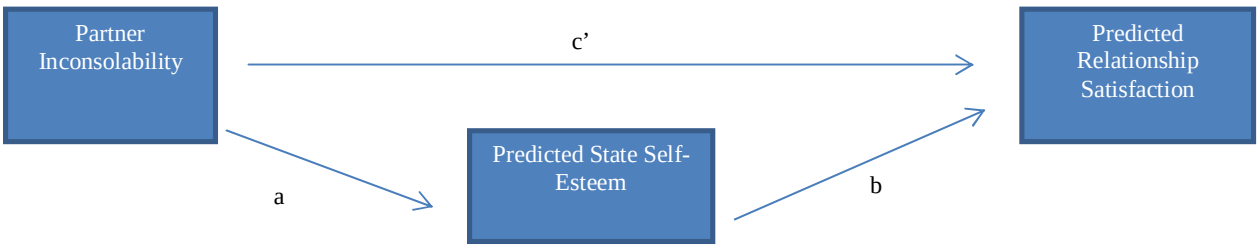

Figure 6. Study 2: Mediation model – state self-esteem as a mediator in the relationship between partner inconsolability and predicted relationship satisfaction.

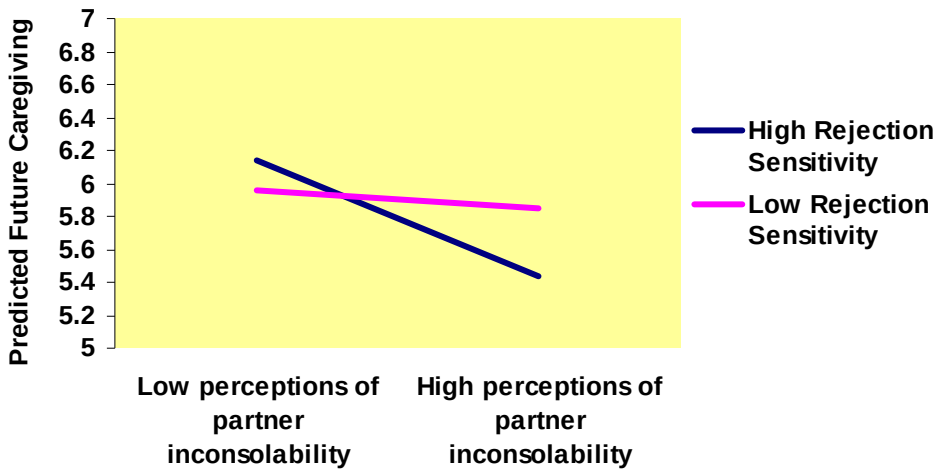

Figure 7. Study 2: The effects of partner inconsolability on predicted future caregiving as a function of rejection sensitivity.

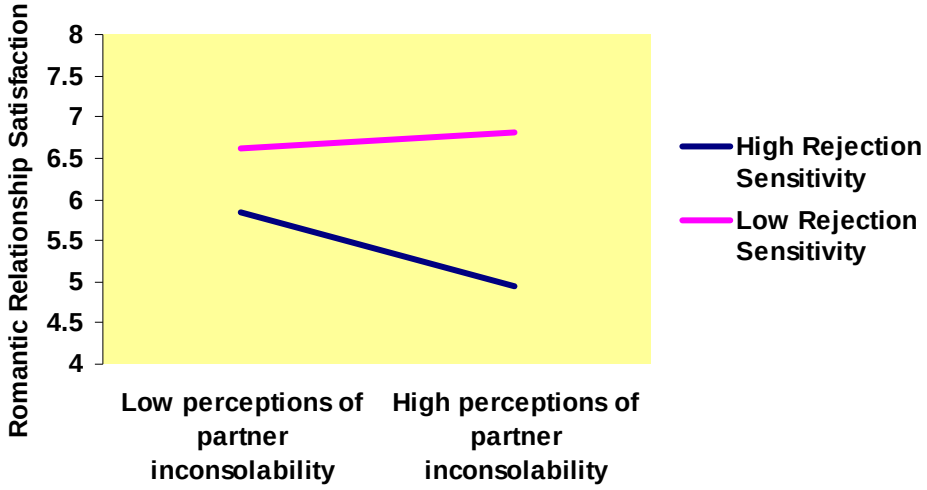

Figure 8. Study 3: The effect of recall condition on relationship satisfaction as a function of rejection sensitivity.